Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A F	or th	ne 201	l6 calendar year, or tax year begin	nning 07/01, 201 6	, and endi	ing		06	/30, 20 17	
_			C Name of organization			ı	D Employer ide	ntificat	tion number	
B C	neck if a	pplicable:	INDIANAPOLIS MUSEUM OF	F ART, INC.			35-086	7955	i	
	Addre		Doing business as NEWFIELDS							
	Name	change	Number and street (or P.O. box if mail is r	E Telephone nu	mber					
	Initial	return	4000 MICHIGAN ROAD	(317) 92	3 – 1	331				
	Final termin	return/ nated	City or town, state or province, country, a	nd ZIP or foreign postal code						
	Amen return	ided	INDIANAPOLIS, IN 46208		G Gross receipts	\$	68,472,9	994.		
		cation	F Name and address of principal officer:	JEREMIAH WISE			H(a) Is this a ground		for Yes 2	X No
	·		4000 MICHIGAN ROAD IND	DIANAPOLIS, IN 46208			H(b) Are all subord		luded? Yes	No
1	Гах-ех	empt st	tatus: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 5	27	If "No," attac	ch a list.	(see instructions)	
J	Websi	te: 🕨	WWW.DISCOVERNEWFIELDS.OF	RG		ı	H(c) Group exem	ption nu	mber >	
K	orm o	of orgar	nization: X Corporation Trust	Association Other ►	L Year	of formation	on: 1883 M	State	of legal domicile:	IN
Pa	ırt I	Su	ımmary							
	1	Briefly	y describe the organization's mission or	most significant activities: TO EN	RICH LI	VES WI	TH EXCEP	OIT	IAL	
မွ		EXP	ERIENCES WITH ART AND NA	TURE.						
Jan										
Governance	2	Check	k this box 🕨 🔙 if the organization di	scontinued its operations or dispos	ed of more th	nan 25% d	of its net assets	S.		
	3	Numb	per of voting members of the governing	body (Part VI, line 1a)				3		29.
<u>ಹ</u>	4	Numb	per of independent voting members of the	he governing body (Part VI, line 1b) .				4		28.
Activities	5	Total	number of individuals employed in cale	ndar year 2016 (Part V, line 2a)				5	4	116.
Ę	6	Total	number of volunteers (estimate if necess	sary)				6	7	750.
ď	7a	Total	unrelated business revenue from Part VI	III, column (C), line 12				7a	80,2	04.
	b	Net u	nrelated business taxable income from F	Form 990-T, line 34		. <u></u>		7b	-616,8	
							Prior Year		Current Yea	ır
<u>e</u>	8		ibutions and grants (Part VIII, line 1h)				4,690,29	4.	11,923,9	
enn	9	Progra	am service revenue (Part VIII, line 2g)				3,174,12	3.	2,177,0	
Revenue	10		tment income (Part VIII, column (A), line				3,334,68	5.	27,161,9	908.
_	11	Other	revenue (Part VIII, column (A), lines 5,	6d, 8c, 9c, 10c, and 11e)			388,95	_	384,6	
	12		revenue - add lines 8 through 11 (must			_	81 , 588 , 05	8.	41,647,6	520.
	13		ts and similar amounts paid (Part IX, colu					0.		0.
	14		fits paid to or for members (Part IX, colur					0.		0.
S	15		ies, other compensation, employee bene				4,179,93	-	14,152,9	
Expenses	16 a	Profe	ssional fundraising fees (Part IX, column	-	0.			0.		
Ä			fundraising expenses (Part IX, column (E					_		
_			expenses (Part IX, column (A), lines 11a				20,579,07		20,189,4	
			expenses. Add lines 13-17 (must equal				34,759,00	_	34,342,3	
<u>-</u> ω	19	Rever	nue less expenses. Subtract line 18 from	i line 12			-3,170,95	-	7,305,2 End of Year	2/3.
ts o							ing of Current \			
Sse	20					•	7,337,28		480,804,3	
Net Assets or Fund Balances	21		liabilities (Part X, line 26)			•	29,278,78	_	108,402,0	
Z _Ш	22 		ssets or fund balances. Subtract line 21 gnature Block	from line 20		. 34	18,058,49	/ •	372,402,3	129.
_			of perjury, I declare that I have examined this	s roturn, including accompanying school	ulas and state	omonte an	d to the best of	my k	nowledge and helic	of it is
true	, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information of wh	ich preparer h	nas any kno	wledge.	illy K	nowledge and belie	51, 11 15
							05/1	5/20	110	
Sig	n		Signature of officer				Date	3/20	710	
Her			JEREMIAH WISE	CFO						
			Type or print name and title	C1 0						
		<u> </u>	Type preparer's name	Preparer's signature	Date		Check	if P	TIN	
Paid			OLE B FISHBACK			5/2018		' "	P01279475	,
Prep					03/1.		Firm's EIN > 4			
Use	Only	_	s name ▶BKD, LLP s address ▶201 N. ILLINOIS S'	TREET INDIANAPOLIC IN	√ 4620 <i>4</i>				383.4000	
Mav	the II		scuss this return with the preparer showr						X Yes	No
			Reduction Act Notice, see the separate						Form 990 (

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	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: ATTACHMENT 1
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$
	CURATORIAL - THE STUDY, PRESERVATION AND COLLECTION OF ART FOR THE ENJOYMENT OF FUTURE GENERATIONS.
4b	(Code:) (Expenses \$
	COLLECTED, TO MEMBERS OF THE GENERAL PUBLIC.
4c	(Code:) (Expenses \$
	NOT ONLY OF THE ART IN ITS MUSEUM COLLECTIONS, BUT ALSO OF THE NATURAL ENVIRONMENT AND THE HISTORIC PROPERTIES FOR WHICH THE IMA
	HAS BEEN GIVEN STEWARDSHIP.
	Other program services (Describe in Schedule O.) (Expenses \$ 1,813,580. including grants of \$) (Revenue \$ 729,408.)
4e	Total program service expenses ► 24,926,165.
6E1	020 1.000 Form 990 (2016 PAGE

Part IV **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х 1 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Х Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, 5 Х Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If Х 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Х the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.......... Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Х 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 Х 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Х endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х complete Schedule D, Part VI 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more Х of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Х d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d Х e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Х 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Х "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Х Х b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Х 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other Х 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Х Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х

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Part IV Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H....... X b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Х 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II............ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Х Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Х Х Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?..... Did the organization maintain an escrow account other than a refunding escrow at any time during the year Х 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit Х 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? Х If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or Х 26 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled Х entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.......... 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Х A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b Х An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) X was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV....... Х 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," Х 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, Х Х 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?............ 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Х related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Х 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. Х

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Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. 1b 0.			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 416			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country:			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	10-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state?	Toa		
h	Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which			
D	the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes." has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			V	N.
		م م		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a 29	2		
	If there are material differences in voting rights among members of the governing body, or if the governing				
_	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1b 28	Q		
b	Enter the number of voting members included in line 1a, above, who are independent		1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business re		2	Х	
_	any other officer, director, trustee, or key employee?			Λ	
3	Did the organization delegate control over management duties customarily performed by or un		3		x
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		5		X
5	Did the organization become aware during the year of a significant diversion of the organization's		6		X
6	Did the organization have members or stockholders?				
7a	Did the organization have members, stockholders, or other persons who had the power to el one or more members of the governing body?		7a		Х
L	Are any governance decisions of the organization reserved to (or subject to approval				
b	stockholders, or persons other than the governing body?		7b		Х
8	Did the organization contemporaneously document the meetings held or written actions under				
U	the year by the following:	ertaken during			
а	The governing body?		8a	Х	
b	Each committee with authority to act on behalf of the governing body?		8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot				
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Int	ernal Revenue	Code		
				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of	such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt p	urposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?.	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests	•		17	
	rise to conflicts?		12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the p		40-	v	
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	X	
14	Did the organization have a written document retention and destruction policy?		14	Λ	
15	Did the process for determining compensation of the following persons include a review ar				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation		150	Х	
_	The organization's CEO, Executive Director, or top management official		15a 15b	X	
b	Other officers or key employees of the organization		130		
162	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	r arrangement			
IUa	Did the organization invest in, contribute assets to, or participate in a joint venture or simila with a taxable entity during the year?	_	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization				
-	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed \triangleright IN,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	d 990-T (Section	501(d	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.				
	X Own website Another's website X Upon request Other (explain in Sch	•			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	ts, conflict of int	erest	policy	, and
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's largement wise 4000 MICHIGAN ROAD INDIANAPOLIS, IN 46208	books and record	is:►		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII........

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

L	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee	e.
---	---	----

<u> </u>	,					_ '		,		
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or dir	not ch unles	s pei	ition more rson	e than of is both tor/trust employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1)CHARLES VENABLE	70.00									
MELVIN & BREN SIMON DIR & CEO	0.	Х		х				702,636.	0.	29,776.
(2)THOMAS HIATT	2.00									<u> </u>
CHAIR	0.	Х		х				0.	0.	0.
(3)KATHRYN BETLEY	2.00									
FIRST VICE CHAIR	0.	Х		х				0.	0.	0.
(4)PETER MORSE	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(5)MARYA ROSE	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(6)MICHAEL KUBACKI	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(7)ERSAL OZDEMIR	2.00									_
SECRETARY	0.	Х		Х				0.	0.	0.
(8)AGATHA BARCLAY	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(9)BENJAMIN PECAR	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10)C. DANIEL YATES	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11)DANIEL SKOVRONSKY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12)DARRIANNE CHRISTIAN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13)DAVID BARRETT	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)DAVID ESKENAZI	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										ontinued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	ss pei	ition more rson	n both highest compensated en is or employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
15) DEBORAH LILLY	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(16) DORIT PAUL	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(17) HOWARD SCHROTT	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(18) IAN RUPERT	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
19) KAY KOCH	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
20) KENT HAWRYLUK	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
21) MATTHEW GUTWEIN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
22) MICHAEL ROBERTSON	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
23) RICK JOHNSON	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
24) ROBIN NELSON-RICE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
25) SHIRLEY MUELLER	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
1b Sub-total	•						▶	702,636.	0.	29,776.
c Total from continuation sheets to Part VII, S	ection A				• •		•	1,041,693.	0.	88,341.
d Total (add lines 1b and 1c)							•	1,744,329.	0.	118,117.
2 Total number of individuals (including but not							o re	ceived more than	\$100.000 of	
reportable compensation from the organizatio			9			,				
3 Did the organization list any former office										Yes No
employee on line 1a? If "Yes," complete Sched	uie J for suc	cn ina	ııvıdı	uai						3 X
4 For any individual listed on line 1a, is the										
organization and related organizations gr										
individual										4 X
5 Did any person listed on line 1a receive or	accrue co	mpen	sati	on f	ron	n any	un	related organizati	on or individual	

for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

-		
(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 3		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 13

5

Х

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and H	lig	hest Compensat	ed Employees (c	ontinue		age č
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average hours per	(do r	not ch	Pos heck		e than c	ne	Reportable compensation	Reportable compensation from		stimated nount of	
	week (list any					is both		from	related		other	
	hours for					or/trust	_	the	organizations		pensation	on
	related organizations	ndivi dir	stit	Officer	ey e	ighe	Forme	organization (W-2/1099-MISC)	(W-2/1099-MISC)		anization	n
	below dotted	dua	utior	4	mp_	st c	막	(**-271033-141100)			d related	
	line)	Individual trustee or director	nal tr		Key employee	omp				orga	anization	IS
		stee	Institutional trustee			Highest compensated employee						
			е			ated						
26) SUSAN KLEINMAN	2.00											_
BOARD MEMBER	0.	X						0.	0.			0.
27) SUSAN MCALISTER	2.00											•
BOARD MEMBER	0.	X						0.	0.			0.
28) TONI BADER	2.00	,										^
BOARD MEMBER	0.	X						0.	0.			0.
29) RACHEL SIMON	2.00	v						0	0			0
BOARD MEMBER 30) JEREMIAH WISE	50.00	Х						0.	0.			0.
CFO	30.00	1		Х				197,624.	0.		14,0	50
31) KATHRYN HAIGH	60.00			Λ				197,024.	0.		14,0	33.
DEPUTY DIR - COLLECTIONS	0.	-				X		165,697.	0.		13,7	50
32) GREG SMITH	50.00					Λ.		103,057.	0.		13,1	50.
SENIOR CONSERVATION SCIENTIST	0.	1				Х		135,205.	0.		15,9	51.
33) PRESTON BAUTISTA	40.00							133,203.	0.		13,7	J 1 •
DEPUTY DIR FOR PUBLIC PROGRAMS	0.					Х		169,266.	0.		13,1	09.
34) ELLEN LEE	50.00							20072001				
WOOD-PULLIAM SENIOR CURATOR	0.					X		174,452.	0.		16,7	50.
35) KIM GATTLE	50.00											
DEPUTY DIR - INSTL ADVANCEMENT	0.					Х		199,449.	0.		14,7	22.
								,				
	T											
1b Sub-total												
c Total from continuation sheets to Part VII, S	ection A						>					
d Total (add lines 1b and 1c)							>					
2 Total number of individuals (including but not		hose	liste	d al	bove	e) who	o re	eceived more than	\$100,000 of			
reportable compensation from the organization	n ▶	9)									
											Yes	No
3 Did the organization list any former offic												
employee on line 1a? If "Yes," complete Schede	ule J for su	ch ind	ividu	ual						3		X
4 For any individual listed on line 1a, is the	sum of rep	ortab	le c	com	per	satio	n a	nd other compens	sation from the			
organization and related organizations gre												
individual										4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? If "Ye	es," comple	te Sch	nedu	ıle J	for	such	per	rson		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest com- compensation from the organization. Report c												

year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

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Part VIII Statement of Revenue

		Check if Schedule O contains a resp	onse or note to ar	ny line in this Part V	III		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	938,365.				
ğ Ö	h	Total. Add lines 1a-1f		11,923,971.			
ne			Business Code				
ven	2a	ADMISSION FEES	900099	995,105.	995,105.		
Be	b	PROJECT INCOME	900099	23,310.	23,310.		
ice ice	C	RESTAURANT AND CATERING INCOME	722511	231,360.	113,725.	117,635.	
Šer.	d	RENTAL INCOME	531190	341,212.	498,704.	-157,492.	
E	e	CONSULTING SERVICES	541900	130,024.	130,024.	13,,132	
gra	_			456,037.	456,037.		
Program Service Revenue	f a	All other program service revenue			430,037.		
	3	Total. Add lines 2a-2f	lends, interest,	2,177,048.		226 000	6,155,211.
	4	Income from investment of tax-exempt bo	_	5,918,323.		-236,888.	0,133,211.
	5	Royalties	•	0.			
		(i) Real	(ii) Personal	0.			
		Cross rents					
	6a	Gross rents					
	b	Less: rental expenses					
	C	Rental income or (loss)		0			
	d 7a	Net rental income or (loss) (i) Securities	(ii) Other	0.			
	/ a	Gross amount nom sales of	· · · · · · · · · · · · · · · · · · ·				
		assets other than inventory 47,201,40	520,706.				
	b	Less: cost or other basis					
		and sales expenses 26,478,52					
	C	Gain or (loss)	•	01 040 505	500 506	154 601	00 500 040
	d	Net gain or (loss)	· · · · · · · · · · · · · · · · · · ·	21,243,585.	520,706.	154,631.	20,568,248.
ıne	8a	Gross income from fundraising					
Ver		events (not including \$					
Other Revenue		of contributions reported on line 1c).					
hei	١.	See Part IV, line 18					
õ	b	Less: direct expenses		0.			
		• •		0.			
	9a	Gross income from gaming activities. See Part IV, line 19	a 0.				
	b	Less: direct expenses		0.			
				0.			
	10a	Gross sales of inventory, less returns and allowances					
	b	Less: cost of goods sold	b 346,850.				
	C	Net income or (loss) from sales of inventory Miscellaneous Revenue	Business Code	384,693.	182,375.	202,318.	
		iviiscellarieous Revenue	business Code				
	11a						
	b		-				
	С						
	d	All other revenue					
	е	Total. Add lines 11a-11d		0.			
	12	Total revenue. See instructions.	<u> </u>	41,647,620.	2,919,986.	80,204.	26,723,459.

JSA 6E1051 1.000

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a response				
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0.			
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors, trustees, and key employees	944,096.	236,024.	472,048.	236,024.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
-	persons described in section 4958(c)(3)(B)	10,935,254.	9,235,542.	869,960.	829,752.
	Other salaries and wages	10,935,254.	9,235,542.	869,960.	029,732.
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	890,682.	662,159.	128,029.	100,494.
9	Other employee benefits	584,490.	385,708.	84,016.	114,766.
10	Payroll taxes	798,408.	642,378.	65,947.	90,083.
11	Fees for services (non-employees):				
	Management	0.	42.226	6 145	F 201
	Legal	53,682. 55,816.	42,336.	6,145. 55,816.	5,201.
	Accounting	0.		33,810.	
	I Lobbying Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	2,822,197.		2,822,197.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	2,094,820.	1,652,095.	239,781.	202,944.
12	Advertising and promotion	922,496.	727,533.	105,593.	89,370.
13	Office expenses	1,141,629.	900,354.	130,675.	110,600.
14	Information technology	44,007.	34,707.	5,037.	4,263.
15 16	Royalties	1,176,178.	927,601.	134,630.	113,947.
17	Occupancy	376,064.	296,585.	43,046.	36,433.
18	Payments of travel or entertainment expenses	,	,	•	·
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	3,193,300.	2,518,419.	365,518.	309,363.
21	Payments to affiliates	6 149 290	4 040 003	702 757	E0E (20
22	Depreciation, depletion, and amortization	6,148,289.	4,848,893.	703,757.	595,639. 39,163.
23	Insurance	404,243.	310,009.	40,2/1.	39,103.
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
a	PURCHASE OF ART	528,000.	528,000.		
	FINANCIAL EXPENSES	321,371.	253,452.	36,785.	31,134.
c	MISCELLANEOUS EXPENSES	907,325.	715,570.	103,857.	87,898.
	·				
	All other expenses	34,342,347.	24,926,165.	6,419,108.	2,997,074.
	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if		24,320,103.	0,417,100.	2,771,014.
JSA	following SOP 98-2 (ASC 958-720)	0.			Form 990 (2016)

JSA 6E1052 1.000

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Part X **Balance Sheet**

	ILA	Dalance Silect					
		Check if Schedule O contains a response o	or note t	o any line in this P	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,354.	1	7,303.
	2	Savings and temporary cash investments			1,417,375.	2	1,371,982.
	3	Pledges and grants receivable net			1,588,285.	3	3,028,765.
	4	Pledges and grants receivable, net Accounts receivable, net			53,014.	4	95,419.
	5	Loans and other receivables from current and 1			33,014.	4	73,417.
	3	trustees, key employees, and highest co					
		Complete Part II of Schodule I	-		0	5	0.
	6	Loans and other receivables from other disqualified personal	ons (as d	efined under section	· ·	3	0.
		4958(f)(1)), persons described in section 4958(c)(3)(B),	, and cor	ntributing employers			
		and sponsoring organizations of section 501(c)(9) volu	ıntary em	ployees' beneficiary	0.	6	0.
ts	7	organizations (see instructions). Complete Part II of Sche Notes and loans receivable, net	edule L		0.	7	0.
Assets	8	Inventories for sale or use			596,752.	8	538,794.
⋖	9	Inventories for sale or use Prepaid expenses and deferred charges			566,446.	9	503,088.
	_	Land, buildings, and equipment: cost or	· · · · ·		30071101	J	30370001
		- · · · · · · · · · · · · · · · · · · ·	10a	211,268,615.			
	b	Less: accumulated depreciation			107,311,165.	10c	103,137,268.
	11						105,374,070.
	12	Investments - other securities. See Part IV, line 11			244,110,330.		248,141,560.
	13	Investments - program-related. See Part IV, line 11				13	0.
	14	Intangible assets				14	0.
	15	Other assets. See Part IV, line 11			16,469,259.	15	18,606,128.
	16	Total assets. Add lines 1 through 15 (must equal			477,337,282.	16	480,804,377.
	17	Accounts payable and accrued expenses			4,887,178.	17	2,657,447.
	18	Grants payable	0.	18	0.		
	19	Deferred revenue	671,000.	19	759,000.		
	20	Tax-exempt bond liabilities			119,464,435.	20	102,277,548.
	21	Escrow or custodial account liability. Complete Pa	art IV of	Schedule D	0.	21	0.
es	22	Loans and other payables to current and for	ormer o	officers, directors,			
Liabilities		trustees, key employees, highest compens					
jab		disqualified persons. Complete Part II of Schedule				22	0.
_	23	Secured mortgages and notes payable to unrelate				23	0.
	24	Unsecured notes and loans payable to unrelated to			0.	24	0.
	25	Other liabilities (including federal income tax, I					
		parties, and other liabilities not included on lines		•			
		of Schedule D			4,256,172.	25	2,708,053.
_	26	Total liabilities. Add lines 17 through 25			129,278,785.	26	108,402,048.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and		nere X and			
JUC BUC	27	Unrestricted net assets			89,405,776.	27	96,841,464.
3ale	28	Temporarily restricted net assets			113,171,599.	28	128,184,739.
Þ	29	Permanently restricted net assets			145,481,122.	29	147,376,126.
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.), check h	nere and			
ts c	30	Capital stock or trust principal, or current funds				30	
se	31	Paid-in or capital surplus, or land, building, or equ	uipment f	und		31	
Net Assets	32	Retained earnings, endowment, accumulated income				32	
Net	33				348,058,497.	33	372,402,329.
_	34	Total liabilities and net assets/fund balances		<u></u>	477,337,282.	34	480,804,377.
_					· · · · · · · · · · · · · · · · · · ·		Form 990 (2016)

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Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		41,6	47,6	520.
2	Total expenses (must equal Part IX, column (A), line 25)	2		34,3	42,3	347.
3	Revenue less expenses. Subtract line 2 from line 1	3		7,3	05,2	273.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	48,0	58 , 4	197.
5	Net unrealized gains (losses) on investments	5		14,0	41,0	000.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		2,9	97,5	559.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10	3	72,4	02,3	329.
Part	·					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis				17	
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed or	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or		_	2c	х	
	of the audit, review, or compilation of its financial statements and selection of an independent acc			20	Λ	
	If the organization changed either its oversight process or selection process during the tax year, e	xpıaın	ıın			
0 -	Schedule O.	. E =+!-				
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set	TORT	ın	3a		Х
h	the Single Audit Act and OMB Circular A-133?	orgo:	tho	Ju		
b	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au		ii le	3b		
	- 194 The desired or desired or the control of the desired and desired any stope taken to undergo such dur				990	(2016)

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SCHEDULE A (Form 990 or 990-EZ)

__

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

►Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2016

Open to Public Inspection

Employer identification number Name of the organization INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations..... Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (iv) Is the organization (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2016

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	11,330,684.	7,494,452.	7,800,842.	14,690,294.	11,894,158.	53,210,430.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	11,330,684.	7,494,452.	7,800,842.	14,690,294.	11,894,158.	53,210,430.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f) Public support. Subtract line 5 from line 4.						16,090,109.
	tion B. Total Support						37,120,321.
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	11,330,684.	7,494,452.	7,800,842.	14,690,294.	11,894,158.	53,210,430.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	804,147.	2,753,533.	2,872,393.	4,527,358.	5,918,323.	16,875,754.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						70,086,184.
12	Gross receipts from related activities, etc. (s	see instructions)				12	21,213,427.
13	First five years. If the Form 990 is f organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup	port Percenta	ge				
14	Public support percentage for 2016 (li		•			14	52.96%
15	Public support percentage from 2015	•				15	55.24 %
16a	331/3% support test - 2016. If the c	•					
	this box and stop here . The organizati						
D	331/3% support test - 2015. If the concept this box and stop here. The org						
170		•					
17a	a 10%-facts-and-circumstances test - 2016. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported						
b	organization	2015. If the organization meets	ganization did no	ot check a box l-circumstances'	on line 13, 16 " test, check th	a, 16b, or 17a, nis box and st e	and line op here.
18	supported organization Private foundation. If the organization instructions	did not check a	a box on line 13,	16a, 16b, 17a	, or 17b, check	this box and see	
		 				obodulo A (Form 0	

Page 3

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

				, ,	•	,	
	tion A. Public Support	(-) 2040	(h) 0040	(2) 224 4	(4) 0045	(-) 2040	(4) T-4-1
_	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons						
D	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support				1		
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)		-				
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		L				
14	First five years. If the Form 990 is form						
	organization, check this box and stop here						▶ 🔃
	tion C. Computation of Public Sup						
15	Public support percentage for 2016 (line 8,					15	%
16	Public support percentage from 2015 Sche					16	%
Sec	tion D. Computation of Investmen						
17	Investment income percentage for 2016 (lin					17	%
18	Investment income percentage from 2015					18	%
19 a	331/3% support tests - 2016. If the org						
	17 is not more than 331/3 %, check this		_			-	
b	331/3% support tests - 2015. If the orga						
	line 18 is not more than $331/3\%$, check		•				
20	Private foundation. If the organization	did not check	a box on line	14, 19a, or 19b	, check this b	ox and see instr	uctions >

JSA 6E1221 1.000 Schedule A (Form 990 or 990-EZ) 2016 Page **4**

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	_		
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
U	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described			

4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "*Yes*," *answer* 10b below. **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**10 a Was the organization subject to the excess business holdings rules of section 4943 because of section

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which

in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.

the supporting organization had an interest? If "Yes," provide detail in Part VI.

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2016

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2016 Page **5**

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Part	Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	on B. Type I Supporting Organizations	110		
OCCU	on b. Type reapporting organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	NI -
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		/	
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Anguar (a) and (b) helaw		Yes	No
z a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	26		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the expenientian base the power to regularly expensit or elect a majority of the efficiency directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2016

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nizations	3	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust or	Nov. 20, 1970 (explai	n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	zations n	nust complete Section	ns A through E.
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly integra	ted Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2016

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Part	V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organizat	ions (continued)	
	on D - Distributions	,	Current Year	
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exen	ed		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2016 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
_1	Distributable amount for 2016 from Section C, line 6			
	Underdistributions, if any, for years prior to 2016			
2	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2016:			
a				
b				
C	From 2013			
d	From 2014			
e	From 2015			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2016 distributable amount			
<u>i</u>	Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
	Distributions for 2016 from			
•	Section D, line 7:			
a	Applied to underdistributions of prior years			
<u>u</u> b	Applied to 2016 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2016, if			
-	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2016. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2017. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b	Excess from 2013			
С	Excess from 2014			
d	Excess from 2015			
е	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2016

Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

Name of the organization		Employer identification number				
INDIANAPOLIS MUSEU	35-0867955					
Organization type (check of	one):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated	I as a private foundation				
	527 political organization					
Form 990-PF	501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as	a private foundation				
	501(c)(3) taxable private foundation					
Note: Only a section 501(c instructions. General Rule For an organization	is covered by the General Rule or a Special Rule . 2)(7), (8), or (10) organization can check boxes for both the General Rule, or (10) organization can check boxes for both the General R	he year, contributions totaling \$5,000				
Special Rules						
regulations under 13, 16a, or 16b,	ion described in section 501(c)(3) filing Form 990 or 990-EZ to rections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedand that received from any one contributor, during the year, to of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form	ule A (Form 990 or 990-EZ), Part II, line otal contributions of the greater of (1)				
contributor, durir	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions totaling \$5,000 or more during the year						
_	nat isn't covered by the General Rule and/or the Special Rules	•				

For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number

			35-086/955
Part I	Contributors (See instructions). Use duplicate copi	es of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$\$	Person X Payroll X Noncash (Complete Part II for noncash contributions.)

Employer identification number 35-0867955

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
7		\$366,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
8		\$15,400.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
9_		\$1,235,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
10		\$150,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
11		\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
12		\$500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Employer identification number 35-0867955

Part I	Contributors (See instructions). Use duplicate copie	s of Part I if additional space is no	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person X Payroll X Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number 35-0867955

Part II Noncash Property (See instructions). Use duplicate copies of Part II if additional space is needed.

r art ii	Trondant Toporty (Goo mondono). Goo daphoato doplos c	or rate in in additional opago to mod	aca.
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	ARTWORK	_	
		\\$\$	08/09/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
6	ARTWORK	_	
		\$	01/26/2017
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
7	ARTWORK	_	
			12/31/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
9	ARTWORK	_	
			12/01/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
11	ARTWORK	_	
			12/01/2016
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
13	ARTWORK	_	
		\$	12/01/2016
	<u> </u>	1	

Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Page 4

SCHEDULE D (Form 990)

Supplemental Financial Statements ▶ Complete if the organization answered "Yes" on Form 990,

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

2016
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service
Name of the organization

Employer identification num

Nam	e of the organization		Employer identification number
INI	IANAPOLIS MUSEUM OF ART, INC.		35-0867955
Pa	rt Organizations Maintaining Donor Advi	sed Funds or Other Similar Funds or	Accounts.
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 6.	
	·	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor	advisors in writing that the assets hold	in donor advised
5	funds are the organization's property, subject to the	=	
6	Did the organization inform all grantees, donors, a	-	
6	only for charitable purposes and not for the benef		
D,	conferring impermissible private benefit? rt Conservation Easements.		
Г	Complete if the organization answered	"Ves" on Form 990 Part IV line 7	
1	Purpose(s) of conservation easements held by the		
•	Preservation of land for public use (e.g., reci		of a historically important land area
	Protection of natural habitat		of a certified historic structure
		Freservation	of a certified flistoric structure
2	Preservation of open space	ald a qualified concernation contribution in	the form of a concernation
2	Complete lines 2a through 2d if the organization he	eid a quaimed conservation contribution if	Held at the End of the Tax Year
	easement on the last day of the tax year.		
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified l		2c
d	Number of conservation easements included in (c)		
_	historic structure listed in the National Register		2d
3	Number of conservation easements modified, tran	sterred, released, extinguished, or termin	nated by the organization during the
_	tax year >		
4	Number of states where property subject to conse		
5	Does the organization have a written policy reg		-
_	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violations, and enforcing cor	nservation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspect	ing, nandling of violations, and enforcing c	onservation easements during the year
_	> \$		470 (1) (4) (5) (1)
8	Does each conservation easement reported on line 2		
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports		· ·
	balance sheet, and include, if applicable, the text organization's accounting for conservation easeme	<u> </u>	iai statements that describes the
D	rt III Organizations Maintaining Collections		r Similar Assats
Г	Complete if the organization answered		i Sililiai Assets.
1a	If the organization elected, as permitted under SF works of art, historical treasures, or other similar	rAS 116 (ASC 958), not to report in its ir assets held for public exhibition, edu	revenue statement and balance sneet loation, or research in furtherance of
	public service, provide, in Part XIII, the text of the fo	otnote to its financial statements that des	scribes these items.
b	If the organization elected, as permitted under S		
	works of art, historical treasures, or other similar		cation, or research in furtherance of
	public service, provide the following amounts relati	•	. .
	(i) Revenue included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of an		-
	following amounts required to be reported under S		
a	Revenue included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X		
b	ASSELS INCIDUEU III FORM 990, Par X		/ \$

Schedule D (Form 990) 2016

	dule D (Form 990) 2016						Page Z
	rt III Organizations Maintaini	-				•	
3	Using the organization's acquisition		other records, chec	k any of the follow	ving that are a sigr	nificant use	of its
	collection items (check all that app	oly):					
а	X Public exhibition			or exchange progra	ms		
b	X Scholarly research		e Other				
С	X Preservation for future gene						
4	Provide a description of the orga	nization's collections	and explain how	they further the or	ganization's exemp	t purpose in	Part
	XIII.						
5	During the year, did the organization				_		_
	assets to be sold to raise funds rati		ained as part of the	organization's colle	ction?	Yes X	∐ No
Pai	rt IV Escrow and Custodial A						
	Complete if the organiza	tion answered "Yes	s" on Form 990, P	art IV, line 9, or re	ported an amoun	t on Form	
	990, Part X, line 21.						
1 a	Is the organization an agent, truste						_
	included on Form 990, Part X?					Yes	No
b	If "Yes," explain the arrangement i	in Part XIII and comp	olete the following tal	ole:			
					Amount		
С	Beginning balance			1c			
d	Additions during the year			1d			
е	Distributions during the year			1e			
f	Ending balance						
2a	Did the organization include an am	nount on Form 990,	Part X, line 21, for ϵ	scrow or custodial	account liability?	Yes	_ No
b	If "Yes," explain the arrangement i	in Part XIII. Check he	ere if the explanation	has been provided	on Part XIII		
Pai	rt V Endowment Funds.						
	Complete if the organiza	tion answered "Yes	s" on Form 990, Pa	art IV, line 10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	s back
1a	Beginning of year balance	343,738,000.	363,386,000.	376,446,306.	339,676,794.	326,327	,450.
b	Contributions	2,774,506.	9,287,986.	3,415,427.	5,382,893.	2,308	,109
c	Net investment earnings, gains,						
·	and losses	37,478,494.	-8,646,986.	6,574,267.	56,886,351.	35,480	,867
d	Grants or scholarships						
	Other expenditures for facilities						
C	and programs	28,964,600.	17,245,650.	19,592,500.	21,422,735.	21,016	,628
f	Administrative expenses	5,111,400.	3,043,350.	3,457,500.	4,076,997.	3,423	,004
q	End of year balance	349,915,000.	343,738,000.	363,386,000.		339,676	794
2	Provide the estimated percentage						
a	Board designated or quasi-endown	nent \triangleright 31,2000	end balance (line 19,	coluititi (a)) tielu as	·		
b	Permanent endowment ▶ 39.						
C	Temporarily restricted endowment						
	The percentages on lines 2a, 2b,		100%				
3a	Are there endowment funds not in	•		are held and admir	nistered for the		
- u	organization by:	the pededecion of the	io organization that	are more and admin		Yes	No
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
h	If "Yes" on line 3a(ii), are the relat					3b	
4	Describe in Part XIII the intended	•	•			OD	
_	rt VI Land, Buildings, and Equ		tion's endowment id	ius.			
Га	Complete if the organiza	ation answered "Ye	s" on Form 990, F	art IV, line 11a. S	See Form 990, Pai	rt X, line 10	
	Description of property					d) Book value	
1a	Land			depr 021,861.	reciation	1 005	<u></u>
b	Land Buildings				20 200	4,985,	
0	Leasehold improvements		10/,8	375,255. 78,8	30,209.	89,045,	040.
d			26.6	060 715 20 6	44 613	0 225	102
	Equipment Other				44,613.	8,225,	
					56,525.	881,	
iota	II. Add lines 1a through 1e. (Column	ı (u) must equal Forr	н ээu, ган X, colum	ri (D), IIII C TUC.)	🖊	103,137,	∠00.

Schedule D (Form 990) 2016

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Ochedule B (Form 550) 25 To			i agc
Part VII Investments - Other Securities.	"Ves" on Form 990	, Part IV, line 11b. See Form 990, Part X, line	12
(a) Description of security or category	(b) Book value	(c) Method of valuation:	12.
(including name of security)	,	Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other	240 141 560	T-MX7	
(A) ALTERNATIVE INVESTMENTS (B)	248,141,560.	FMV	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	248,141,560.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11c. See Form 990, Part X, line	13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
40		Cost of end-of-year market value	
(1)			
(2) (3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line	15
	scription	(b) Book va	
(1)		(5) 2 5 5 1 1	
(2)			
(3)			
_ (4)			
_ (5)			
(6)			
(7)			
<u>(8)</u> (9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ne 15.)		
Part X Other Liabilities.		, Part IV, line 11e or 11f. See Form 990, Part >	Κ,
1. (a) Description of liability	(b) Book value	9	
(1) Federal income taxes			
(2)LIABILITY FOR CHARITABLE ANNUI	57,4	167.	
(3)LIABILITY FOR AMOUNTS HELD	655,1		
(4) INTEREST RATE SWAP	1,995,4	137.	
(5)			
(6)			
<u>(7)</u> (8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 2,708,0	53.	
2. Liability for uncertain tay positions. In Part VIII. provide the	toxt of the feetness to the	he erganization's financial atotements that reserve the	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

JSA 6E1270 1.000 34379U D310 Schedule D (Form 990) 2016

Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	1.	
1	Total revenue, gains, and other support per audited financial statements	1	56,210,832.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		· · ·
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Donated services and use of lacinities		
	recoveries of prior year grants :		
	Carlot (Bedering in Factorin)	2e	17,385,409.
	Add lines 2a through 2d	3	38,825,423.
	Subtract line 2e from line 1		30,023,123.
	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,822,197.		
	Other (Describe in Lat Ain.)	4c	2,822,197.
	Add lines 4a and 4b	5	41,647,620.
5 Part		-	41,047,020.
rait	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	····	
1	Total expenses and losses per audited financial statements	1	31,867,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	346,850.
	Subtract line 2e from line 1	3	31,520,150.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,822,197.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	2,822,197.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	34,342,347.
	XIII Supplemental Information.		
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Pa		ne 4; Part X, line
2; Part	XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	nation.	
SEE	PAGE 5		

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 5

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

ELECTION UNDER SFAS 116:

IF ELECTED UNDER SFAS 116 PROVIDE FOOTNOTE FROM FINANCIAL STATEMENTS

ACCORDING TO THE MUSEUM'S POLICY, COLLECTIONS INCLUDE ALL WORKS OF ART,

HISTORICAL TREASURES, LIBRARY ACCESSIONS AND SIMILAR ASSETS THAT ARE (A)

HELD FOR PUBLIC SERVICE RATHER THAN FINANCIAL GAIN, (B) PROTECTED, KEPT

UNENCUMBERED, CARED FOR AND PRESERVED, AND (C) SUBJECT TO THE MUSEUM'S

POLICY THAT REQUIRES THE PROCEEDS OF ITEMS THAT ARE SOLD TO BE USED TO

ACQUIRE OTHER ITEMS FOR COLLECTIONS. THE COLLECTIONS, WHICH HAVE BEEN

ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'S

INCEPTION, ARE NOT RECOGNIZED AS AN ASSET ON THE CONSOLIDATED STATEMENTS

OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS

DECREASES IN UNRESTRICTED OR TEMPORARILY RESTRICTED NET ASSETS IN THE

YEAR IN WHICH THE ITEMS ARE ACQUIRED. PROCEEDS FROM DEACCESSIONS OR

INSURANCE RECOVERIES, IF ANY, ARE REFLECTED AS INCREASES IN THE

APPROPRIATE NET ASSET CLASS.

SCHEDULE D, PART III, LINE 4

ARTWORK FURTHERING EXEMPT PURPOSE:

THE INDIANAPOLIS MUSEUM OF ART AT NEWFIELDS (IMA) WAS FOUNDED IN 1883 AS THE ART ASSOCIATION OF INDIANAPOLIS. TODAY, THE IMA IS ONE OF THE TEN LARGEST AND OLDEST ENCYCLOPEDIC ART MUSEUMS IN THE UNITED STATES. THE IMA'S PERMANENT COLLECTION BOASTS MORE THAN 54,000 WORKS OF ART IN THE AREAS OF AFRICAN ART; AMERICAN PAINTING AND SCULPTURE; ASIAN ART; CONTEMPORARY ART AFTER 1945; CONTEMPORARY DESIGN; DECORATIVE ARTS; EUROPEAN PAINTING AND SCULPTURE; PRINTS, DRAWINGS, AND PHOTOGRAPHS; TEXTILES AND FASHION ARTS. THE IMA HOUSES, EXHIBITS, AND PRESERVES THIS

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page 5

Part XIII Supplemental Information (continued)

ROBUST COLLECTION UTILIZING 102,107 SQUARE FEET OF GALLERY SPACE, ALONG WITH IN-HOUSE ART STORAGE FACILITIES, A CONSERVATION DEPARTMENT, AND A CONSERVATION SCIENCE LAB. THE IMA SITS ON A 152-ACRE CAMPUS COMPRISING THE MUSEUM, THE GARDEN, LILLY HOUSE, PERFORMANCE SPACES, AND THE VIRGINIA B. FAIRBANKS ART AND NATURE PARK: 100 ACRES. THIS CAMPUS, ALONG WITH SATELLITE PROPERTY MILLER HOUSE AND GARDEN IN COLUMBUS, IN, IS COLLECTIVELY CALLED NEWFIELDS. THE MISSION OF NEWFIELDS IS TO ENRICH LIVES THROUGH EXCEPTIONAL EXPERIENCES WITH ART AND NATURE.

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

THE MUSEUM'S ENDOWMENT CONSISTS OF APPROXIMATELY 150 INDIVIDUAL FUNDS ESTABLISHED FOR A VARIETY OF PURPOSES INCLUDING ART PURCHASES, PROGRAM EXPENSES, BUILDING OPERATIONS, BOND COSTS, AND PERSONNEL EXPENSES.

SCHEDULE D, PART X

ASC 740 DISCLOSURE:

MANAGEMENT HAS EVALUATED THEIR INCOME TAX POSITIONS UNDER THE GUIDANCE INCLUDED IN ASC 740. BASED ON THEIR REVIEW, MANAGEMENT HAS NOT IDENTIFIED ANY MATERIAL UNCERTAIN TAX POSITIONS TO BE RECORDED OR DISCLOSED IN THE FINANCIAL STATEMENTS.

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AFS:

COST OF GOOD SOLD \$ 346,850

AMORT. OF NET PERIODIC PENSION COSTS 271,000

CHANGES IN VALUE OF INTEREST RATE SWAP 1,784,559

Schedule D (Form 990) 2016

Schedule D (Form 990) 2016 Page **5**

Part XIII Supplemental Information (continued)

CHANGES IN ACCUM. POSTRETIREMENT BENEFITS 942,000

TOTAL \$ 3,344,409

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AFS:

COST OF GOOD SOLD \$ 346,850

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SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990. OMB No. 1545-0047 **Open to Public** Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes

	For grantmakers. Describe in assistance outside the United Sta	-	ganization's pr	rocedures for monitoring	the use of its grants a	and other
3	Activities per Region. (The follow	ving Part I, line	3 table can be	e duplicated if additional sp	pace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	EUROPE			INVESTMENTS	N/A	6,415,383.
_(2)	CENTRAL AMERICA/CARIBBEAN			INVESTMENTS	N/A	68,420,240.
(3)	NORTH AMERICA			INVESTMENTS	N/A	1,546,366.
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
<u>(10)</u>						
<u>(11)</u>						
<u>(12)</u>						
<u>(13)</u>						
<u>(14)</u>						
<u>(15)</u>						
<u>(16)</u>						
<u>(17)</u>						
3a	Sub-total					76,381,989.
b	Total from continuation sheets to Part I					
c	Totals (add lines 3a and 3b)					76,381,989.
For Pa	aperwork Reduction Act Notice, see	the Instructions	s for Form 990.		Schedul	e F (Form 990) 2016

JSA 6E1274 1.000

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Part II	Grants and Other Assist Part IV, line 15, for any re							d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 En	ter total number of recipient orga	anizations listed abov	ve that are recognized as o	charities by the	foreign country, red	cognized as ta	x-exempt		
3 En	the IRS, or for which the grantee ter total number of other organiz	ations or entities	iueu a section 501(c)(3) ec	quivalency lette	;		>		

Schedule F (Form 990) 2016

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Schedule F (Form 990) 2016 Page 4

Part IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X	Yes		No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	X	Yes		No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	X	Yes		No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	X	Yes		No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)		Yes	X	No

Schedule F (Form 990) 2016

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Compensation InformationFor certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection Employer identification number

INDIANAPOLIS MUSEUM OF ART, INC.

35-0867955

Part	rt I Questions Regarding Compensation				
			١	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a persor 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding the second content of the provided and the second content of the second content of the provided and the second content of the second content				
	First-class or charter travel X Housing allowance or residence for pe	ersonal use			
	X Travel for companions Payments for business use of personal				
	X Tax indemnification and gross-up payments X Health or social club dues or initiation	fees			
	Discretionary spending account X Personal services (such as, maid, chau	ıffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy rega	arding payment			
	or réimbursement or provision of all of the expenses described above? If "No," complexplain	ete Part III to	b	х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses i	ncurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items of				
	1a?	2	2	х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation	of the			
Ū	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods related organization to establish compensation of the CEO/Executive Director, but explain in Part	s used by a			
	X Compensation committee X Written employment contract				
	X Independent compensation consultant X Compensation survey or study				
	X Form 990 of other organizations X Approval by the board or compensation	on committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the organization or a related organization:				
а	Receive a severance payment or change-of-control payment?	4	а		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4	b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4	С		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each iten	n in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an	ıy			
	compensation contingent on the revenues of:				
а	The organization?	5	а		Х
b	Any related organization?	5	b		Х
	If "Yes" on line 5a or 5b, describe in Part III.				
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue an	ıy			
	compensation contingent on the net earnings of:				
а	The organization?	6	а		Х
b	,	6	b		Х
	If "Yes" on line 6a or 6b, describe in Part III.				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide payments not described on lines 5 and 6? If "Yes," describe in Part III.		,	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that				
9	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If	-			
	in Part III	-	3		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure				
•	Regulations section 53.4958-6(c)?		9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2016

Schedule J (Form 990) 2016 Page 2

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHARLES VENABLE	(i)	476,666.	115,000.	110,970.	19,067.	10,709.	732,412.	0.
1 MELVIN & BREN SIMON DIR & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
JEREMIAH WISE	(i)	157,624.	40,000.	0.	6,305.	7,754.	211,683.	0.
2 ^{CFO}	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHRYN HAIGH	(i)	145,697.	20,000.	0.	5,828.	7,922.	179,447.	0.
3DEPUTY DIR - COLLECTIONS	(ii)	0.	0.	0.				0.
GREG SMITH	(i)	133,205.	2,000.	0.	5,328.	10,623.	151,156.	0.
4SENIOR CONSERVATION SCIENTIST	(ii)	0.	0.	0.				0.
PRESTON BAUTISTA	(i)	149,266.	20,000.	0.	5,971.	7,138.	182,375.	0.
5DEPUTY DIR FOR PUBLIC PROGRAMS	(ii)	0.	0.	0.				0.
ELLEN LEE	(i)	172,452.	2,000.	0.	6,898.	9,852.	191,202.	0.
6WOOD-PULLIAM SENIOR CURATOR	(ii)	0.	0.	0.				0.
KIM GATTLE	(i)	184,449.	15,000.	0.	7,378.	7,344.	214,171.	0.
7DEPUTY DIR - INSTL ADVANCEMENT	(ii)	0.	0.	0.				0.
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2016 Page 3

Part | Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 1A

OTHER REPORTABLE COMPENSATION:

INCLUDED IN CHARLES VENABLE'S OTHER REPORTABLE COMPENSATION IS CELL PHONE, LIFE INSURANCE, PERSONAL USE OF SOCIAL CLUB DUES AND HOUSING EXPENSES ALL WHICH ARE TAXABLE COMPENSATION. CHARLES VENABLE'S SPOUSE IS REQUIRED TO ATTEND EVENTS AS NEEDED, FOR WHICH THE ORGANIZATION PROVIDES FOR TRAVEL EXPENSES. CHARLES VENABLE WILL REIMBURSE THE ORGANIZATION FOR ANY OTHER SPOUSAL TRAVEL EXPENSES. CHARLES VENABLE PAYS 100% OF THE AMOUNT OF CLEANING SERVICES FOR WESTERLEY (THE RESIDENCE) AND SUBMITS FOR REIMBURSEMENT 50% OF THE CLEANING SERVICE FEE, AS IT PERTAINS TO HOSTING GATHERINGS ON BEHALF OF INDIANAPOLIS MUSEUM OF ART, INC.

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS:

THE BONUSES INCLUDED IN PART II, COLUMN (II) ARE PERFORMANCE BASED
BONUSES. THESE BONUSES WERE APPROVED BY THE CFO, COMPENSATION COMMITTEE,
AND THE BOARD. CHARLES VENABLE'S BONUS INCLUDES A DEFERRED BONUS FROM
PRIOR YEARS BASED ON PERFORMANCE. THE COMPENSATION COMMITTEE AND THE
BOARD APPROVED THIS BONUS.

Schedule J (Form 990) 2016

SCHEDULE K (Form 990)

Department of the Treasury

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.

► Attach to Form 990.

Internal Revenue Service ► Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2016
Open to Public Inspection

Name of the organization
INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Part I Bond Issues									'					_
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issue	ed (e)	Issue price	(f) De	escription of pu	rpose	(g) De	feased	(h) beha issi	alf of	(i) Poo financ	
									Yes	No	Yes	No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316		06/19/20	14	55,139,500.	REFUNDING OF	F SERIES 200	1 AND 2004		х		Х		Х
B INDIANA FINANCE AUTHORITY	35-1602316	45506DJM8	05/08/20	13	39,950,000.	REFUNDING OF SERIES 2002 BONI				х		Х		Х
C INDIANA FINANCE AUTHORITY	35-1602316		03/25/20	13	26,105,000.	REFUNDING OF	F SERIES 200	1 BONDS		х		Х		Х
D														
Part II Proceeds														
A Assessment of the sendence through					Α		В	С				D		
1 Amount of bonds retired														—
2 Amount of bonds legally defeased					139,500	30.0	50,000.	26,10	NE 00					—
3 Total proceeds of issue				55,	,139,300	. 39,9	30,000.	20,10	15,00					—
5 Capitalized interest from proceeds														
6 Proceeds in refunding escrows.														—
7 Issuance costs from proceeds					137,596	3	81,800.	1.0	2,86	3				—
8 Credit enhancement from proceeds					137,370	•	701,000.		,,,,,,	,,,,,				—
9 Working capital expenditures from proceeds														—
10 Capital expenditures from proceeds														
11 Other spent proceeds							26,002,137.							
12 Other unspent proceeds					,,,,,	1	,		_,					
13 Year of substantial completion														
- 				Yes	No	Yes	No	Yes	No		Yes		No	_
14 Were the bonds issued as part of a current refundir	ng issue?			Х		Х		Х						
15 Were the bonds issued as part of an advance refun					Х		Х		Х					_
16 Has the final allocation of proceeds been made? .				Х		Х		Х						
17 Does the organization maintain adequate boo														
final allocation of proceeds?				X		X		Х						
Part III Private Business Use														
					Α		В	С	C			D		
1 Was the organization a partner in a partnership				Yes	No	Yes	No	Yes	No		Yes	3	No	
which owned property financed by tax-exempt bone					X		X		X					
2 Are there any lease arrangements that may														
bond-financed property?					X		X		Х					

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule K (Form 990) 2016

JSA 6E1295 1,000 34379U D310 Schedule K (Form 990) 2016

Pa	rt III Private Business Use (Continued) GR	OUP 1							
,			A	I	В	(C)
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		Х		Х		Х		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		х		X		X	 -	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?							 -	
4	Enter the percentage of financed property used in a private business use by entities								
	other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5	Enter the percentage of financed property used in a private business use as a								
	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		X		Х		X		
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a $501(c)(3)$ organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		Х		X			
Pa	rt IV Arbitrage								
			A	I	В	(2)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х		X		
2	If "No" to line 1, did the following apply?								
	Rebate not due yet?		Х		Х		X		
	Exception to rebate?	Х		Х		Х			
C	No rebate due?		X		Х		X		
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
3	Is the bond issue a variable rate issue?	Х			X	Х			
4a	Has the organization or the governmental issuer entered into a qualified							ļ	
	hedge with respect to the bond issue?		Х		Х		X		
	Name of provider								
	Term of hedge								
	Was the hedge superintegrated?								
е	Was the hedge terminated?								

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Schedule K (Form 990) 2016
Page 3

Part IV Arbitrage (Continued)								
		Α		В	С		ı)
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		Х		Х		
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		Х		Х			
Part V Procedures To Undertake Corrective Action		•						
		A		В		C	ı)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?								
	X	o on Cobe	X		X			
Part VI Supplemental Information. Provide additional information for responses to	o questior	is on Sche	edule K. S	ee instruct	ions			

SCHEDULE M (Form 990)

Noncash Contributions

200 24 20

OMB No. 1545-0047
20**16**

Open To Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Important in the organization Employer identification number NDTANAPOLTS MUSEUM OF ART. INC. 35–0867955

INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 **Types of Property** Part I (c) (b) (a) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on noncash contribution amounts applicable items contributed Form 990, Part VIII, line 1g Art - Works of art Х 487. 3,377,260. APPRAISAL 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 4 5 Clothing and household 600. PURCHASE COST goods.......... Х 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Х 36. 886,130. STOCK QUOTE Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic structures 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 PURCHASE COST Collectibles 18 Х 5. 4,380. PURCHASE COST 19 Food inventory 20 Drugs and medical supplies 21 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts Other ▶(EQUIPMENT PURCHASE COST 1,128. 25 26 Other ►(_ Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 11. which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required 30a Х **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х 32a contributions? b If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2016)

describe in Part II.

Schedule M (Form 990) (2016) Page **2**

Part II Supplei

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, PART I, LINE 32B

THIRD PARTY WHO SELLS NON-CASH CONTRIBUTIONS:

STIFEL NICOLAUS SELLS CONTRIBUTIONS OF STOCK RECEIVED BY THE

ORGANIZATION.

JSA Schedule M (Form 990) (2016)

6E1508 2.000

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

2016
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

INDIANAPOLIS MUSEUM OF ART, INC.

FORM 990, PART VI, SECTION A, LINE 2

BOARD MEMBER RELATIONSHIPS:

MICHAEL KUBACKI AND THOMAS HIATT HAVE A BUSINESS RELATIONSHIP. MATTHEW GUTWEIN AND SHERRON ROGERS HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION B, LINE 11B

PROCESS TO REVIEW FORM 990:

THE CHIEF FINANCIAL OFFICER AS WELL AS AN INDEPENDENT ACCOUNTING FIRM

COMPLETE A DETAILED REVIEW OF THE FORM 990 BEFORE IT IS SUPPLIED TO THE

AUDIT COMMITTEE FOR THEIR REVIEW. THE ENTIRE BOARD RECEIVES A COPY OF THE

FORM 990 BEFORE IT IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C

MONITORING AND ENFORCEMENT OF COMPLIANCE WITH CONFLICT OF INT. POLICY:

THE INDIANAPOLIS MUSEUM OF ART HAS OFFICERS, DIRECTORS OR TRUSTEES, AND

KEY EMPLOYEES COMPLETE CONFLICT OF INTEREST QUESTIONNAIRES ANNUALLY. THE

CFO REVIEWS THE QUESTIONNAIRES ON AN ANNUAL BASIS. IF A CONFLICT IS

NOTED, IT IS SUMMARIZED ON A SEPARATE DOCUMENT THAT IS THEN PRESENTED TO

THE BOARD AND USED FOR COMPILATION OF THE 990. ANY BOARD MEMBER WHO HAS A

CONFLICT OF INTEREST ABSTAINS FROM VOTING ON THE RELATED ISSUE AND MAY

NOT BE INVOLVED IN ANY DISCUSSION PERTAINING TO THE PARTICULAR ISSUE.

FORM 990, PART VI, SECTION B, LINE 15A & 15B

PROCESS TO DETERMINE CEO, OFFICER, AND KEY EMPLOYEE COMPENSATION:

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

UNDER THE DIRECTION OF THE BOARD, THE HR DEPARTMENT GATHERS INDEPENDENT MARKET DATA, INCLUDING THE ASSOCIATION OF ART MUSEUM DIRECTORS SURVEY AND PROVIDES IT TO THE COMPENSATION COMMITTEE TO REVIEW AND USE IN DETERMINING THE CEO'S AND KEY EMPLOYEES' SALARIES. THE CEO'S LAST COMPENSATION REVIEW TOOK PLACE IN MARCH OF 2016 BY OPPENHEIM AND ASSOCIATES. KEY EMPLOYEE COMPENSATION WAS LAST REVIEWED IN THE SPRING OF 2016 BY HR DIRECTOR, LAURA MCGREW.

FORM 990, PART VI, SECTION C, LINE 19

AVAILABILITY OF GOVERNING DOCUMENTS, CONFLICT OF INT. POLICY, AND FS:

THE INDIANAPOLIS MUSEUM OF ART DOES NOT MAKE ITS GOVERNING DOCUMENTS AND

CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC. HOWEVER, FINANCIAL

STATEMENTS AND THE FORM 990 ARE AVAILABLE ON THE WEBSITE.

FORM 990, PART XI, LINE 5

OTHER CHANGES IN NET ASSETS OR FUND BALANCES:

CHANGES IN VALUE OF INTEREST RATE SWAP \$ 1,784,559

CHANGES IN ACCUM. POSTRETIREMENT BENEFITS 942,000

AMORT. OF NET PERIODIC PENSION COSTS 271,000

TOTAL \$ 2,997,559

ATTACHMENT 1

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

THE INDIANAPOLIS MUSEUM OF ART, INC. DBA NEWFIELDS IS A CULTURAL CAMPUS, ENCOMPASSING 152 ACRES. IT INCLUDES AN ENCYCLOPEDIC ART MUSEUM, 26-ACRE GARDEN AND HISTORIC HOME, AND A 100-ACRE ART & NATURE PARK, AMONGST OTHER ASSETS.

NEWFIELDS MISSION IS TO ENRICH LIVES THROUGH EXCEPTIONAL EXPERIENCES

Page 2

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

ATTACHMENT 1 (CONT'D)

FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

WITH ART AND NATURE. NEWFIELDS SERVES THE CREATIVE INTERESTS OF ITS COMMUNITY BY FOSTERING EXPLORATION OF ART, GARDENS, AND THE NATURAL ENVIRONMENT.

THE IMA PROMOTES THESE INTERESTS THROUGH THE COLLECTION,

PRESENTATION, INTERPRETATION AND CONSERVATION OF ITS ARTISTIC,

HISTORIC, NATURE-RELATED, AND ENVIRONMENTAL ASSETS.

THE INDIANAPOLIS MUSEUM OF ART HAS A COLLECTION OF OVER 50,000 WORKS

OF ART FROM A VARIETY OF CULTURES AND PERIODS IN ART HISTORY.

THE GARDEN AT NEWFIELDS PROVIDES YEAR-ROUND ACCESS TO GARDEN-BASED

PROGRAMMING, HIGHLIGHTING THE MANY VARIETIES OF PLANTS, FLOWERS, AND TREES WITHIN ITS COLLECTION.

THE VIRGINIA B. FAIRBANKS ART AND NATURE PARK PROVIDES AN URBAN OASIS WITH 100 ACRES OF WOODLANDS, WETLANDS, LAKE AND MEADOWS, CONTAINING OUTDOOR ART WORKS, AS WELL AS RECREATIONAL EXPERIENCES FOR VISITORS.

ATTACHMENT 3

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

Page 2 Name of the organization Employer identification number INDIANAPOLIS MUSEUM OF ART, INC.

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
CAMBRIDGE ASSOCIATES 100 SUMMER STREET BOSTON, MA 02110	INVESTMENT ADVISOR	688,195.
ALFREDO JAAR 508 WEST 26TH STREET, SUITE 9B NEW YORK CITY, NY 10001	ARTIST	250,000.
LAND COLLECTIVE 57 N 2ND STREET PHILADELPHIA, PA 19106	LANDSCAPE ARCHITECT.	401,415.
KAHN'S CATERING 8580 ALLISON POINTE BLVD INDIANAPOLIS, IN 46250	CATERING SERVICES	150,856.
MILLER-EADS CO. 4125 N KEYSTONE AVE INDIANAPOLIS, IN 46205	ELECTRICAL SERVICES	226,482.

ATTACHMENT 3 (CONT'D)

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Department of the Treasury

Internal Revenue Service

Employer identification number 35-0867955

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OLDFIELDS, LLC					
4000 MICHIGAN ROAD INDIANAPOLIS, IN 46208	REAL ESTATE	IN	68.	19,273.	N/A
(2)					
(3)					
(4)					
(5)					
(6)					

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had Part II one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 contri	(a) (512(b)(13) (rolled (ity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2016

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of- year assets	(h Disprope alloca	ortionate	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
		,,,		,			Yes	No		Yes	No	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Gritity :
(1) CHARITABLE REMAINDER TRUSTS (2)	TRUST	IN	N/A	TRUST				Yes No
(2)								
(4)								
(5)								
(6)								
(7)								

Yes No

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	Х
b	Gift, grant, or capital contribution to related organization(s)	1b	X
С	Gift, grant, or capital contribution from related organization(s)	1c	X
d	Loans or loan guarantees to or for related organization(s)	1d	Х
е	Loans or loan guarantees by related organization(s)	1e	Х
f	Dividends from related organization(s).	1f	Х
	Sale of assets to related organization(s)	1g	Х
	Purchase of assets from related organization(s)	1h	Х
i	Exchange of assets with related organization(s)	1i	Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	Х
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)	11	X
m	Performance of services or membership or fundraising solicitations by related organization(s).	1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X
0	Sharing of paid employees with related organization(s)	10	X
р	Reimbursement paid to related organization(s) for expenses	1p	X
q	Reimbursement paid by related organization(s) for expenses	1q	X
r	Other transfer of cash or property to related organization(s)	1r	X
s	Other transfer of cash or property from related organization(s)	1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction three		
	(a) (b) (c) Name of related organization Transaction Amount involved Method	(d) of determin	nina
	· · · · · · · · · · · · · · · · · · ·	int involved	0
(1)			
(2)			
(0)			
(3)			
(4)			
(4)			
(E)			
(5)			
(e)			
(6)	Schedule R (F	Orm 900) 201E
O 4	Schedule R (r	UIIII 990	1 2010

Schedule R (Form 990) 2016

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	ed, section ded 501(c)(3)		Are all partners Share of section total income		(h) Disproportionate allocations?		ortionate tions? Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			sections 512-514)		No			Yes	No	(1 01111 1000)	Yes	No	1
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													-
(13)													
(14)													
(15)													
(16)													
(1 <i>v)</i>											odulo		

6E1310 1.000

Schedule R (Form 990) 2016

34379U D310 PAGE 54

Schedule R (Form 990) 2016 Page 5

Part VII

Supplemental Information
Provide additional information for responses to questions on Schedule R. See instructions.

Schedule R (Form 990) 2016

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an **Exempt Organization Return**

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

	6-Month Extension of Time. Only subm		· · · · · · · · · · · · · · · · · · ·					
•	ons required to file an income tax return othe		, ,	0-C filers), partnerships,	RE	MICs,	and trust	:s
nust use Fo	orm 7004 to request an extension of time to f	ile income	tax returns.					
	Ta			Enter filer's identifyin				tions
Гуре or	Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or							
orint				25 226525	_			
ile by the	INDIANAPOLIS MUSEUM OF ART, II			35-086795				
lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instruc	ctions.	Social security number (S	SN)			
iling your eturn. See	4000 MICHIGAN ROAD		Access to the Control of the Control					
nstructions.	City, town or post office, state, and ZIP code. For	a foreign ad	aress, see instructions.					
	INDIANAPOLIS, IN 46208							
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for	or each return)			0	<u> </u>
Application		Return	Application				Retu	rn
s For		Code	Is For				Cod	е
orm 990 or	Form 990-EZ	01	Form 990-T (corporat	tion)			07	
orm 990-Bl	<u> </u>	02	Form 1041-A				08	
orm 4720 ((individual)	03	Form 4720 (other tha	ın individual)			09	
orm 990-PF	=	04	Form 5227				10	
	orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069					11		
orm 990-T	(trust other than above)	06	Form 8870				12	
If the orga If this is for or the whole a list with the 1 I reque for the o	e No. ► _ 317_ 923-1331	business in ur digit Grof fit is for pation is for.	oup Exemption Number on the group, check to the group, check to 05/15_, 20	(GEN)		If t and at	his is ttach	rn
▶ X	tax year beginning07/0					17		
	hange in accounting period							
	application is for Forms 990-BL, 990-PF, 990-P	90-T, 4720), or 6069, enter the	tentative tax, less any				
	undable credits. See instructions.				3a	\$		0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and								•
estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS								0.
			ent with this form, if re	quirea, by using EFTPS				•
•	onic Federal Tax Payment System). See instru		10 10 01 E 2222	- 0.150 - 0 · -	3c		•	0.
•	u are going to make an electronic funds withdrawa	ı (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form	1 887	/9-EO1	tor payme	ent
nstructions.	lak and Danamusuk Dadu-Mar A-AN-Mar	allaw -			_	. 0061) (D	2047
or Privacy A	act and Paperwork Reduction Act Notice, see instr	uctions.			rorn	7 000 E	3 (Rev. 1-2	2017)

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

	For cale	ndar year 2016 or other tax year b	eginning		nd endin	$\log_{10} \frac{06/30}{}$, 20 <u>1 7</u> .	2	2(0) 16
Department of the Treasury	▶ In	formation about Form 990-T a	nd its inst	tructions is available	at ww	w.irs.gov/form	1990t.	Onen to F	Public Inspection for
Internal Revenue Service	▶ Do	not enter SSN numbers on this fo						501(c)(3)	Organizations Only
A Check box if address changed		Name of organization (Chec	ck box if nan	ne changed and see ins	structions	S.)			ication number ee instructions.)
	-	TNDTANADOLTG MIGH		ADE THE					
B Exempt under section	Print	INDIANAPOLIS MUSEUM OF ART, INC. Print Number, street, and room or suite no. If a P.O. box, see instructions. 35-0867955							
X 501(C)(3)	or	Number, street, and room or suite	110. II a P.O.	box, see instructions.					ess activity codes
408(e) 220(e)	.,,,,,	4000 MICHIGAN ROA	D					nstructions.)	activity codes
408A530(a)]	City or town, state or province, co		IP or foreign postal code	Δ		-		
529(a) C Book value of all assets	-	INDIANAPOLIS, IN	-	ii or loreigh postar cou	C		7221	0.0	453220
at end of year	F Gro	up exemption number (See inst		<u> </u>			1221	.00	433220
480.804.377.		eck organization type X			501(c)	truet	401(a)	\ truet	Other trust
		rimary unrelated business activit		ATTA			+01(a)	, trust	Other trust
		corporation a subsidiary in an a							Yes X No
-		identifying number of the paren	_		ndiai y C	ortifolica group	' · · · · ·		
J The books are in car		, , , , , , , , , , , , , , , , , , , ,	t corporatio		lephon	e number > 3	17-923	-1331	
		or Business Income		(A) Income		(B) Expe		T	(C) Net
1a Gross receipts or				()					(-,
b Less returns and allows		c Balanc	e ▶ 1c	416,9	39.				
		ule A, line 7)		214,6					
_		2 from line 1c	• • —	202,3					202,318.
•		ittach Schedule D)		154,6					154,631.
		Part II, line 17) (attach Form 4797)							
		rusts							
		ps and S corporations (attach statem		-236,8	88.	ATCH	2		-236,888.
6 Rent income (Sch	nedule C)		6						
		come (Schedule E)		156,8	95.	3	14,387		-157,492.
8 Interest, annuities, roya	alties, and re	nts from controlled organizations (Schedu	le F) 8						
9 Investment income of	a section 50	1(c)(7), (9), or (17) organization (Schedul	e G) 9						
10 Exploited exempt	activity i	ncome (Schedule I)	10						
11 Advertising incor	ne (Sched	dule J)	11						
		ctions; attach schedule)		117,6		ATCH			117,635.
		ough 12		394,5			14 , 387		80,204.
		Taken Elsewhere (See in				,	(Except	for contr	ibutions,
		be directly connected wi			s inco	me.)			
		directors, and trustees (Schedule	e K)				14		
15 Salaries and wag							15		326,247.
									2,518.
									116 022
									116,032.
									10,127.
		See instructions for limitation rule		1	1	51,5			
		4562) on Schedule A and elsewhere of				31,3			51,532.
					•		22k		31,332.
		compensation plans							
		S					I		47,329.
		Schedule I)							1,,0230
		chedule J)							
		schedule)							143,236.
		s 14 through 28							697,021.
		ole income before net operat							-616,817.
		ion (limited to the amount on lin	-						· · · · · · · · · · · · · · · · · · ·
		e income before specific deduc							-616,817.
		ally \$1,000, but see line 33 ins							1,000.
		ble income. Subtract line 33							
enter the smaller	of zero or	line 32					34		-616,817.

orm 990-T (2016)

	990-1 (20					F	age Z
Par		Tax Computation					
35	Organia	izations Taxable as Corporations. See instructions for tax computation. Controlled	group				
	member	rs (sections 1561 and 1563) check here See instructions and:					
а	Enter yo	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order	er):				
	(1) \$	(2) \$ (3) \$					
b	Enter or	rganization's share of: (1) Additional 5% tax (not more than \$11,750)					
	(2) Addi	itional 3% tax (not more than \$100,000)					
С		tax on the amount on line 34	▶	35c			
36	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income to	tax on				
	the amo	ount on line 34 from: Tax rate schedule or Schedule D (Form 1041)		36			
37	Proxy ta	ax. See instructions		37			
38	Alternat	tive minimum tax		38			
39	Tax on	Non-Compliant Facility Income. See instructions		39			
40	Total. A	odd lines 37, 38 and 39 to line 35c or 36, whichever applies		40			
Par	t IV	Tax and Payments					
41 a	Foreign	tax credit (corporations attach Form 1118; trusts attach Form 1116)					
b	Other cr	redits (see instructions)					
		I business credit. Attach Form 3800 (see instructions)					
		or prior year minimum tax (attach Form 8801 or 8827)					
е	Total cr	redits. Add lines 41a through 41d		41e			
42	Subtract	ct line 41e from <u>line 40 </u>		42			
43		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so		43			
44	Total tax	ax. Add lines 42 and 43		44			0.
45 a		nts: A 2015 overpayment credited to 2016					
	-	stimated tax payments					
		posited with Form 8868					
		organizations: Tax paid or withheld at source (see instructions)					
	_	withholding (see instructions)					
		or small employer health insurance premiums (Attach Form 8941)					
		redits and payments: Form 2439					
•	Fo	orm 4136 Other Total ▶ 45g					
46		ayments. Add lines 45a through 45g		46			
47		ted tax penalty (see instructions). Check if Form 2220 is attached		47			
48		e. If line 46 is less than the total of lines 44 and 47, enter amount owed		48			
49		yment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid					
50			nded 🕨				
Par	t V	Statements Regarding Certain Activities and Other Information (see ins	struction	ns)			
51	At any	time during the 2016 calendar year, did the organization have an interest in or a sign	ature or	other a	uthority	Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If YES, the organize	ation m	ay have	to file		
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name	of the	foreign	country		
	here >	•					Х
52	During t	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor t	to, a fore	ign trust?			X
	_	see instructions for other forms the organization may have to file.		3			
53		ne amount of tax-exempt interest received or accrued during the tax year > \$					
	Un	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, ar		best of my	knowledge a	nd beli	ef, it is
Sigr	1 ktru	ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowled		ou the ID	C dia	Alaic	
Her		05/15/2018 CFO		,	S discuss reparer sh		
		ignature of officer Date Title			s)? X Ye		No
	'	Print/Type preparer's name Preparer's signature Date	Chec		PTIN		
Paid		NICOLE B FISHBACK 05/15/201	I	employed	P012	7947	5
	arer	Firm's name BKD, LLP			4-01602		
Use	Only	Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204	Phon	~ .	17.383		0
		, , , , , , , , , , , , , , , , , , , ,	1 . 1.01				

Form **990-T** (2016)

Form	990-T (2016)											P	age 3
Sch	edule A - Cost of Go	ods S	old. En	ter metho	d of invent	tory va	aluation						
1	Inventory at beginning of ye								ar	6			
2	Purchases	2				ı			ld. Subtract line				
3	Cost of labor						6 from	line 5. Er	iter here and in				
4 a	Additional section 263A co						Part I, line	e 2		7			
	(attach schedule)	4a				ı			section 263A (v	vith re	spect to	Yes	No
b	Other costs (attach schedule					1			or acquired for		-		
	Total. Add lines 1 through	· -							<u> </u>			Х	
(se	edule C - Rent Income ee instructions)	(From	Real P	roperty a	nd Perso	nal F	Property	/ Leased V	Vith Real Prope	rty)			
1. De	scription of property												
(1)													
(2)													
(3)													
(4)													
		2. Re	ent receiv	ed or accru	ed								
for personal property is more than 10% but not percentage of rent for			or perso	personal property (if the r personal property exceeds based on profit or income) 3(a) Deductions directly in columns 2(a) and						me			
(1)													
(2)													
(3)													
(4)													
Total				Total									
	otal income. Add totals of co and on page 1, Part I, line 6,	,	, ,	,					(b) Total deduction Enter here and or Part I, line 6, coluit	page 1			
	edule E - Unrelated De				ee instructi	ions)			•				
	1. Description of debt	financod r	roporty	,	2. Gross allocable			3. [Deductions directly co debt-financ			le to	
	1. Description of depi	i-ilitaticeu p	лорену			property			ht line depreciation ach schedule)		b) Other dedu (attach sched		
(1)	ATTACHMENT 6												
(2)													
(3)													
(4)													
	Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of debt	rage adjus or allocat financed ttach sche	ole to 6. 0 oroperty		. Colum divide columi	d		income reportable n 2 x column 6)		Allocable dec mn 6 x total of 3(a) and 3(of column	ns
(1)							%						
(2)							%						
(3)							%						
(4)							%						
									e and on page 1, e 7, column (A).		here and o		
Total	s							15	6,895.		314,387	•	
Total	dividends-received deduction	one inclu	ded in co	lumn 8		-							

Schedule F - Interest, Annu	uities, Royalties	, and Re	ents Fr	om Contro	lled Or	ganizat	ions (see	instruction	ons)	_
	· •			ontrolled Org			,		,	
Name of controlled organization	2. Employer identification numb			elated income instructions)		of specified ents made	included	of column 4 to in the contri ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations	·								
7. Taxable Income		8. Net unrelated income (loss) (see instructions)		Total of specific payments made		10. Part of column 9 that is included in the controlling organization's gross income				Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals				(0) 0 (17		Enter Part	columns 5 a here and on l, line 8, colu	page 1, mn (A).	Ent	ld columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
Schedule G - Investment In		tion 50	I(C)(7),	3. Deduc		nization				5. Total deductions
1. Description of income	2. Amount of	income		directly cor (attach sch	nected	4. Set-asides (attach schedule)			and set-asides (col. 3 plus col. 4)	
(1)										
(2)										
(3)										
(4)										
Totals ▶ Schedule I - Exploited Exe	Enter here and Part I, line 9, c	olumn (A).	ther Ti	nan Adverti	eina In	ncome /	saa instru	uctions)		Enter here and on page 1, Part I, line 9, column (B).
Schedule 1 - Exploited Exc	Inpl Activity in	come, o	tiici ii				see msuu			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expendire connect product unrel business	ctly ed with tion of ated	4. Net inconfrom unrelated or business 2 minus color of the color. 5 through the color of the co	ed tradé (column umn 3). ompute	from ac	ss income ctivity that unrelated ss income	6. Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1, line 10,	Part I,			l		1		Enter here and on page 1, Part II, line 26.
Schedule J - Advertising In	come (see instr	uctions)								
Part I Income From Per			Conso	lidated Bas	sis					
										1
1. Name of periodical	2. Gross advertising income	3. Di advertisii		4. Adverting gain or (los 2 minus con a gain, con cols. 5 thro	ss) (col. ol. 3). If mpute		5. Circulation income		ership ts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2016)

Form 990-T (2016) Page **5**

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I						
	Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1 Part II line 14			

Form **990-T** (2016)

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ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY.

THE INDIANAPOLIS MUSEUM OF ART HAS UNRELATED BUSINESS ACTIVITY FROM A RETAIL SHOP, CATERING AND EVENT INCOME, AND INVESTMENTS.

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS

AMBERBROOK IV AMBERBROOK VI BAUPOST VALUE PARTNERS LP IV CHARLESBANK EQUITY FUND VII COMMONFUND CAPITAL NATURAL RESOURCES CROW HOLDINGS IV-A CROW HOLDINGS V-A DUNE REAL ESTATE PARALLEL FUND II	-319. 735. 23,195. -8,427. 12,473. -4,827. 77,470. -1,258.
FLAG VENTURE PARTNERS VII FIRST RESERVE FUND XI GMO FORESTRY FUND 8-B	-4,136. -211,066. -4,078.
HIGHFIELDS CAPITAL IV LEGACY VENTURE VI (QP), LLC LEGP IAIV	-642. -113. -3,007.
METROPOLITAN REAL ESTATE PARTNERS INTERNATIONAL II METROPOLITAN REAL ESTATE PARTNERS IV-B METROPOLITAN REAL ESTATE PARTNERS V	-1,301. -4,524. -751.
PARK STREET CAPITAL NATURAL RESOURCE FUND III PARK STREET CAPITAL NATURAL RESOURCE FUND III AIV PARK STREET CAPITAL PRIVATE EQUITY FUND VII	-3,261. 5,204. -8,816.
PARK STREET CAPITAL PRIVATE EQUITY FUND VIII POMONA CAPITAL VII SPECIAL OPPORTUNITIES FUND IV	-16,101. 7,374. 174.
THE VARDE FUND X(B) (FEEDER) TIFF REAL ESTATE PARTNERS II, LLC WAYZATA OPPORTUNITIES FUND OFFSHORE	16,272. 3,702. 19,947.
CHARLESBANK EQUITY FUND VIII, LP FR XI-E ONSHORE AIV, LP AXIOM ASIA PRIVATE CAPITAL FUND III, LP	-25,966. 13,415. -2.
LEVEL EQUITY OPPORTUNITIES FUND 2015, LP RESOURCE CAPITAL FUND V, LP DUNE PARALLEL AIV II, LP	188. 329. -37,759.
LEGP II AIV (NB), LP DENHAM OIL & GAS FUND, LP HELLMAN & FRIEDMAN CAPITAL PARTNERS VIII, LP	-40,221. -18,199. -21,279.
HELLMAN & FRIEDMAN CAPITAL PARTNERS VII, LP LEVEL EQUITY GROWTH PARTNERS I, LP	-216. -1,097.
INCOME (LOSS) FROM PARTNERSHIPS	

PART I - LINE 12 - OTHER INCOME

CATERING AND EVENT REVENUE

117,635.

PART I - LINE 12 - OTHER INCOME

117,635.

	~	
A'l''l'A	CHMENT	- 4

FORM 990T - PART II - LINE 18 - INTEREST

PART II - LINE 18 - INTEREST

116,032.

143,236.

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

SUPPLIES PURCHASED SERVICES INSURANCE UTILITIES ACCOUNTING FEES RENT EXPENSE MISCELLANEOUS EXPENSES	7,130. 9,535. 10,192. 40,384. 5,675. 3,948. 47,888.
INVESTMENT FEES	18,484.

PART II - LINE 28 - OTHER DEDUCTIONS

ATTACHMENT 5
PAGE 65

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

				4.	5.		7.	8.
		3.		AVERAGE	AVERAGE	6.	GROSS INCOME	ALLOCABLE
1.	2.	DEDUCTIONS DIRECTLY	CONNECTED	ACQUISITION	ADJUSTED	% 4 IS	REPORTABLE	DEDUCTIONS
DESCRIPTION OF DEBT-FINANCED PROPERTY	GROSS INCOME	<u>(3A)</u>	(3B)	DEBT	BASIS_	<u>OF 5</u>	(2 X 6)	6 * (3A + 3B)
DEER ZINK PAVILION & SUTPHIN FOUNTAIN ROOM	156,895.	230,980.	83,407.	110,870,992.	105,224,217.	100.000	156,895.	314,387.
				TOTALS			156,895.	314,387.

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Information about Form 8865 and its separate instructions is at www.irs.gov/form8865. Information furnished for the foreign partnership's tax year beginning 01/01/2016, and ending 12/31/2016

OMB No. 1545-1668

Attachment

Department of Internal Reven			Inform 1nning 01/01	ation furnished	for the foreign dending 12	n partnersh /31/201	ip's tax year L6				hment ence N	lo. 118
Name of perso	on filing this	return			Fil	er's identif	ying numbe	r				
		MUSEUM OF AR					35-08679					
Filer's address	s (if you are	e not filing this form with	your tax return)	1	of filer (see Cat	<u> </u>			and chec	k applicab	e box(e	es)):
				1	2	3		4			100/	0015
			_		year beginning		01/2016	, ar	nd ending	067	30/	2017
		abilities: Nonrecourse	•		nonrecourse f				Other \$			
-	s a memb	er of a consolidated	group but not tr	ne parent, enter			about the pa	arent:				
Name	•				EII	V						
Address	S											
E Check i	if any eye	epted specified forei	an financial asse	ats are reported	on this form (s	ea instructi	one)					
-		t certain other partne		•	011 (1101 (01111 (10	occ modadou	0110)					
		- Contain other param	0.0 (000000						(4) Ch	eck applica	able bo	x(es)
	(1) Na	me		(2) Address		(3) Identi	ifying number	Cat	egory 1	Catagony 2 Construc		Constructive
										_		OWITE
G1 Name a	and addres	ss of foreign partners	ship			•		2(a)	EIN (if a	ny)		•
AXIOM AS	SIA PR	IVATE CAPITAI	L FUND III	, LP				9	8-104	4657		
CRICKET	SQUAR	E, HUTCHINS I	DRIVE, P.O	. BOX 268	1			2(b)	Referen	ce ID nur	nber (s	see instr.)
	•	GRAND CAYMAN										
CJ, KY1-	-1111								•	der who	se law	s organized
									IJ	T =		
4 Date of organization		5 Principal place of business		al business code number	7 Princip	al business			•	8b Ex	chang e insti	
ŭ					INVES		US	DOLL	AR			,
10/05		CJ ving information for		3900	r·							
		and identifying numb	<u> </u>	· · · · ·		if the foreig	gn partnershi	in must t	file:			
United		and identifying name	oci oi agent (ii an	y) iii die		orm 1042	, . L	orm 880	Г	X Forn	1060	5 or 1065-B
							re Form 1065				1 1000	3 01 1003-B
					OGD			0. 1000	2 10 111001			
3 Name a	and addres	ss of foreign partner	ship's agent in co	ountry of	4 Name	and addres	s of person(s) with o	custody c	of the boo	ks and	t
	ation, if ar	NY PANY (CAYMAN) LIMI	.men		records and red STATE STREE	of the fore	eign partner	ship, an	d the loc	ation of s	uch bo	ooks
		CHINS DRIVE, P.O.			STATE STREE		RVICES (HON	ig kong)) LTD.			
GEORGE TOWN					CENTRAL, HO							
CJ, KY1-111	1				HK							
5 Were an	ny special	allocations made by	the foreign partn	ership?						Y	es	X No
6 Enter the	e number	of Forms 8858, Info	ormation Return o	of U.S. Persons	With Respect	To Foreign	Disregarded	Entities,	,			
		turn (see instructions										
7 How is t	his partne	rship classified und	er the law of the	country in whic	h it is organize	ed?	EXEN	MPTED	LIMI	TED PA	<u> </u>	ERSHIP
8 a Does the	filer have a	n interest in the foreign	partnership, or an	interest indirectly	y through the fo	reign partner	ship, that is a	separate	•			77
	Ū	03(d)-1(b)(4) or part of		ū	. , .	,,,,,		_			es	X No
		eparate unit or combined ship meet both of the			ted loss as defin	ed in Reg. 1.	1503(d)-1(b)(5	5)(ii)?	▶	Y	es	No
	•	o's total receipts for	• .		0,000 and)					X No
		e partnership's total		nd of the tax year	r was less thar	n \$1 million.	}		• • •	¥	es	X No
Sign Here		mplete Schedules L, nalties of perjury, I decl		amined this return.	, including accor	npanying sch	edules and sta	atements.	, and to th	e best of m	 ıy knov	vledge
Only If You Are Filing	and belief	, it is true, correct, and n of which preparer has	I complete. Declar									J
This Form Separately	omano	or minori proparei ilas	any movieuge.				1					
and Not With Your Tax Return.	Signa	ture of general partner	r or limited liability of	company member			Date					
	Print/Type	preparer's name		Preparer's signa	ature		Date		Check	if P	TIN	
Paid	- 7								self-emp	oloyed		
Preparer	Firm's nan	ne >		•			,		Firm's E	IN 🕨		
Use Only	Firm's add	ress 🕨							Phone n	0.		
									1			

Page 2

Name	So	hedu	Constructive Ow box b, enter the interest you cons	nership of Partnership Interest. Che name, address, and U.S. taxpayer ide tructively own. See instructions.				filer. If y	you (s)	check whose
Schedule A-1 Certain Partners of Foreign Partnership (see instructions) Name Address Identifying number (if any) Check if bronging number (if any) Name Address If the partnership have any other foreign person as a direct partner? Name Address If										
Name Address Identifying number (if any) Check if person Property			ivame	Address	identifying nu	iniber (il aliy)				
Name Address Identifying number (if any) Check if person Property	_									
Name Address Identifying number (if any) Check if person Property										
Name Address Identifying number (if any) Check if person Property	C.	bodu	In Ad Cortain Partners	of Foreign Portnership (see instruction	ne)					
Does the partnership have any other foreign person as a direct partner? Schedule A2 Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest. Name Address (EN (if any) Total ordinary income or loss partnerships (foreign or domestic) in which the foreign partnership owns a 10% interest. Schedule B Income Statement - Trade or Business Income Caution: Include only trade or business income and expenses on lines 1 ta through 22 below. See the instructions for more information. 1 a Gross receipts or sales b Less returns and allowances 1 ta 1 to 2 cost of goods sold 3 cross profit. Subtract line 2 from line to 3 cost of goods sold 4 cost of goods sold 5 cost of goods sold 6 cost of goods sold 7 cost of goods sold 9 cost o	30	meau								
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21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 21	Jedi	20				20				
22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8 22	_	21	Total deductions. Add the amo	ounts shown in the far right column for lines 9 t	hrough 20	21				
		22	Ordinary business income (lose)	from trade or business activities. Subtract line?	21 from line 8	22				

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Sched	lule K	Partners' Distributive Share Items		Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b		
	С	Other net rental income (loss). Subtract line 3b from line 3a	3с	
<u></u>	4	Guaranteed payments	4	
Income (Loss)	5	Interest income	5	
(L	6	Dividends: a Ordinary dividends	6a	
me		b Qualified dividends		
20	7	Royalties	7	
=	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss) 9b		
	С	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
દ	12	Section 179 deduction (attach Form 4562)	12	
ţi	13 a	Contributions	13a	
nc	b	Investment interest expense.	13b	
Deductions	С	Section 59(e)(2) expenditures: (1) Type \blacktriangleright (2) Amount \blacktriangleright	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	
ᆠᅌᆠ	14 a	Net earnings (loss) from self-employment	14a	
Self- Employ- ment	b	Gross farming or fishing income		
<u> </u>		Gross nonfarm income		
		Low-income housing credit (section 42(j)(5))		
Ø	b	Low-income housing credit (other)		
Credits	С		15c	
č	d	Other rental real estate credits (see instructions) Type ▶	15d	
	е	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
		Name of country or U.S. possession ▶	4.01	
	b	Gross income from all sources		
suc	С	Gross income sourced at partner level	16c	
ransactions		Foreign gross income sourced at partnership level	105	
nsa	a	Passive category ▶ e General category ▶ f Other (attach statement) ▶ Deductions allocated and apportioned at partner level	16f	
Гrа	~		16h	
E	g	Interest expense ▶ h Other	16h	
Foreign		Passive category j General category k Other (attach statement) ▶	16k	
Ъ	i	Total foreign taxes (check one): Paid Accrued	161	
	-	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)		
		Post-1986 depreciation adjustment.	17a	
Alternative Minimum Tax (AMT) Items		Adjusted gain or loss	17b	
ati m Ite	С	Depletion (other than oil and gas)	17c	
err IT)	d		17d	
Alia	е	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
_	18a	Tax-exempt interest income	18a	
ţior	b	Other tax-exempt income	18b	
ma	С	Nondeductible expenses	18c	
Other Information	19a	Distributions of cash and marketable securities	19a	
<u>=</u>	b	Distributions of other property	19b	
her	20 a	Investment income	20a	
ō	b	Investment expenses	20b	
	С	Other items and amounts (attach statement)		

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Schedule L Balance Sheets per	Books. (Not required	if Item H9, page 1, is a	answered "Yes.")	1 290 1	
	Beginning	of tax year	End of tax year		
Assets	(a)	(b)	(c)	(d)	
1 Cash					
2a Trade notes and accounts receivable.					
b Less allowance for bad debts					
3 Inventories					
4 U.S. government obligations					
5 Tax-exempt securities					
6 Other current assets (attach statement)					
7a Loans to partners (or persons related to					
partners)					
b Mortgage and real estate loans					
8 Other investments (attach statement)					
9 a Buildings and other depreciable assets					
b Less accumulated depreciation					
10 a Depletable assets					
b Less accumulated depletion					
11 Land (net of any amortization)					
12 a Intangible assets (amortizable only)					
b Less accumulated amortization					
13 Other assets (attach statement)					
14 Total assets					
Liabilities and Capital					
15 Accounts payable					
16 Mortgages, notes, bonds payable in less than 1 year					
17 Other current liabilities (attach statement)					
18 All nonrecourse loans					
19 a Loans from partners (or persons related to partners)					
b Mortgages, notes, bonds payable in 1 year or more					
20 Other liabilities (attach statement)					
21 Partners' capital accounts					
22 Total liabilities and capital					

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Scl	hedule M Balance Sheets for Interest A	llocation		
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets		_	
2	Total foreign assets:			
а	Passive category			
	General category			
	Other (attach statement)			
Sc	hedule M-1 Reconciliation of Income (Los	s) per Books With Inc	ome (Loss) per Return. (N	ot required if Item H9, page
	1, is answered "Yes.")	-, p	(((, p
		6 Inco	me recorded on books this	
1	Net income (loss) per books	year	not included on Schedule K,	
2	Income included on Schedule K,	lines	s 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Tax-	exempt interest \$	
	and 11 not recorded on books		•	
	this year (itemize):	7 Dedu	uctions included on Schedule	
3	Guaranteed payments (other		nes 1 through 13d, and 16l not	
_	than health insurance)		ged against book income this	
4	Expenses recorded on books		(itemize):	
-	this year not included on		reciation \$	
	Schedule K, lines 1 through	u 50p		
	13d, and 16I (itemize):			
9	Depreciation \$			
	Travel and entertainment \$	8 Add	lines 6 and 7	
D	rraver and entertainment ψ		me (loss). Subtract line 8	
5	Add lines 1 through 4		line 5	
	hedule M-2 Analysis of Partners' Capital			wered "Yes.")
1	Balance at beginning of year	6 Distr	ributions: a Cash	
2	Capital contributed:		b Property	
	a Cash · · · ·	7 Othe	er decreases (itemize):	
	b Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
7	Other mercuses (Remize).	8 Add	lines 6 and 7	
			nce at end of year. Subtract	
5	Add lines 1 through 4		8 from line 5	

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Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities Schedule N

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).									
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)				
1	Sales of inventory								
2	Sales of property rights (patents, trademarks, etc.)								
3	Compensation received for technical, managerial, engineering, construction, or like services								
4	Commissions received								
5	Rents, royalties, and license fees received								
6 7	Distributions received Interest received								
8	Other								
9	Add lines 1 through 8								
10	Purchases of inventory								
11	Purchases of tangible property other than inventory								
12	Purchases of property rights (patents, trademarks, etc.)								
13	Compensation paid for technical, managerial, engineering, construction, or like services								
14	Commissions paid								
15	Rents, royalties, and license fees paid								
16	Distributions paid								
17	Interest paid								
18	Other								
19	Add lines 10 through 18								
	Amounts borrowed (enter								
	the maximum loan balance during the year). See								
21	instructionsAmounts loaned (enter the maximum loan balance during the year). See								
	instructions		1		Form 8865 (2016)				

SCHEDULE 0 (Form 8865)

Department of the Treasury

Transfer of Property to a Foreign Partnership (under section 6038B) ► Attach to Form 8865. See Instructions for Form 8865. ► Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865.

OMB No. 1545-1668

internal revenue cervice F internal and a series of the	,	
Name of transferor		Filer's identifying number
INDIANAPOLIS MUSEUM OF ART, INC.		35-0867955
Name of foreign partnership	EIN (if any)	Reference ID number (see instructions)
AXIOM ASIA PRIVATE CAPITAL FUND III, LP	98-1044657	

Part I **Transfers Reportable Under Section 6038B** (c) (e) (g) (a) Date of (d) (f) Type of Number of Fair market Section 704(c) Percentage interest Cost or other Gain recognized on property items value on date allocation in partnership after transfer transfer hasis transferred of transfer method transfer Cash 210,000. VAR .170 Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property Other property Supplemental Information Required To Be Reported (see instructions): Part II **Dispositions Reportable Under Section 6038B** (f) Depreciation (b) (e) Gain (h) (d) (a) (c) (g) Depreciation Date of recapture recognized Type of Date of Manner of Gain allocated recognized by original recapture allocated property disposition disposition to partner transfer partnership by partnership to partner Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or Part III X No Yes

or	Paperwork	Reduction	Act Notice,	see the	Instructions	for Form 8865.
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Schedule O (Form 8865) 2016

NAME	ADDRESS	ID NUMBER	TOTAL ORDINARY	FOR PSHP
ANCHOR EQUITY PARTNERS FUND I, L.P.	PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1069005		Х
CHINA CONSUMER CAPITAL FUND II, L.P.	2003A, TOWER 3, CHINA CENTRAL PLACE 77 JIANGUO ROAD, CHAOYANG DISTRICT BEIJING CH 100025	98-1229680		Х
CID GREATER CHINA FUND IV, L.P.	190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	FOREIGNUS		Х
INDIA BUSINESS EXCELLENCE FUND - IIA	IFS COURT TWENTYEIGHT CYBERCITY EBENE MP	98-1015504		Х
KAIWU WALDEN CAPITAL, L.P. MAPLES CORPORATE SERVICES LIMITED	P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1169198		х

SCHEDULE A-2 - AFFILIATION SCHEDULE				MOMAT ODDINADY	HOD
NAME	ADDRESS		ID NUMBER	TOTAL ORDINARY INCOME OR LOSS	FOR PSHP
MAGICAPTIAL FUND (PARALLEL), L.P. C/O HARNEYS SERVICE (CAYMAN) LIMITED	4TH FLOOR, 103 SOUTH CHURCH STR PO BOX 10240 HARBOUR PLACE GRAND CAYMAN CJ KY1-1002	REET	FOREIGNU	S	х
SOUTHERN CAPITAL FUND, III L.P. C/O M&C CORPORATE SERVICES LIMITED	PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104		98-10879	19	Х
ASCENDENT CAPITAL PARTNERS I, L.P. ASCENDENT CAPITAL PARTNERS (ASIA) LTD	SUITE 1609, 16F, JARDINE HOUSE 1 CONNAUGHT PLACE CENTRAL HONG KONG HK		98-10196	37	х
CDH VENTURE PARTNERS III, L.P. CDH VENTURE MANAGEMENT III COMPANY LIMITED	PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104		98-10607	64	х
DCM VENTURES CHINA FUND (DCM VII) L.P.	2420 SAND HILL ROAD SUITE 200 MENLO PARK	CA	98-11193 94025	96	Х

SCHEDULE A-2 - AFFILIATION SCHEDULE NAME	ADDRESS	ID NUMBER	TOTAL ORDINARY	FOR PSHP
LIGHTSPEED CHINA PARTNERS II, L.P.	P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1179662		х
NEXT CAPITAL III, L.P.	LEVEL 30/31, 25 BLIGH STREET SYDNEY AS NEW 2000	FOREIGNUS		Х
CITIC CAPITAL CHINA (SKIPPER), L.P.	C/O 28TH FLOOR CITIC TOWER 1 TIM MEI AVENUE CENTRAL HK	FOREIGNUS		Х
RAISSON CAPITAL, L.P.	C/O INTERTRUST CORPORATE SVS LTD. 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	98-1147193		х
ASCENDENT CAPITAL PARTNERS II, L.P. C/O ASCENDENT CAPITAL PARTNERS (ASIA) LTD	SUITE 1609, 16F, JARDINE HOUSE 1 CONNAUGHT PLACE CENTRAL HONG KONG HK	98-1247526		Х

SCHEDULE A-2 - AFFILIATION SCHEDULE NAME	ADDRESS	ID NUMBER	TOTAL ORDINARY INCOME OR LOSS	FOR PSHP
CID GREATER CHINA FUND V, L.P.	190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	FOREIGNUS		Х
LYFE CAPITAL FUND, L.P.	SUITE 1804, UNITED PLAZA 1468 NAN JING ROAD WEST SHANGHAI CH	98-1257429		X
KALAARI CAPITAL PARTNERS III, LLC	IFS COURT, BANK STREET, TWENTYEIGHT CYBERCITY EBENE MP 72201	98-1242375		Х
MEKONG ENTERPRISE FUND III, L.P. C/O WALKERS CORPORATE LIMITED	CAYMAN CORPORATE CENTRE 27 HOSPITAL ROAD GEORGE TOWN GRAND CAYMAN CJ KY1-9008	FOREIGNUS		х
ADVANTECH CAPITAL L.P.	190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	98-1263129		X

SCHEDULE A-2 - AFFILIATION SCHEDULE				
			TOTAL ORDINARY	FOR
NAME	ADDRESS	ID NUMBER	INCOME OR LOSS	PSHP
REDVIEW CAPITAL L.P.	190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	98-1263811		Х
MAGICAPITAL FUND II L.P.	4TH FL, HARBOUR PLACE, 103 S CHURCH PO BOX 10240 GRAND CAYMAN CJ KY1-1002	FOREIGNUS		X
BANYAN PARTNERS FUND I, L.P. C/O BANYAN GROUP GLOBAL LIMITED	SUITE 1109, 11/F, CHAMPION TOWER 3 GARDEN ROAD CENTRAL HK	FOREIGNUS		х
SEABRIGHT II, LTD. C/O ANEX MANAGEMENT SERVICES LTD.	9TH FLOOR EBENE TOWERS 52 CYBERCITY EBENE MP	98-1257013		х
JAPAN IRELAND INVESTMENT PARTNERS-S, LP	CUSTOM HOUSE PLAZA BLOCK 6 INTL FINANCIAL SERVICES CENTRE DUBLIN EI	98-1069868		Х

NAME	ADDRESS	ID NUMBER	TOTAL ORDINARY INCOME OR LOSS	FOR PSHP
GLOBIS FUND V LP	PO BOX 309, UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1349437		Х
BANYAN INVEST MANAGEMENT CO., LTD C/O BANYAN GROUP GLOBAL LIMITED	SUITE 1109, 11/F, CHAMPION TOWER 3 GARDEN ROAD CENTRAL HK	98-1225434		Х
BANYAN CAPITAL HOLDING CO., LTD C/O BANYAN GROUP GLOBAL LIMITED	SUITE 1109, 11/F, CHAMPION TOWER 3 GARDEN ROAD CENTRAL HK	98-1225595		х
BANYAN PARTNERS FUND II, L.P. C/O BANYAN GROUP GLOBAL LIMITED	SUITE 1109, 11/F, CHAMPION TOWER 3 GARDEN ROAD CENTRAL HK	FOREIGNUS		Х

Form **8865**

Department of the Treasury Internal Revenue Service

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Information about Form 8865 and its separate instructions is at www.irs.gov/form8865. Information furnished for the foreign partnership's tax year beginning 01/01/2016, and ending 12/31/2016

OMB No. 1545-1668

Attachment Sequence No. 118

Name of persor	n filing this return			F	iler's	identifyin	g number			
INDIANAP	OLIS MUSEUM OF AF	RT, INC.				35	-086795	5		
Filer's address	(if you are not filing this form wi	th your tax return)	A Category	of filer (see Ca	tegor	ies of Filer	s in the instr	uctions and chec	k applicable box	(es)):
			1	2		3	X	4		
			B Filer's tax	year beginning	g	07/01	/2016	, and ending	06/30,	/2017
C Filer's sl	hare of liabilities: Nonrecours	e \$	Qualified r	nonrecourse	finan	cing \$		Other \$		
D If filer is	a member of a consolidate	d group but not the	parent, enter	the following	g info	rmation at	oout the pare	ent:		
Name				E	IN					
Address										
E Check if	any excepted specified for	eign financial asset	s are reported	on this form ((see i	nstructions	s)	<u> </u>		
F Informat	ion about certain other part	ners (see instruction	ns)							
	(1) Name		(2) Address			3) Identifyir	na number	(4) Ch	eck applicable b	
	(1) Hamo		(2) / (000		`	o, racining		Category 1	Category 2	Constructive owner
		L							<u> </u>	
	nd address of foreign partner	•						2(a) EIN (if a	• .	
	CAPITAL FUND VI							98-109		
	TEENTH STREET, SU	DITE 200						2(b) Referen	ce ID number	(see instr.)
DENVER,	CO 80202							2 Country un	dor whose la	uo organizad
								CJ	nder whose lav	vs organizeu
4 Date of	5 Principal place	of 6 Principal	l hueiness	7 Princi	nal hi	ıeineee	8a Functi	onal currency	8b Exchan	ne rate
organiza			code number	activit	·			JSD	(see ins	
02/21/	/2013 CJ	5239	900	INVE	STI	NG		700		
	the following information fo			r·						
	ddress, and identifying num				k if th	e foreian	partnership	must file:		
United S	States		,			1042		n 8804	X Form 106	55 or 1065-B
	NTH STREET, SUITE 200							: 1065-B is filed:		
	30202 98-1091392			OGI	DEN					
3 Name ar	nd address of foreign partne	ership's agent in cou	intry of	4 Name	and	address c	of person(s)	with custody of	of the books an	d
organiza	ition, if any			record and re	ds of ecord	the foreig	n partnersh ent	ip, and the loc	ation of such b	ooks
				RESOURCE C						
				1100 DINIE		DIREEI,	DOILE 200			
				DENVER, CO	802	02				
5 Were any	y special allocations made b	y the foreign partne	rship?					▶	Yes	X No
6 Enter the	number of Forms 8858, In	formation Return of	U.S. Persons	With Respec	t To F	oreign Dis	sregarded E	ntities,		
attached	to this return (see instruction	ns)						▶		
7 How is th	is partnership classified un	der the law of the o	country in which	h it is organiz	zed?		EXEME	TED LIMI	TED PARTI	NERSHIP
8a Does the fi	ller have an interest in the foreign	n partnership, or an i	nterest indirectly	through the f	foreig	n partnershi	ip, that is a s	eparate		
	Reg. 1.1503(d)-1(b)(4) or part of			, , ,	, , , ,				Yes	X No
	oes the separate unit or combin partnership meet both of the			ed loss as defi	ned in	Reg. 1.150)3(d)-1(b)(5)(i	i)?▶	Yes	No
	artnership's total receipts fo	0 1		0,000 and)	1		—	V
The va	alue of the partnership's total	al assets at the end			an \$1	million.		▶	Yes	X No
	lo not complete Schedules I Under penalties of perjury, I de		nined this return	including acco	omnar	ving sched	ules and state	ements and to the	e best of my kno	wledge
Only If You Are Filing	and belief, it is true, correct, ar	id complete. Declarat								5090
This Form Separately	information of which preparer h	as any knowledge.				1				
and Not With Your Tax	Signature of general partn	er or limited liability co	mpany member				Date			
Return.	Print/Type preparer's name		Preparer's signa	ature.			Date	Check	if PTIN	
Paid	, po proparor o name		oparor o orgino				_ 0.0	self-em		
Preparer	Firm's name							Firm's E		
Hoo Only ⊢	Firm's address							Phone r		

Page 2 Form 8865 (2016)

So	Constructive Ow box b, enter the interest you cons a X Owns a direct	nership of Partnership Interest. Che name, address, and U.S. taxpayer ide tructively own. See instructions. interest b		the boxes th tifying numbe				e filer. If y e person	ou check (s) whose
-	Name	Address		Identifying nu			, i	Check if foreign	Check if direct
								person	partner
So	chedule A-1 Certain Partners of	of Foreign Partnership (see instruction	ns	s)					Check if
	Name	Address		Identifyi	ng nur	nber (if	any)		foreign person
	chedule A-2 Affiliation Schedu	reign person as a direct partner? Ile. List all partnerships (foreign or do						Yes partnersh	No ip owns a
	Name	Address		EIN (if any))			al ordinary me or loss	Check if foreign partnership
		t - Trade or Business Income income and expenses on lines 1a through	1 2	2 below. See tl	ne ins	tructio	ns fo	or more info	ormation.
Income	 3 Gross profit. Subtract line 2 ft 4 Ordinary income (loss) from 6 5 Net farm profit (loss) (attach 6 Net gain (loss) from Form 47 	rom line 1c other partnerships, estates, and trusts (attack Schedule F (Form 1040)) 97, Part II, line 17 (attach Form 4797) atement)	ch	statement) *	1c 2 3 4 5 6 7				
Deductions (see instructions for limitations)	9 Salaries and wages (other that 10 Guaranteed payments to part 11 Repairs and maintenance 12 Bad debts 13 Rent 14 Taxes and licenses 15 Interest 16a Depreciation (if required, attact b Less depreciation reported el 17 Depletion (Do not deduct oil at 18 Retirement plans, etc. 19 Employee benefit programs 20 Other deductions (attach states)	sewhere on return 16b and gas depletion.)			8 9 10 11 12 13 14 15 16c 17 18 19 20				
		from trade or business activities. Subtract line			21				

Form 8865 (2016) Page **3**

Sched		Partners' Distributive Share Items		Total amount	1 age C
Scrice	1	Ordinary business income (loss) (page 2, line 22)	1	Total amount	
	2	Net rental real estate income (loss) (attach Form 8825)	2		
(ss					
		Other gross rental income (loss)			
	b	Other net rental income (loss). Subtract line 3b from line 3a	3с		
		, ,			
ss)	4	Guaranteed payments	4		
Income (Loss)	5 6	Interest income	5		
ne	0	Dividends: a Ordinary dividends	6a		
COL	7	b Qualified dividends 6b	7		
Ĕ	7	Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065))			
	8	· · · · · · · · · · · · · · · · · · ·	8 9a		
		Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
		Collectibles (28%) gain (loss) 9b Unrecaptured section 1250 gain (attach statement) 9c			
	С 10	Net section 1231 gain (loss) (attach Form 4797)	10		
	11	Other income (loss) (see instructions) Type ▶	11		
	12	Section 179 deduction (attach Form 4562)	12		
Suc			13a		
cţi		Contributions Investment interest expense	13b		
Deductions					
		Section 59(e)(2) expenditures: (1) Type ►(2) Amount ► Other deductions (see instructions) Type ►	13d		
		Net earnings (loss) from self-employment	14a		
ent		Gross farming or fishing income	14b		
Self- Employ- ment		Gross nonfarm income.	14c		
Credits		Low-income housing credit (section 42(j)(5)).	15a		
		Low-income housing credit (other)	15b		
		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c		
		Other rental real estate credits (see instructions) Type ▶	15d		
		Other rental credits (see instructions) Type ▶	15e		
		Other credits (see instructions) Type ▶	15f		
	16a	Name of country or U.S. possession ▶			
	b		16b		
Su		Gross income sourced at partner level	16c		
ansactions		Foreign gross income sourced at partnership level			
sac	d	Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f		
		Deductions allocated and apportioned at partner level			
Ξ	g		16h		
igi		Deductions allocated and apportioned at partnership level to foreign source income			
Foreign Tı	i	Passive category ▶ j General category ▶ k Other (attach statement) ▶	16k		
	ı	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	161		
		Reduction in taxes available for credit (attach statement)	16m		
		Other foreign tax information (attach statement)	4-		
e ax ıs	17a	Post-1986 depreciation adjustment	17a		
n T tem	b	Adjusted gain or loss	17b		
rna nur I) (1		Depletion (other than oil and gas)	17c		
Alternative Minimum Tax (AMT) Items	d e	Oil, gas, and geothermal properties - gross income Oil, gas, and geothermal properties - deductions	17d 17e		
~ ≧ %	e f	Other AMT items (attach statement)	17e		
		Tax-exempt interest income	171 18a		
on		Other tax-exempt income	18b		
nati		Nondeductible expenses	18c		
orn		Distributions of cash and marketable securities	19a		
<u>l</u> ut		Distributions of other property	19b		
Other Information	20 a	Investment income	20a		
oth	b		20b		
-		Other items and amounts (attach statement)			

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Sch	nedule L Balance Sheets per E	Books. (Not required i	if Item H9, page 1, is a	answered "Yes.")	. age 1
		Beginning	of tax year	End of	tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash				
2 a	Trade notes and accounts receivable.				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
7 a	Loans to partners (or persons related to				
	partners)				
b	Mortgage and real estate loans				
8	Other investments (attach statement)				
9 a	Buildings and other depreciable assets				
b	Less accumulated depreciation				
10 a	Depletable assets				
b	Less accumulated depletion				
11	Land (net of any amortization)				
12 a	Intangible assets (amortizable only) .				
b	Less accumulated amortization				
13	Other assets (attach statement)				
14	Total assets				
	Liabilities and Capital				
15	Accounts payable				
16	Mortgages, notes, bonds payable in less than 1 year				
17	Other current liabilities (attach statement)				
18	All nonrecourse loans				
19 a	Loans from partners (or persons related to partners)				
b	Mortgages, notes, bonds payable in 1 year or more				
20	Other liabilities (attach statement)				
21	Partners' capital accounts				
22	Total liabilities and capital				

Form 8865 (2016) Page **5**

Sc	hedule M Balance Sheets for Interest Allocation	n		
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	Passive category			
	General category			
	Other (attach statement)			
Sc	hedule M-1 Reconciliation of Income (Loss) per B	Books With	come (Loss) per Return. (Not red	quired if Item H9, page
	1, is answered "Yes.")		, ,,	
		6	ome recorded on books this	
1	Net income (loss) per books		r not included on Schedule K,	
2	Income included on Schedule K.		s 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a	e-exempt interest \$	
	and 11 not recorded on books	"	Coxempt interest ψ	
	this year (itemize):	7	luctions included on Schedule	
3	Guaranteed payments (other		nes 1 through 13d, and 16l not	
3	than health insurance)		-	
4	Expenses recorded on books		rged against book income this	
4			(itemize):	
	this year not included on	a	preciation \$	
	Schedule K, lines 1 through			
	13d, and 16I (itemize):			
	Depreciation \$			
b	Travel and entertainment \$	8	d lines 6 and 7	
		9	ome (loss). Subtract line 8	
5	Add lines 1 through 4		n line 5	
Sc	hedule M-2 Analysis of Partners' Capital Accoun	ts. (Not red	ed if Item H9, page 1, is answere	ed "Yes.")
1	Balance at beginning of year	6	tributions: a Cash	
2	Capital contributed:		b Property	
	a Cash · · · · ·	7	er decreases (itemize):	
	b Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
	,	8	l lines 6 and 7	
		9	ance at end of year. Subtract	
5	Add lines 1 through 4		8 from line 5	

Form **8865** (2016)

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Form 8865 (2016) Page 6

Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities Schedule N

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	nsaction that occurred between the Transactions of Foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6 7	Distributions received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for technical, managerial, engineering, construction, or				
4.4	like services				
14 15	Commissions paid				
16	Distributions paid		_		
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
	Amounts borrowed (enter				
	the maximum loan balance during the year). See				
21	instructions				
_	instructions				Form 8865 (2016)

SCHEDULE 0

OMB No. 1545-1668

Filer's identifying number

(Form 8865) Name of transferor

Department of the Treasury Internal Revenue Service

Transfer of Property to a Foreign Partnership
(under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865.

2016	
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	MUSEUM OF	ART, INC		FIN (if any)		35-0867955	
ne of foreign partne	-			EIN (if any)	F	eference ID number (see ir	istructions)
SOURCE CAP	PITAL FUND	VI L.P.		98-1091392			
art I Trans	fers Reportabl	e Under Sect	ion 6038B				
Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 70- allocation method	n Gain recognized on	(g) Percentage interesin partnership after
sh	VAR		698,529.				.14
ck, notes eivable and rable, and er securities							
entory							
ngible perty d in trade ousiness							
angible perty							
ner							
oplemental Inf	ormation Requ	ired To Be R	eported (see ins	tructions):			
art II Dispo	sitions Report	able Under S	ection 6038B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciati recapture recognize by partners	e Gain allocated to partner	(h) Depreciation recapture allocated to partner
	transfer	disposition	disposition		recogniz by partne	ze	zed to partner

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2016

Form 8865

Department of the Treasury

Return of U.S. Persons With Respect to **Certain Foreign Partnerships**

► Attach to your tax return.

OMB No. 1545-1668

▶ Information about Form 8865 and its separate instructions is at www.irs.gov/form8865.

Information furnished for the foreign partnership's tax year 04/18/2016, and ending 12/31/2016 beainnina

Attachment

Internal Revenue Service Sequence No. 118 Filer's identifying number Name of person filing this return INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Filer's address (if you are not filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): Х 07/01/2016 06/30/2017 B Filer's tax year beginning and ending Other \$ Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name **EIN** Address Check if any excepted specified foreign financial assets are reported on this form (see instructions) Ε Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identifying number Constructive Category 1 Category 2 owner G1 Name and address of foreign partnership 2(a) EIN (if any) HELLMAN & FRIEDMAN CAPITAL PARTNERS VIII, L.P 98-1186863 ONE MARITIME PLAZA, 12TH FLOOR 2(b) Reference ID number (see instr.) SAN FRANCISCO, CA 94111 3 Country under whose laws organized CJDate of 5 Principal place of 6 Principal business Principal business 8a Functional currency 8b Exchange rate organization activity code number activity INVESTMENTS (see instr.) USD 04/18/2016 523900 Provide the following information for the foreign partnership's tax year: Name, address, and identifying number of agent (if any) in the 2 Check if the foreign partnership must file: **United States** Form 1042 X | Form 1065 or 1065-B Form 8804 Service Center where Form 1065 or 1065-B is filed: EFILE 4 Name and address of person(s) with custody of the books and Name and address of foreign partnership's agent in country of records of the foreign partnership, and the location of such books and records if different JUDD SHER, C/O HELLMAN & FRIEDMAN, LLC organization, if any HELLMAN & FRIEDMAN INVESTORS VIII, L.P. WALKERS CORPORATE LIMITED, CAYMAN CORP. CNTR, ONE MARITIME PLAZA, 12TH FLOOR GEORGE TOWN, GRAND CAYMAN CJ, KY1-9008 SAN FRANCISCO, CA 94111 X | Yes No 6 Enter the number of Forms 8858. Information Return of U.S. Persons With Respect To Foreign Disregarded Entities. attached to this return (see instructions) How is this partnership classified under the law of the country in which it is organized?

LIMITED PARTNERSHIP 8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate Х unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. Yes No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? Yes Nο 9 Does this partnership meet both of the following requirements? • The partnership's total receipts for the tax year were less than \$250,000 and Х Yes Nο The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes," do not complete Schedules L, M-1, and M-2. Sign Here Only If You Are Filing This Form Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge. Date Signature of general partner or limited liability company member Print/Type preparer's name Preparer's signature Date Check if PTIN **Paid** self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address Phone no

Page 2

So	hedule <i>i</i>	Constructive Ow box b, enter the interest you const	nership of Partnership Interest. Che name, address, and U.S. taxpayer id- tructively own. See instructions.	ec er	k the boxes the ntifying number Owns a cons				filer. If person	you (s)	check whose
		Name	Address) [Identifying nu				Check if foreign	c	heck if direct
									person	pi	artner
So	hedule <i>i</i>	A-1 Certain Partners o	f Foreign Partnership (see instruction	on	ıs)						
		Name	Address		Identifyi	ng nur	mber (if	any)		fc	heck if oreign erson
		A-2 Affiliation Schedu	reign person as a direct partner? le. List all partnerships (foreign or de directly owns a 10% interest.						Yes artnersh	ip o	No owns a
		Name	Address	EIN (if any))		Total ordinary income or loss		fc	heck if breign tnership	
_											
	hedule E		t - Trade or Business Income income and expenses on lines 1a through	h	22 halow Saa t	ne ine	tructio	ne for	more inf	orma	etion
Income	b Le: 2 Co 3 Grd 4 Ord 5 Ne 6 Ne 7 Ott	oss profit. Subtract line 2 fr dinary income (loss) from c t farm profit (loss) (attach s t gain (loss) from Form 479 her income (loss) (attach st	tom line 1c other partnerships, estates, and trusts (atta Schedule F (Form 1040)) 97, Part II, line 17 (attach Form 4797) atement)	ich	n statement) *	1c 2 3 4 5 6 7 8					
Deductions (see instructions for limitations)	9 Sa 10 Gu 11 Re 12 Ba 13 Re 14 Ta 15 Int 16a De b Le 17 De 18 Re	laries and wages (other that laranteed payments to particular pairs and maintenance didebts into the second licenses in the large preciation (if required, attass depreciation reported element plans, etc.		9 10 11 12 13 14 15 16c 17							
Deduct	20 Ot	her deductions (attach state	ement)	•		19 20 21					
			from trade or business activities. Subtract line			22					

Form 8865 (2016) Page **3**

Sched	lule K	Partners' Distributive Share Items		Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	3a	Other gross rental income (loss)		
	b	Expenses from other rental activities (attach statement) 3b		
	С	Other net rental income (loss). Subtract line 3b from line 3a	3с	
<u> </u>	4	Guaranteed payments	4	
Income (Loss)	5	Interest income	5	
(L	6	Dividends: a Ordinary dividends	6a	
me		b Qualified dividends		
20	7	Royalties	7	
=	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss) 9b		
	С	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
દ	12	Section 179 deduction (attach Form 4562)	12	
ţi	13 a	Contributions	13a	
ınc	b	Investment interest expense.	13b	
Deductions	С	Section 59(e)(2) expenditures: (1) Type \blacktriangleright (2) Amount \blacktriangleright	13c(2)	
	d	Other deductions (see instructions) Type ▶	13d	
ᆠᅌᆠ	14 a	Net earnings (loss) from self-employment	14a	
Self- Employ- ment	b	Gross farming or fishing income		
<u> </u>		Gross nonfarm income		
		Low-income housing credit (section 42(j)(5))		
Ø	b	Low-income housing credit (other)		
Credits	С		15c	
č	d	Other rental real estate credits (see instructions) Type ▶	15d	
	е	Other rental credits (see instructions) Type ▶	15e	
	f	Other credits (see instructions) Type ▶	15f	
		Name of country or U.S. possession ▶	4.01	
	b	Gross income from all sources		
suo	С	Gross income sourced at partner level	16c	
ransactions	al	Foreign gross income sourced at partnership level	164	
nse	u	Passive category ▶ e General category ▶ f Other (attach statement) ▶ Deductions allocated and apportioned at partner level	16f	
Tra	~		16h	
ug	g	Interest expense ▶ h Other	16h	
Foreign	i	Passive category ► j General category ► k Other (attach statement) ►	16k	
요	i	Total foreign taxes (check one): ▶ Paid Accrued	161	
	-	Reduction in taxes available for credit (attach statement)	16m	
	n	Other foreign tax information (attach statement)		
		Post-1986 depreciation adjustment.	17a	
ve Ta) ms		Adjusted gain or loss	17b	
nati Im Ite	С	Depletion (other than oil and gas)	17c	
err im(d		17d	
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
_	18 a	Tax-exempt interest income	18a	
tio	b	Other tax-exempt income	18b	
Other Information	С	Nondeductible expenses	18c	
for	19a	Distributions of cash and marketable securities	19a	
Ē	b	Distributions of other property	19b	
hei	20 a	Investment income	20a	
ō	b	Investment expenses	20b	
	С	Other items and amounts (attach statement)		

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Schedule L Balance Sheets per	Books. (Not required	if Item H9, page 1, is a	answered "Yes.")	. ago 1
	Beginning	of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to				
partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only) .				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

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Scl	nedule M Balance Sheets for Interest Alloc	cation		<u> </u>
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			•
2	Total foreign assets:			
а	Passive category			
	General category			
	Other (attach statement)			
Scl	hedule M-1 Reconciliation of Income (Loss)	per Books With	Income (Loss) per Return. (N	ot required if Item H9, page
	1, is answered "Yes.")			
		6 1	ncome recorded on books this	
1	Net income (loss) per books		ear not included on Schedule K,	
2	Income included on Schedule K,		ines 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		Fax-exempt interest \$	
	and 11 not recorded on books			
	this year (itemize):	7 [Deductions included on Schedule	
3	Guaranteed payments (other		K, lines 1 through 13d, and 16l not	
	than health insurance)		charged against book income this	
4	Expenses recorded on books		/ear (itemize):	
	this year not included on		Depreciation \$	
	Schedule K, lines 1 through			
	13d, and 16I (itemize):	_		
а	Depreciation \$	_		
	Travel and entertainment \$	8 /	Add lines 6 and 7	
			ncome (loss). Subtract line 8	
5	Add lines 1 through 4		rom line 5	
Scl	nedule M-2 Analysis of Partners' Capital Acc	counts. (Not req	uired if Item H9, page 1, is ans	wered "Yes.")
1	Balance at beginning of year	6 [Distributions: a Cash	
2	Capital contributed:		b Property	
	a Cash	7 (Other decreases (itemize):	
	b Property		, ,	
3	Net income (loss) per books			
4	Other increases (itemize):	_		
	, ,	8	Add lines 6 and 7	
			Balance at end of year. Subtract	
5	Add lines 1 through 4		ine 8 from line 5	

Page 6 Form 8865 (2016)

Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities Schedule N

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

trar	transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).												
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)								
1	Sales of inventory												
2	Sales of property rights (patents, trademarks, etc.)												
3	Compensation received for technical, managerial, engineering, construction, or like services												
4	Commissions received												
5	Rents, royalties, and license fees received												
6 7	Distributions received Interest received												
8	Other												
9	Add lines 1 through 8												
10	Purchases of inventory												
11	Purchases of tangible property other than inventory												
12	Purchases of property rights (patents, trademarks, etc.)												
13	Compensation paid for technical, managerial, engineering, construction, or like services												
14	Commissions paid												
15	Rents, royalties, and license fees paid												
16	Distributions paid												
17	Interest paid												
18	Other												
19	Add lines 10 through 18												
	Amounts borrowed (enter												
	the maximum loan balance during the year). See												
21	instructionsAmounts loaned (enter the maximum loan balance during the year). See												
	instructions				Form 8865 (2016)								

SCHEDULE 0

Transfer of Property to a Foreign Partnership (under section 6038B) ► Attach to Form 8865. See Instructions for Form 8865. ► Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865.

OMB No. 1545-1668

Filer's identifying number

(Form 8865)

Name of transferor

Department of the Treasury Internal Revenue Service

INDIANAPOLI	S MUSEUM OF	ART, INC	2.			35-0	867955	
Name of foreign partn	ership		E	IN (if any)		Referen	ice ID number (see inst	tructions)
HELLMAN & F	RIEDMAN CAP	ITAL PART	TNERS VIII	98-1186863				
Part I Trans	sfers Reportabl	e Under Sec	tion 6038B					
Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section allocated meth	704(c) tion	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		126,796.					.028
Stock, notes receivable and payable, and other securities								
nventory								
Tangible property used in trade or business								
ntangible property								
Other property								
Supplemental In	formation Requ	ired To Be F	Reported (see insti	ructions):				
Part II Dispo	ositions Reporta	able Under S	Section 6038B					
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreci recapt recogn by partne	ure ized	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
5614 BIII				gain recognition u				
secu	on 904(f)(5)(F)? duction Act Notic	e, see the Ins	tructions for Form 8	<u> </u>		· · · ·		Yes X No le O (Form 8865) 2016

Form **8865**

Department of the Treasury

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Information about Form 8865 and its separate instructions is at www.irs.gov/form8865. Information furnished for the foreign partnership's tax year hegipping 01/01/2016 and ending 12/31/2016

OMB No. 1545-1668

Attachment

Internal Rever	nue Service	beg	ınnıng	01/01	/2016 , and	dending 12	2/31/2010)		Sequence	No. 118			
Name of pers	son filing this	return				Fi	ler's identify	ing number						
INDIANA	POLIS	MUSEUM OF AR	T, IN	С.			3	5-086795	55					
Filer's addres	ss (if you are	e not filing this form with	your tax	return)	A Category	of filer (see Ca	tegories of File	ers in the instr	ructions and chec	k applicable box	((es)):			
						k year beginning	,	1/2016	, and ending	06/30	/2017			
C Filer's	share of li	abilities: Nonrecourse	\$		Qualified i	nonrecourse	financing \$		Other \$					
D If filer	is a memb	er of a consolidated	group b	out not the	e parent, ente			about the par	ent:					
Name						E	N							
Addres	SS													
		epted specified fore			· ·	on this form (see instruction	ns)						
F Inform	iation abou	t certain other partn	ers (see	instruction	18)				(A) Ob		()			
	(1) Na	me			(2) Address		(3) Identify	ing number	· · · ·	eck applicable b	Constructive			
									Category 1	Category 2	owner			
											+			
G1 Name	and addre	ss of foreign partners	ship						2(a) EIN (if a	nv)				
		EDMAN CAPITA	•	TNERS	VII, L.P				98-061	• /				
		PLAZA, 12TH			•				2(b) Referen	ce ID number	(see instr.)			
SAN FRA	NCISCO	, CA 94111												
				3 Country un	ider whose la	ws organized								
										СЈ				
	4 Date of organization								ional currency JSD	8b Exchar (see ins				
09/30	0/2008	CJ		5239	900									
H Provide	e the follow	ving information for	the fore	ign partne	ership's tax yea	r:								
		and identifying numb	per of age	ent (if any) in the	2 Check	if the foreigr	n partnership	must file:					
United	States					X	orm 1042	For	m 8804	X Form 10	65 or 1065-B			
								Form 1065 o	r 1065-B is filed:					
						OGI	-							
	and addre zation, if ar	ss of foreign partnei	ship's ag	gent in cou	intry of	4 Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books.								
		INVESTORS VII, L.				JUDD SHER,	cords, if diffe							
		IMITED, CAYMAN COR	RP. CNTR	₹		ONE MARITI								
GEORGE TOW	•	CAYMAN				SAN EDANCISCO CA 94111								
		-11	4l 6	:	hi-0	SAN FRANCISCO, CA 94111								
	• .	allocations made by of Forms 8858, Info		•	•	Mith Docnool	To Foreign D	ierogardad E	intitios	X Yes	No			
		eturn (see instruction				•	•	•	uues,					
7 How is	this nartne	ership classified und	er the la	w of the	country in whic	h it is organiz	ed?	► LIMIT	red partni	ERSHIP				
		in interest in the foreign												
		03(d)-1(b)(4) or part of		•			• .	•		Yes	X No			
	•	eparate unit or combine			•	. , .				Yes	☐ No			
	•	ship meet both of the		•										
		p's total receipts for e partnership's total					n \$1 million	}		Yes	X No			
	" do not co	mplete Schedules L,	M-1, an	d M-2.	-			<u> </u>						
Sign Here Only If You Are Filing	and belief	nalties of perjury, I dec , it is true, correct, and n of which preparer ha	l complet	e. Declara	nined this return tion of preparer (, including acco (other than gen	mpanying sche eral partner or li	dules and state mited liability o	ements, and to the ompany member)	e best of my kno) is based on all	owledge			
This Form Separately and Not With								l k						
Signature of general partner or limited liability company member								Date						
	Print/Type	preparer's name			Preparer's signa	ature		Date	Check	Check if PTIN				
Paid									self-emp	ployed				
Preparer	Firm's nan	ne >							Firm's E	IN ►				
Use Only	Firm's add	ress 🕨				<u> </u>	<u> </u>		Phone n	10.				
	1								1					

Page 2

Sc	hedu	Constructive Own box b, enter the interest you const	nership of Partnership Intename, address, and U.S. ta ructively own. See instruction						e fi าe	iler. If y person	/ou (s) \	check whose
		a X Owns a direct		b) <u>L</u>	Owns a cons				heck if		neck if
		Name	Address			Identifying nu	mber (it ai	ny)		oreign person		irect artner
Sc	hedu	Ile A-1 Certain Partners o	f Foreign Partnership (see Address	instructio	on	,	ing numbe	er (if any)		fo	neck if reign erson
Doe	es the	partnership have any other for Ile A-2 Affiliation Schedul direct interest or in	eign person as a direct partner? le. List all partnerships (for directly owns a 10% interes	eign or do		nestic) in whic	th the fo	oreign		Yes rtnersh		
		Name	Address			EIN (if any)			ordinary or loss	fo	neck if reign nership
A	TTAC	CHMENT 1									J	
					-							
_					+							
			t - Trade or Business Incom		L (20 1-1 0 4	h - ! t	- t' -		! 6		4
Cau	ition:	Include only trade or business	income and expenses on lines	1a through	n 2	22 below. See t	ne instru	ctions t	or n	nore into	orma	ition.
	1 a	Gross receipts or sales	1a	1								
	b	Less returns and allowances	1b				1c					
-	2	Cost of goods sold Gross profit. Subtract line 2 fr					2					
Income		Gross profit. Subtract line 2 from	om line 1c				3					
ncc	4	Ordinary income (loss) from o	ther partnerships, estates, and	trusts (atta	ch	statement) ^	5		—			
_	5	Net farm profit (loss) (attach S Net gain (loss) from Form 479	Schedule F (Form 1040))	4707)	•		6					
	6 7	Other income (loss) (attach sta					7					
	-	0.1101 111001110 (1000) (0.110011 0.11			•							
	8	Total income (loss). Combine					8					
	9		in to partners) (less employmen				9					
(su	10		ners				10					
itatic	11						11		—			
Ë	12	Bad debts					13					
ns fc	13 14	Rent			٠		14					
nctio	15	Interest					15					
nstrı		Depreciation (if required, attac			•							
ee i		Less depreciation reported els					16c					
<u>s</u>	17		nd gas depletion.)				17					
Deductions (see instructions for limitations)	18						18					
ļrc	19						19					
Dec	20	Other deductions (attach state	ement)				20					
_	21	Total deductions. Add the amo	unts shown in the far right columr	n for lines 9 t	hre	ough 20	21					
	22	Ordinary business income (loss)	from trade or business activities 3	Subtract line:	21	from line 8	22					

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Sched		Partners' Distributive Share Items		Total amount	1 age C
Scrice	1	Ordinary business income (loss) (page 2, line 22)	1	Total amount	
	2	Net rental real estate income (loss) (attach Form 8825)	2		
		Other gross rental income (loss)			
	b	Other net rental income (loss). Subtract line 3b from line 3a	3с		
		, ,			
ss)	4	Guaranteed payments	4		
Income (Loss)	5 6	Interest income	5		
ne	0	Dividends: a Ordinary dividends	6a		
COL	7	b Qualified dividends 6b	7		
Ĕ	7	Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065))			
	8	· · · · · · · · · · · · · · · · · · ·	8 9a		
		Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
		Collectibles (28%) gain (loss) 9b Unrecaptured section 1250 gain (attach statement) 9c			
	С 10	Net section 1231 gain (loss) (attach Form 4797)	10		
	11	Other income (loss) (see instructions) Type ▶	11		
	12	Section 179 deduction (attach Form 4562)	12		
Suc			13a		
Deductions		Contributions Investment interest expense	13b		
np					
ă		Section 59(e)(2) expenditures: (1) Type ►(2) Amount ► Other deductions (see instructions) Type ►	13d		
<u>_</u>		Net earnings (loss) from self-employment	14a		
Self- Employ- ment		Gross farming or fishing income	14b		
		Gross nonfarm income.	14c		
Credits		Low-income housing credit (section 42(j)(5)).	15a		
		Low-income housing credit (other)	15b		
		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c		
rec		Other rental real estate credits (see instructions) Type ▶	15d		
o		Other rental credits (see instructions) Type ▶	15e		
		Other credits (see instructions) Type ▶	15f		
	16a	Name of country or U.S. possession ▶			
	b		16b		
Su		Gross income sourced at partner level	16c		
ansactions		Foreign gross income sourced at partnership level			
sac	d	Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f		
		Deductions allocated and apportioned at partner level			
Ξ	g		16h		
igi		Deductions allocated and apportioned at partnership level to foreign source income			
Foreign Tı	i	Passive category ▶ j General category ▶ k Other (attach statement) ▶	16k		
	ı	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	161		
		Reduction in taxes available for credit (attach statement)	16m		
		Other foreign tax information (attach statement)	4-		
e ax ıs	17a	Post-1986 depreciation adjustment	17a		
n T tem	b	Adjusted gain or loss	17b		
rna nur I) (1		Depletion (other than oil and gas)	17c		
Alternative Minimum Tax (AMT) Items	d e	Oil, gas, and geothermal properties - gross income Oil, gas, and geothermal properties - deductions	17d 17e		
~ ≧ %	e f	Other AMT items (attach statement)	17e		
		Tax-exempt interest income	171 18a		
on		Other tax-exempt income	18b		
nati		Nondeductible expenses	18c		
Dr.m		Distributions of cash and marketable securities	19a		
<u>l</u> ut		Distributions of other property	19b		
Other Information	20 a	Investment income	20a		
	b		20b		
-		Other items and amounts (attach statement)			

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Schedule L Balance Sheets per	Books. (Not required	if Item H9, page 1, is a	answered "Yes.")	1 290 1
	Beginning	of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to				
partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Form 8865 (2016) Page 5

Scl	nedule M Balance Sheets for Interest Alloc	cation		<u> </u>
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			•
2	Total foreign assets:			
а	Passive category			
	General category			
	Other (attach statement)			
Scl	hedule M-1 Reconciliation of Income (Loss)	per Books With	Income (Loss) per Return. (N	ot required if Item H9, page
	1, is answered "Yes.")			
		6 1	ncome recorded on books this	
1	Net income (loss) per books		ear not included on Schedule K,	
2	Income included on Schedule K,		ines 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		Fax-exempt interest \$	
	and 11 not recorded on books			
	this year (itemize):	7 [Deductions included on Schedule	
3	Guaranteed payments (other		K, lines 1 through 13d, and 16l not	
	than health insurance)		charged against book income this	
4	Expenses recorded on books		/ear (itemize):	
	this year not included on		Depreciation \$	
	Schedule K, lines 1 through			
	13d, and 16I (itemize):	_		
а	Depreciation \$	_		
	Travel and entertainment \$	8 /	Add lines 6 and 7	
			ncome (loss). Subtract line 8	
5	Add lines 1 through 4		rom line 5	
Scl	nedule M-2 Analysis of Partners' Capital Acc	counts. (Not req	uired if Item H9, page 1, is ans	wered "Yes.")
1	Balance at beginning of year	6 [Distributions: a Cash	
2	Capital contributed:		b Property	
	a Cash	7 (Other decreases (itemize):	
	b Property		, ,	
3	Net income (loss) per books			
4	Other increases (itemize):	_		
	, ,	8	Add lines 6 and 7	
			Balance at end of year. Subtract	
5	Add lines 1 through 4		ine 8 from line 5	

Page 6 Form 8865 (2016)

Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities Schedule N

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).

	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
	Commissions paid				
15	Rents, royalties, and license fees paid				
16	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter				
	the maximum loan balance				
	during the year). See				
24	instructions Amounts loaned (enter the				
4 I	maximum loan balance				
	during the year). See				
	instructions				

SCHEDULE 0

Transfer of Property to a Foreign Partnership

OMB No. 1545-1668

(Form 8865)

Name of transferor

Department of the Treasury Internal Revenue Service

(under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Information about Schedule O (Form 8865) and its separate instructions is at www.irs.

3	t www.irs.gov/form8865.	Į
	Filer's identifying number	

INDIANAPOLI	S MUSEUM OF	ART, IN	C.			35-0	0867955	
Name of foreign partr		·		EIN (if any)		Referer	nce ID number (see ins	tructions)
HELLMAN & F	RIEDMAN CAP	ITAL PAR	TNERS VII,	98-0611116				
Part I Tran	sfers Reportabl	e Under Se	ction 6038B					
Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 7 allocat metho	ion	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		244,981.					.045
Stock, notes receivable and payable, and other securities								
Inventory								
Tangible property used in trade or business								
Intangible property								
Other property								
Supplemental In	formation Requ	ired To Be	Reported (see inst	ructions):				
Part II Disp	ositions Report	able Under	Section 6038B					
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	Deprecia recaptu recogni by partne	ure zed	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or

For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2016

Yes

X No

Part III

SCHEDULE A-2 - AFFILIATION SCHEDULE						
					TOTAL ORDINARY	FOR
NAME	ADDRESS			ID NUMBER	INCOME OR LOSS	PSHP
HOCKEY INVESTMENTS, L.P.	ONE MARITIME PLAZA, 12TH FLOOR			30-0794036		
	SAN FRANCISCO	CA	94111			
HOCKEY PARENT HOLDINGS, L.P.	300 NORTH LASALLE STREET			35-2489369		
	17TH FLOOR					
	CHICAGO	IL	60654			

Form **8865**

Department of the Treasury

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Information about Form 8865 and its separate instructions is at www.irs.gov/form8865. Information furnished for the foreign partnership's tax year hegipping 01/01/2016 and ending 12/31/2016

OMB No. 1545-1668

Attachment

Internal Reve	nue Service	beg	inning 0.	1/01/2016 , and	ending 12	/31/2016	1		Sequence	No. 118	
Name of pers	son filing this	return			File	er's identifyi	ng number				
INDIANA	APOLIS	MUSEUM OF AR	r, INC.			35	08679	55			
Filer's addres	ss (if you are	e not filing this form with	your tax retu	rm) A Category	of filer (see Cate	egories of File	rs in the inst	ructions and check	k applicable box	(es)):	
				B Filer's tax	year beginning	07/01	1/2016	, and ending	06/30,	/2017	
C Filer's	share of li	abilities: Nonrecourse	\$	Qualified r	nonrecourse fi	inancing \$		Other \$			
D If filer	is a memb	er of a consolidated	group but	not the parent, enter	the following	information a	bout the par	rent:			
Name					EIN	١					
Addres	SS										
		•		al assets are reported	on this form (s	ee instruction	s)				
F Inform	nation abou	it certain other partn	ers (see ins	tructions)		1		T			
	(1) Na	ame		(2) Address		(3) Identify	ing number	` ` `	eck applicable b	ox(es) Constructive	
								Category 1	Category 2	owner	
G1 Name	and addre	ss of foreign partners	hin					2(a) EIN (if a	nv)		
		EVERGREEN F	•					98-121	• •		
			•	, UGLAND HOUS	SE, PO BO	OX 309		2(b) Referen		(see instr.)	
GRAND C				•	•					` ,	
CJ, KY1	L-1104							3 Country un	der whose lav	ws organized	
								CJ	CJ .		
4 Date o organi		5 Principal place of business		rincipal business ctivity code number	7 Principa activity INVEST			tional currency	8b Exchan (see ins		
10/2	1/2014	СЈ		525990							
H Provid	le the follow	wing information for	the foreign	partnership's tax year	r:						
	, address, a I States	and identifying numb	per of agent	(if any) in the	F	if the foreign orm 1042 Center where	For	o must file: rm 8804 [or 1065-B is filed:	Form 106	65 or 1065-B	
organi	zation, if an RPORATE SE D, UGLAND MAN	RVICES LIMITED	ship's agen	t in country of	records and rec MR. JASON Z	of the foreign cords, if differ	n partners ent) with custody on the location and the location and the location are read to the location and the location are read to th	ation of such b	id books	
5 Were a	anv special	allocations made by	the foreign	partnership?				▶	X Yes	No	
		•	_	turn of U.S. Persons	With Respect	To Foreign Di	sregarded E	Entities,			
attache	ed to this re	eturn (see instructions	s)					▶			
7 How is	this partne	ership classified und	er the law	of the country in which	h it is organize	ed?	► EXEM	PTED LIMI	TED PARTI	NERSHIP	
8a Does the	e filer have a	n interest in the foreigr	partnership,	or an interest indirectly	through the fo	reign partnersh	ip, that is a s	separate			
	-	. , . , , ,		separate unit under Reg.	. , . ,				Yes	X No	
				nit have a dual consolidat	ed loss as define	ed in Reg. 1.15	03(d)-1(b)(5)((ii)? ►	Yes	No	
TheThe	partnershi value of th	ie partnership's total	the tax yea	r were less than \$250 the end of the tax year		n \$1 million.	}		Yes	X No	
		mplete Schedules L,		1-2. ave examined this return,	including accon	nnanvina schoo	Jules and stat	oments, and to the	a bact of my kno	wylodgo	
Sign Here Only If You Are Filing This Form Separately and Not With	and belief informatio	f, it is true, correct, and on of which preparer has	I complete. [s any knowled	Declaration of preparer (dge.	other than gener	ral partner or lin	nited liability o	company member)	is based on all	wieuge	
Your Tax Return.	Signa	ature of general partne	r or limited lia	bility company member		_	Date				
Paid	Print/Type	e preparer's name		Preparer's signa	ature		Date	Check	if PTIN		
Preparer	<u> </u>							self-emp			
Use Only	Firm's nan							Firm's E			
Joe Jiny	Firm's add	ress -						Phone n	0.		

Page 2

Sc	hedule	Constructive Own	nership of Partnership Interest. Che name, address, and U.S. taxpayer idd ructively own. See instructions.	eck the boxes the entifying number	nat apply te er (if any)	o the	e filer. If y e person	/ou (s) \	check whose
		a X Owns a direct	interest b	Owns a cons					
		Name	Address	Identifying nu	mber (if any)		Check if foreign person	d	neck if irect artner
_		Contain Doutney	f Favoirus Boutnovahin (200 instructio	200					
50	hedule	Name	f Foreign Partnership (see instruction Address		ing number (if any)		fo	neck if reign erson
_									
Sc	hedule	e A-2 Affiliation Schedul	eign person as a direct partner? le. List all partnerships (foreign or do directly owns a 10% interest.	omestic) in which	ch the fore	eign p	Yes partnersh	ip o	No wns a
		Name	Address	EIN (if any	·)		al ordinary ome or loss	fo	neck if reign nership
_									
	hedule		t - Trade or Business Income						
Cau	ition: In	iclude only trade or business	income and expenses on lines 1a through	n 22 below. See t	he instruction	ons to	or more into	orma	ition.
	1a (Gross receipts or sales	1a						
		ess returns and allowances			1c				
	2 (Cost of goods sold			2				
Income	3 (Gross profit. Subtract line 2 fr	om line 1c		3				
nco	4 (Ordinary income (loss) from o	ther partnerships, estates, and trusts (atta	ch statement) *	4				
_	5 N	Net farm profit (loss) (attach S	Schedule F (Form 1040))		6				
			97, Part II, line 17 (attach Form 4797) atement)		7				
			lines 3 through 7		8				
			in to partners) (less employment credits)		9				
(SL			ners		10				
atior	11 F	Repairs and maintenance			11				
<u>=</u>	12 E	Bad debts			12				
s for	13 F	Rent			13				
ction					14				
stru			ch Form 4562)		13				
e in			sewhere on return 16b		16c				
s) (se			nd gas depletion.)		17				
ons					18				
ucti					19				
Deductions (see instructions for limitations)			ement)		20				
	21 7	Total deductions. Add the amou	unts shown in the far right column for lines 9 t	hrough 20	21				
	22 (Ordinary business income (loss)	from trade or business activities. Subtract line	21 from line 8	22				

Form 8865 (2016) Page **3**

Sched		Partners' Distributive Share Items		Total amount	1 age C
Scrice	1	Ordinary business income (loss) (page 2, line 22)	1	Total amount	
	2	Net rental real estate income (loss) (attach Form 8825)	2		
		Other gross rental income (loss)			
	b	Other net rental income (loss). Subtract line 3b from line 3a	3с		
		, ,			
ss)	4	Guaranteed payments	4		
Income (Loss)	5 6	Interest income	5		
ne	0	Dividends: a Ordinary dividends	6a		
COL	7	b Qualified dividends 6b	7		
Ĕ	7	Royalties Net short-term capital gain (loss) (attach Schedule D (Form 1065))			
	8	· · · · · · · · · · · · · · · · · · ·	8 9a		
		Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a		
		Collectibles (28%) gain (loss) 9b Unrecaptured section 1250 gain (attach statement) 9c			
	С 10	Net section 1231 gain (loss) (attach Form 4797)	10		
	11	Other income (loss) (see instructions) Type ▶	11		
	12	Section 179 deduction (attach Form 4562)	12		
Suc			13a		
Deductions		Contributions Investment interest expense	13b		
np					
ă		Section 59(e)(2) expenditures: (1) Type ►(2) Amount ► Other deductions (see instructions) Type ►	13d		
<u>_</u>		Net earnings (loss) from self-employment	14a		
Self- Employ- ment		Gross farming or fishing income	14b		
		Gross nonfarm income.	14c		
Credits		Low-income housing credit (section 42(j)(5)).	15a		
		Low-income housing credit (other)	15b		
		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c		
rec		Other rental real estate credits (see instructions) Type ▶	15d		
o		Other rental credits (see instructions) Type ▶	15e		
		Other credits (see instructions) Type ▶	15f		
	16a	Name of country or U.S. possession ▶			
	b		16b		
Su		Gross income sourced at partner level	16c		
ansactions		Foreign gross income sourced at partnership level			
sac	d	Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f		
		Deductions allocated and apportioned at partner level			
Ξ	g		16h		
igi		Deductions allocated and apportioned at partnership level to foreign source income			
Foreign Tı	i	Passive category ▶ j General category ▶ k Other (attach statement) ▶	16k		
	ı	Total foreign taxes (check one): ▶ ☐ Paid ☐ Accrued	161		
		Reduction in taxes available for credit (attach statement)	16m		
		Other foreign tax information (attach statement)	4-		
e ax ıs	17a	Post-1986 depreciation adjustment	17a		
n T tem	b	Adjusted gain or loss	17b		
rna nur I) (1		Depletion (other than oil and gas)	17c		
Alternative Minimum Tax (AMT) Items	d e	Oil, gas, and geothermal properties - gross income Oil, gas, and geothermal properties - deductions	17d 17e		
~ ≧ %	e f	Other AMT items (attach statement)	17e		
		Tax-exempt interest income	171 18a		
on		Other tax-exempt income	18b		
nati		Nondeductible expenses	18c		
Dr.m		Distributions of cash and marketable securities	19a		
<u>l</u> ut		Distributions of other property	19b		
Other Information	20 a	Investment income	20a		
	b		20b		
-		Other items and amounts (attach statement)			

Form 8865 (2016) Page 4

Schedule L Balance Sheets per	Books. (Not required	if Item H9, page 1, is a	answered "Yes.")	1 290 1
	Beginning	of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable.				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statement)				
7a Loans to partners (or persons related to				
partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9 a Buildings and other depreciable assets				
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partners)				
b Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Page 5 Form 8865 (2016)

Sch	nedule M Balance Sheets for In	terest Allocation		
			(a) Beginning of	(b) End of
			tax year	tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	Passive category			
	General category			
С	Other (attach statement)			
Sch	nedule M-1 Reconciliation of Inco	me (Loss) per Books With	Income (Loss) per Return. (N	ot required if Item H9, page
	1, is answered "Yes.")			
		6 1	ncome recorded on books this	
1	Net income (loss) per books		year not included on Schedule K,	
2	Income included on Schedule K.		ines 1 through 11 (itemize):	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		Tax-exempt interest \$	
	and 11 not recorded on books	"	Tax exempt interest ϕ	
	this year (itemize):	7 [Deductions included on Schedule	
3	Guaranteed payments (other		K, lines 1 through 13d, and 16l not	
	than health insurance)		charged against book income this	
4	Expenses recorded on books		year (itemize):	
•	this year not included on		Depreciation \$	
	Schedule K, lines 1 through	"		
	13d, and 16I (itemize):	-		
а	Depreciation \$	-		
	Travel and entertainment \$	8 /	Add lines 6 and 7	
-	Traver and entertainment \$\psi_{\begin{subarray}{c} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\		Income (loss). Subtract line 8	
5	Add lines 1 through 4		from line 5	
Sch	nedule M-2 Analysis of Partners'			wered "Yes.")
1	Balance at beginning of year	6 [Distributions: a Cash	
2	Capital contributed:		b Property	
	a Cash · · · ·	7 (Other decreases (itemize):	
3	Net income (loss) per books			
4	Other increases (itemize):			
-		8 /	Add lines 6 and 7	
			Balance at end of year. Subtract	
5	Add lines 1 through 4		ine 8 from line 5	

6X1915 3.000 34379U D310 PAGE 40

Page 6 Form 8865 (2016)

Transactions Between Controlled Foreign Partnership and Partners or Other Related Entities Schedule N

Important: Complete a separate Form 8865 and Schedule N for each controlled foreign partnership. Enter the totals for each type of

	n that occurred between the Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1 Sales	of inventory				
	of property rights hts, trademarks, etc.)				
3 Comp techn engine	pensation received for ical, managerial, eering, construction, or ervices				
4 Comr	nissions received				
5 Rents fees r	, royalties, and license eceived				
6 Distrib	outions received				
8 Other					
9 Add I	ines 1 through 8				
10 Purch	ases of inventory				
	ases of tangible erty other than inventory				
	ases of property rights nts, trademarks, etc.)				
techn engin	pensation paid for ical, managerial, eering, construction, or ervices				
	nissions paid				
15 Rents	, royalties, and license				
-	outions paid				
	st paid				
18 Other					
19 Add I	ines 10 through 18				
the m during	ants borrowed (enter aximum loan balance g the year). See				
21 Amou maxin during	ctions				
instru	ctions		1	1	Form 8865 (2016

SCHEDULE O (Form 8865)

Transfer of Property to a Foreign Partnership

(under section 6038B)

► Attach to Form 8865. See Instructions for Form 8865.

► Information about Schedule O (Form 8865) and its separate instructions is at www.irs.gov/form8865.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service Name of transferor Filer's identifying number INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Name of foreign partnership EIN (if any) Reference ID number (see instructions) CAPITAL TODAY EVERGREEN FUND, LP 98-1217842

Type of property	(a) Date of transfer	(b) Number of items transferred	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Section 704(c) allocation method	(f) Gain recognized on transfer	(g) Percentage interest in partnership after transfer
Cash	VAR		1,080,000.				.481
Stock, notes receivable and payable, and other securities							
Inventory -							
Tangible property used in trade or business							
Intangible property							
Other property							
Supplemental Inf	ormation Requ	ired To Be R	leported (see instr	uctions):			
Part II Dispo	sitions Reporta	able Under S	ection 6038B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

section 904(f)(5)(F)? For Paperwork Reduction Act Notice, see the Instructions for Form 8865.

Schedule O (Form 8865) 2016

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS MUSEUM OF ART, INC.	35-0867955
 1 If the transferor was a corporation, complete questions 1a through a If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying num 	sferor controlled (under section 368(c)) by 5 Yes No No
Controlling shareholder	Identifying number
	,,
c If the transferor was a member of an affiliated group filing a concorporation?	Yes No
If not, list the name and employer identification number (EIN) of	the parent corporation:
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
2 If the transferor was a partner in a partnership that was the acomplete questions 2a through 2d.a List the name and EIN of the transferor's partnership:	actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
ANDREESSEN HOROWITZ FUND I, LP	27-0351558
 b Did the partner pick up its pro rata share of gain on the transfer c c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that 	of partnership assets? Yes X No Yes X No No at is regularly traded on an established
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see ins	,
3 Name of transferee (foreign corporation) LONGVIEW HOLDING PARENT UK LIMITED	4a Identifying number, if any FOREIGNUS
5 Address (including country) NEXUS HOUSE STATION ROAD EGHAM SURREY UK TW20 9LB	4b Reference ID number (see instructions)
6 Country code of country of incorporation or organization (see inst UK 7 Foreign law characterization (see instructions)	structions)
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corpora	tion? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2013

Page 2

Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) 07/06/2016 PROPERTY 2,939. Other property Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: _____ % **(b)** After • 002000 (a) Before NONE Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х Nο **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

(Rev. December 2013)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926. ► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS MUSEUM OF ART, INC.	35-0867955
1 If the transferor was a corporation, complete questions 1a through	
a If the transfer was a section 361(a) or (b) transfer, was the transfer	` '' •
or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying number	er(s):
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a conso	lidated return, was it the parent
corporation?	Yes No
If not, list the name and employer identification number (EIN) of th	e parent corporation:
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
2 If the transferor was a partner in a partnership that was the ac complete questions 2a through 2d.	tual transferor (but is not treated as such under section 367),
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
AXIOM ASIA PRIVATE CAPITAL FUND III LP	98-1044657
b Did the partner pick up its pro rata share of gain on the transfer of	
c Is the partner disposing of its entire interest in the partnership?	· · · · · · · · · · · · · · · · · · ·
d Is the partner disposing of an interest in a limited partnership that	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see instr	uctions)
3 Name of transferee (foreign corporation) A3F LTD	4a Identifying number, if any FOREIGNUS
5 Address (including country)	4b Reference ID number
GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1111	(see instructions) A3FLTD
6 Country code of country of incorporation or organization (see instriCJ	uctions)
7 Foreign law characterization (see instructions)	
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation	
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2013)

Form 926 (Rev. 12-2013) Page 2 Part III Information Regarding Transfer of Property (see instructions) (a) Date of (b) Description of (c) Fair market value on date of transfer (d) (e) Type of Cost or other Gain recognized on property transfer property basis transfer VAR 134,491. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))

1.367(a)-4T(d))				
Transfers of oil and				
gas working interests				
(as described in Temp. Regs. sec.				
1.367(a)-4T(e))				
Others				
Other property				
Supplemental Ir	nformation Required	To Be Reported (see	instructions):	

Form 926	(Rev.	12-2013)
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Property to be sold (as described in Temp. Regs. sec.

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before • 1702 % (b) After • 1695 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following: X No a Gain recognition under section 904(f)(3) Yes

Did this transfer result from a change in the classification of the transferee to that of a foreign corporation?

b Gain recognition under section 904(f)(5)(F)

c Recapture under section 1503(d)

d Exchange gain under section 987

13	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following:			
а	Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations	Yes	X	No
b	Depreciation recapture	Yes	X	No
С	Branch loss recapture	Yes	X	No
d	Any other income recognition provision contained in the above-referenced regulations	Yes	X	No
14	Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)?	Yes	X	No

15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?

Х No

Х

X No

No X No

Yes

Yes

Yes

b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____

17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the

Yes X No transaction?

b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

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► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS MUSEUM OF ART, INC.	35-0867955
 1 If the transferor was a corporation, complete questions 1a through a If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying numbers. 	sferor controlled (under section 368(c)) by 5
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a concorporation? If not, list the name and employer identification number (EIN) of	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
 2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: 	actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
ABC GROUP CANADA LP b Did the partner pick up its pro rata share of gain on the transfer of the compact of the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership the securities market?	Yes X No at is regularly traded on an established
securities market? Part II Transferee Foreign Corporation Information (see ins	
3 Name of transferee (foreign corporation) ABC GROUP HOLDINGS PARENT INC	4a Identifying number, if any FOREIGNUS
5 Address (including country) 2 NORELCO DRIVE TORONTO ONTARIO CA M9L 2X6	4b Reference ID number (see instructions) ABCGROUP
 Country code of country of incorporation or organization (see ins Foreign law characterization (see instructions) 	structions)
7 Foreign law characterization (see instructions) CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corpora	tion? X Yes No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2013

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Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer 06/30/2016 103,557. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions):			

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before NONE % **(b)** After • 04200 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х Nο **b** Gain recognition under section 904(f)(5)(F) Yes Х c Recapture under section 1503(d) Yes No X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926. ► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS MUSEUM OF ART, INC.	35-0867955
 1 If the transferor was a corporation, complete questions 1a through a If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying num 	sferor controlled (under section 368(c)) by 5
Controlling shareholder	Identifying number
	, ,,
c If the transferor was a member of an affiliated group filing a concorporation?	
corporation? If not, list the name and employer identification number (EIN) of	the parent corporation:
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
 2 If the transferor was a partner in a partnership that was the a complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: 	actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
BAUPOST VALUE PARTNERS, L.PIV	26-2208448
 b Did the partner pick up its pro rata share of gain on the transfer of the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that 	of partnership assets? Yes X No Yes X No at is regularly traded on an established
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see ins 3 Name of transferee (foreign corporation)	,
3 Name of transferee (foreign corporation) CHIPMOS TECHNOLOGIES INC	4a Identifying number, if any FOREIGNUS
5 Address (including country) NO 1 R&D ROAD 1 HSINCHU SCIENCE PARK HSINCHU TW	4b Reference ID number (see instructions)
6 Country code of country of incorporation or organization (see ins	structions)
7 Foreign law characterization (see instructions)	
CORPORATION 8 Is the transferee foreign corporation a controlled foreign corpora	tion? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2013

Form 926 (Rev. 12-2013) Page 2 Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer Cash 10/31/2016 STOCK 63,032. 60,586. 2,446. Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c))

Temp. Regs. sec.				
1.367(a)-4T(d))				
Transfers of oil and				
gas working interests				
(as described in Temp. Regs. sec.				
1.367(a)-4T(e))				
Other preparty				
Other property				
<u> </u>				
Supplemental li	nformation Required	To Be Reported (see	instructions):	

Form **926** (Rev. 12-2013)

Property to be sold (as described in

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before NONE % **(b)** After • 00799 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 354 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х Nο **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS MUSEUM OF ART, INC.	35–0867955
 1 If the transferor was a corporation, complete questions 1a through a If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying numbers. 	feror controlled (under section 368(c)) by 5
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a conscorporation? If not, list the name and employer identification number (EIN) of	Yes No
Name of parent corporation	EIN of parent corporation
 d Have basis adjustments under section 367(a)(5) been made? 2 If the transferor was a partner in a partnership that was the a complete questions 2a through 2d. 	
a List the name and EIN of the transferor's partnership:	
Name of partnership	EIN of partnership
 b Did the partner pick up its pro rata share of gain on the transfer o c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership that 	Yes No t is regularly traded on an established
Part II Transferee Foreign Corporation Information (see ins	Yes No
Part II Transferee Foreign Corporation Information (see ins 3 Name of transferee (foreign corporation) FR XII-A SAWGRASS ALTERNATIVE, L.P.	4a Identifying number, if any 98-1087474
5 Address (including country)	4b Reference ID number (see instructions) FRXIIA
 Country code of country of incorporation or organization (see ins 	tructions)
7 Foreign law characterization (see instructions)	
EXEMPTED LIMITED PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corporat	
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-20

Form 926 (Rev. 12-2013) Page 2 Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer VAR 11,822. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property Supplemental Information Required To Be Reported (see instructions):

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Part IV **Additional Information Regarding Transfer of Property** (see instructions)

9	Enter the transferor's interest in the foreign transferee corporation before and after the transfer:	
(а) Before <u>11.8343</u> % (b) After <u>11.8343</u> %	
10	Type of nonrecognition transaction (see instructions) ► IRC SECTION 351	
b c	Indicate whether any transfer reported in Part III is subject to any of the following: Gain recognition under section 904(f)(3)	0 0 0
b c	Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: Tainted property Depreciation recapture Branch loss recapture Any other income recognition provision contained in the above-referenced regulations Yes X N Yes X N Yes X N	o 0
14	Did the transferor transfer assets which qualify for the trade or business exception under section $367(a)(3)$? Yes X No.	0
	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	0
16	Was cash the only property transferred? X Yes X	0
	Was intangible property (within the meaning of section $936(h)(3)(B)$) transferred as a result of the transaction?	o
	Form 926 (Rev. 12-201	

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

U.S. Transferor Information (see instructions) Part I Name of transferor Identifying number (see instructions) 35-0867955 INDIANAPOLIS MUSEUM OF ART, INC. If the transferor was a corporation, complete questions 1a through 1d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No **b** Did the transferor remain in existence after the transfer? Yes No If not, list the controlling shareholder(s) and their identifying number(s): Controlling shareholder Identifying number c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No If not, list the name and employer identification number (EIN) of the parent corporation: Name of parent corporation EIN of parent corporation d Have basis adjustments under section 367(a)(5) been made? No If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership **EIN** of partnership 98-1186863 HELLMAN & FRIEDMAN CAP PTNRS VIII LP **b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No c Is the partner disposing of its entire interest in the partnership? X Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?............ Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) 4a Identifying number, if any H&F GIANT LUX S.A.R.L. 98-1307911 Address (including country) 4b Reference ID number (see instructions) C/O ALTER DOMUS, RUE GUILLAUME KROLL LUXEMBOURG CITY LU L-1882 Country code of country of incorporation or organization (see instructions) 6 LU Foreign law characterization (see instructions) CORPORATION Is the transferee foreign corporation a controlled foreign corporation? For Paperwork Reduction Act Notice, see separate instructions. Form **926** (Rev. 12-2013)

Page 2

Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (c) Fair market value on date of transfer (b) Description of (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property basis transfer VAR 227,642. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions):	

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before NONE % **(b)** After • 018091 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х Nο **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

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► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part 1 U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS MUSEUM OF ART, INC.	35-0867955
 1 If the transferor was a corporation, complete questions 1a through a If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying num 	sferor controlled (under section 368(c)) by 5
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a con	solidated return, was it the parent
corporation? If not, list the name and employer identification number (EIN) of	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
2 If the transferor was a partner in a partnership that was the acomplete questions 2a through 2d.a List the name and EIN of the transferor's partnership:	actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
HELLMAN & FRIEDMAN CAP PTNRS VII LP	98-0611116
 b Did the partner pick up its pro rata share of gain on the transfer c c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership the 	of partnership assets? Yes X No Yes X No at is regularly traded on an established
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see ins	,
3 Name of transferee (foreign corporation) H&F BAROLO LUX 2 S.A.R.L.	4a Identifying number, if any FOREIGNUS
5 Address (including country)	4b Reference ID number
C/O ALTER DOMUS, 5, RUE GUILLAUME KRO	LL (see instructions) HFBAROLO
6 Country code of country of incorporation or organization (see ins LU	structions)
7 Foreign law characterization (see instructions)	
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corpora	tion? X Yes No
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2013

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Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer 03/01/2016 205,914. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before NONE % **(b)** After • 029169 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х Nο **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

► Information about Form 926 and its separate instructions is at www.irs.gov/form926.

► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS MUSEUM OF ART, INC.	35-0867955
 1 If the transferor was a corporation, complete questions 1a through a lift the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying numbers. 	sferor controlled (under section 368(c)) by 5
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a corcorporation? If not, list the name and employer identification number (EIN) or	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	
 2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: 	actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
 SPECIAL OPPORTUNITIES FUND IV, L.P. b Did the partner pick up its pro rata share of gain on the transfer c Is the partner disposing of its entire interest in the partnership? d Is the partner disposing of an interest in a limited partnership the 	Yes X No
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see in	structions)
3 Name of transferee (foreign corporation) BAIN CAPITAL BMC (LUXEMBOURG) S.A.R.L.	4a Identifying number, if any FOREIGNUS
5 Address (including country) 4, RUE LOU HEMMER FINDEL LU L-1748	4b Reference ID number (see instructions)
6 Country code of country of incorporation or organization (see in $\underline{L}\underline{U}$	structions)
7 Foreign law characterization (see instructions)	
CORPORATION	stion?
8 Is the transferee foreign corporation a controlled foreign corporation and controlled foreign controlled foreign corporation and co	tion? Yes X No Form 926 (Rev. 12-2013
i or i aperwork neutron Activonce, see separate instructions.	Form 320 (Rev. 12-2013

Page 2

Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer Cash 06/15/2016 ASSET-BACKED 12,801. Stock and securities SECURITY Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions):	

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before NONE % **(b)** After • 00021 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х Nο **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

(Rev. December 2013)

Department of the Treasury Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926. ► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

Part I U.S. Transferor Information (see instructions)				
Name of transferor		Identifying number (ctions)
INDIANAPOLIS MUSEUM OF ART, INC.		35-0867955	5	
1 If the transferor was a corporation, complete questions 1a thro	_			
a If the transfer was a section 361(a) or (b) transfer, was the tra	-			
or fewer domestic corporations?			Yes	No
b Did the transferor remain in existence after the transfer?			Yes	No
If not, list the controlling shareholder(s) and their identifying nu	mber(s):			
Controlling shareholder	Iden	tifying number		
c If the transferor was a member of an affiliated group filing a co	onsolidated return was it the pa	arent		
			Yes	No
corporation? If not, list the name and employer identification number (EIN) of	of the parent corporation:		103	140
Name of parent corporation	EIN of p	parent corporation		
d Have basis adjustments under section 367(a)(5) been made?			Yes	No
a letter transferer was a northern in a northern that was the	antical transferor (but in not	trooted so such un		tion 267
2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d.	actual transferor (but is not	treated as such ur	ider sec	11011 367
a List the name and EIN of the transferor's partnership:				
Name of partnership	EIN	of partnership		
RESOURCE CAPITAL FUND VI L.P.	98-	1091392		
b Did the partner pick up its pro rata share of gain on the transfer			Yes	X No
c Is the partner disposing of its entire interest in the partnership?			Yes	X No
d Is the partner disposing of an interest in a limited partnership t				
securities market? Part II Transferee Foreign Corporation Information (see in		<u> </u>	Yes	X No
Part II Transferee Foreign Corporation Information (see i	nstructions)			
3 Name of transferee (foreign corporation)		4a Identifying nur	-	iny
AUSENCO LIMITED		FOREIGNU		
5 Address (including country)		4b Reference ID n (see instructions)	umber	
144 MONTAGUE ROAD SOUTH BRISBANE QUEENSLAND AS 4101		AUSENCO		
6 Country code of country of incorporation or organization (see iAS	nstructions)			
7 Foreign law characterization (see instructions)				
CORPORATION				
8 Is the transferee foreign corporation a controlled foreign corporation	ration?		X No	
For Paperwork Reduction Act Notice, see separate instructions.		Forr	n 926 (R	ev. 12-201

Page 2

Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer 09/09/2016 132,533. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property Supplemental Information Required To Be Reported (see instructions):

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before • 00007 % (b) After • 00111 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х No **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the

Form **926** (Rev. 12-2013)

transaction:

(Rev. December 2013)

Department of the Treasury

Internal Revenue Service

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926. ► Attach to your income tax return for the year of the transfer or distribution.

OMB No. 1545-0026

Attachment Sequence No. **128**

U.S. Transferor Information (see instructions)	
Name of transferor	Identifying number (see instructions)
INDIANAPOLIS MUSEUM OF ART, INC.	35-0867955
 1 If the transferor was a corporation, complete questions 1a thra a If the transfer was a section 361(a) or (b) transfer, was the tra or fewer domestic corporations? b Did the transferor remain in existence after the transfer? If not, list the controlling shareholder(s) and their identifying not 	ansferor controlled (under section 368(c)) by 5
O at all the state of the state of	
Controlling shareholder	Identifying number
 c If the transferor was a member of an affiliated group filing a c corporation? If not, list the name and employer identification number (EIN) 	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d.a List the name and EIN of the transferor's partnership:	e actual transferor (but is not treated as such under section 367)
Name of partnership	EIN of partnership
 b Did the partner pick up its pro rata share of gain on the transfe c Is the partner disposing of its entire interest in the partnership d Is the partner disposing of an interest in a limited partnership 	? Yes No that is regularly traded on an established
securities market?	Yes No
Transferee Foreign Corporation Information (see 3 Name of transferee (foreign corporation)	4a Identifying number, if any
GC EQUITY PARTNERS FUND III LP	FOREIGNUS
5 Address (including country) AL SILA TOWER, 25TH FL, SOWWAH SQ AL ABU DHABI AE KY1-9005	4b Reference ID number
$f{6}$ Country code of country of incorporation or organization (see CJ	instructions)
7 Foreign law characterization (see instructions)	
LIMITED PARTNERSHIP	
8 Is the transferee foreign corporation a controlled foreign corpo	
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 12-2013

Form 926 (Rev. 12-2013) Page 2 Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer VAR 187,570. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions):	

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: % **(b)** After • 2656 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х No **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the

Form **926** (Rev. 12-2013)

transaction:

(Rev. December 2013)

Return by a U.S. Transferor of Property to a Foreign Corporation

▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.

OMB No. 1545-0026

Attachment

X No Form **926** (Rev. 12-2013)

Department of the Treasury ► Attach to your income tax return for the year of the transfer or distribution. Sequence No. 128 Internal Revenue Service **U.S. Transferor Information** (see instructions) Part I Name of transferor Identifying number (see instructions) 35-0867955 INDIANAPOLIS MUSEUM OF ART, INC. If the transferor was a corporation, complete questions 1a through 1d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No **b** Did the transferor remain in existence after the transfer? Yes No If not, list the controlling shareholder(s) and their identifying number(s): Controlling shareholder Identifying number c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No If not, list the name and employer identification number (EIN) of the parent corporation: Name of parent corporation EIN of parent corporation d Have basis adjustments under section 367(a)(5) been made? No If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership **EIN** of partnership **b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes Nο c Is the partner disposing of its entire interest in the partnership? Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) 4a Identifying number, if any ROW DIVERSIFIED 2X OFFSHORE FUND, LTD. FOREIGNUS Address (including country) 4b Reference ID number (see instructions) 450 NEWPORT CENTER DRIVE, SUITE 420 NEWPORT BEACH, Country code of country of incorporation or organization (see instructions) 6 CJ Foreign law characterization (see instructions) CAYMAN ISLANDS EXEMPTED COMPANY

Is the transferee foreign corporation a controlled foreign corporation?

For Paperwork Reduction Act Notice, see separate instructions.

Page 2

Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer VAR 4,150,000. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec. 1.367(a)-4(c)) Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d)) Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e)) Other property

Supplemental Information Required To Be Reported (see instructions	s):

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before NONE % **(b)** After 1 • 64 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х Nο **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the

transaction:

(Rev. December 2013)

Return by a U.S. Transferor of Property to a Foreign Corporation ▶ Information about Form 926 and its separate instructions is at www.irs.gov/form926.

OMB No. 1545-0026

Attachment Sequence No. 128

Department of the Treasury Internal Revenue Service

► Attach to your income tax return for the year of the transfer or distribution. **U.S. Transferor Information** (see instructions) Part I Name of transferor Identifying number (see instructions) 35-0867955 INDIANAPOLIS MUSEUM OF ART, INC. If the transferor was a corporation, complete questions 1a through 1d. a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by 5 or fewer domestic corporations? Yes No **b** Did the transferor remain in existence after the transfer? Yes No If not, list the controlling shareholder(s) and their identifying number(s): Controlling shareholder Identifying number c If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No If not, list the name and employer identification number (EIN) of the parent corporation: Name of parent corporation EIN of parent corporation d Have basis adjustments under section 367(a)(5) been made? No If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 2a through 2d. a List the name and EIN of the transferor's partnership: Name of partnership **EIN** of partnership **b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes Nο c Is the partner disposing of its entire interest in the partnership? Yes No d Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market?............ Transferee Foreign Corporation Information (see instructions) Name of transferee (foreign corporation) 4a Identifying number, if any SO. CROSS LAT AM PRIVATE EQ FND IV, LP 98-1081856 Address (including country) 4b Reference ID number (see instructions) C/O BLAKES EXTRA-PROVINCIAL SERVICE 199 BAY STREET, TORONTO ONTARIO CA M5L 1A9 Country code of country of incorporation or organization (see instructions) 6 CA Foreign law characterization (see instructions) LIMITED PARTNERSHIP Is the transferee foreign corporation a controlled foreign corporation? X No Form **926** (Rev. 12-2013) For Paperwork Reduction Act Notice, see separate instructions.

Form 926 (Rev. 12-2013) Page 2 Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on (a) Date of (d) (e) Type of Cost or other Gain recognized on property transfer property date of transfer basis transfer VAR 496,160. Cash Stock and securities Installment obligations, account receivables or similar property Foreign currency or other property denominated in foreign currency Inventory Assets subject to depreciation recapture (see Temp. Regs. sec. 1.367(a)-4T(b)) Tangible property used in trade or business not listed under another category Intangible property Property to be leased (as described in final and temp. Regs. sec.

Other property			

Form **926** (Rev. 12-2013)

1.367(a)-4(c))

Property to be sold (as described in Temp. Regs. sec. 1.367(a)-4T(d))

Transfers of oil and gas working interests (as described in Temp. Regs. sec. 1.367(a)-4T(e))

Part IV Additional Information Regarding Transfer of Property (see instructions) Enter the transferor's interest in the foreign transferee corporation before and after the transfer: (a) Before NONE % **(b)** After • 1785 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 10 Indicate whether any transfer reported in Part III is subject to any of the following: 11 X No a Gain recognition under section 904(f)(3) Yes Х Nο **b** Gain recognition under section 904(f)(5)(F) Yes Х Yes No c Recapture under section 1503(d) X No Yes X No Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes Indicate whether the transferor was required to recognize income under final and temporary Regulations sections 1.367(a)-4 through 1.367(a)-6 for any of the following: X No a Tainted property Yes X No Yes Х c Branch loss recapture Yes No d Any other income recognition provision contained in the above-referenced regulations X No Yes X No Did the transferor transfer assets which qualify for the trade or business exception under section 367(a)(3)? 15a Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)? Yes X No b If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ► \$ _____ Was cash the only property transferred? Yes 17a Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the Yes X No transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No. 1545-0123

(g) Adjustments to gain (h) Gain or (loss)

Employer identification number INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955

Short-Term Capital Gains and Losses - Assets Held One Year or Less

	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to or loss from Form 8949, Part I, line column (g)	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (q)
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b			(3)		0,
1b	Totals for all transactions reported on Form(s) 8949 with Box A checked					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					2,087.
				•		
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss). Combine lines	1a through 6 in column	h		7	2,087.
Part					•	_,
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to	(s)	(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	8949, Part II, line column (g)	2,	column (d) and combine the result with column (g)
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					23,823.
11	Enter gain from Form 4797, line 7 or 9				11	128,721.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)	14				
15 Dort	Net long-term capital gain or (loss). Combine lines 8 Summary of Parts I and II	a through 14 in columi	nh		15	152,544.
Part	Summary of Parts Fand II					
16	Enter excess of net short-term capital gain (line 7) of	ver net long-term capit	al loss (line 15)		16	2,087.
17	Net capital gain. Enter excess of net long-term capi				17	152,544.
18	Add lines 16 and 17. Enter here and on Form 1120 the corporation has qualified timber gain, also compl		proper line on other ret		18	154,631.
	Note: If losses exceed gains, see Capital losses in th	e instructions.				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2016

Sales and Other Dispositions of Capital Assets

▶ Information about Form 8949 and its separate instructions is at www.irs.gov/form8949.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Name(s) shown on return

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Attachment Sequence No. 12A

TAIDTANADOTTC	MITCHIN	OΠ	7 D.M	TNO
INDIANAPOLIS	MOSEOM	Or	ART,	TINC

Social security number or taxpayer identification number

35-0867955

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are short term. For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

				· · · · · · · · · · · · · · · · · · ·	
	(A) Short-term tr	ransactions r	eported on Form(s	s) 1099-B showing basis was reported to the IRS (see Note above)	
	(B) Short-term tr	ransactions r	eported on Form(s	s) 1099-B showing basis wasn't reported to the IRS	
7	Y (C) Short-term tr	raneactione r	of reported to you	on Form 1000-B	

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	Cost or other basis. See the Note below	Adjustment, if a lift you enter a consenter a consenter because the separate the se	Gain or (loss). Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
AMBERBROOK IV, LLC							5.
AMBERBROOK VI, LLC							-6.
BAUPOST VALUE PARTNERS LP IV							39.
FR XI							915.
FR XI-E ONSHORE AIV, LP							865.
PARK STREET C.P.E.F. VII							61.
PARK STREET C.P.E.F. VIII							702.
SPECIAL OPPORTUNITIES FUND IV							-96.
THE VARDE FUND X(B)(FEEDER), LP							-398.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incis checked), line	lude on your e 2 (if Box B					2,087.

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2016)

Form 8949 (2016) Attachment Sequence No. 12A

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other side

Social security number or taxpayer identification number

INDIANAPOLIS MUSEUM OF ART, INC.

35-0867955

Page 2

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are long term. For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box D, E, *or* F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)
(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

X (F) Long-term transactions not reported to you on Form 1099-B

(a) Description of property	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e)	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
AMBERBROOK IV, LLC							-24.
AMBERBROOK VI, LLC							1,106.
BAUPOST VALUE PARTNERS LP IV							3,007.
COMMONFUND CAPITAL N.R.P. V, LP							1.
FR XI							-19,589.
FR XI-E ONSHORE AIV, LP							-580.
PARK STREET C.P.E.F. VII							2,034.
PARK STREET C.P.E.F. VIII							30,337.
SPECIAL OPPORTUNITIES FUND IV							148.
TIFF REAL ESTATE PARTNERS II LLC							848.
THE VARDE FUND X(B)(FEEDER), LP							6,848.
METROPOLITAN R.E.P. II							39.
METROPOLITAN R.E.P. IV-B							-354.
METROPOLITAN R.E.P. V							2.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and including the state of	de on your 9 (if Box E					23,823.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column (g)* in the separate instructions for how to figure the amount of the adjustment.

JSA 6X2616 2.000 Form 8949 (2016)

34379U D310 PAGE 69

Form **4797**

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

OMB No. 1545-0184

Sequence No. 27

Department of the Treasury Internal Revenue Service

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Name(s) shown on return Identifying number INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955

1	Enter the gross proceeds from sales or exchanges reported to you for 2016 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions										
D۵							l 1	om Other			
1 6	Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions)										
2	(a) Description of property	(b) Date acquired (mo., day, yr.)		(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvemen expense of	us ts and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)			
A	TTACHMENT 1							128,721.			
3	Gain, if any, from Form 4684, line 39	9					3				
4	Section 1231 gain from installment	sales from Forn	n 6252, line 26 or	37			4				
5	Section 1231 gain or (loss) from like	e-kind exchanges	s from Form 8824				5				
6	Gain, if any, from line 32, from other	er than casualty o	r theft				6				
7	Combine lines 2 through 6. Enter the	ne gain or (loss)	here and on the	appropriate line as foll	ows:		7	128,721.			
	Partnerships (except electing larginstructions for Form 1065, Schedul										
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.										
8											
9											
Pa	rt II Ordinary Gains and Lo						_				
	Ordinary gains and losses not inclu			ude property held 1 ye	ar or less):						
	, 0				,						
11	Loss, if any, from line 7						11	()			
12	Gain, if any, from line 7 or amount	from line 8, if app	licable				12				
13	Gain, if any, from line 31						13				
14	Net gain or (loss) from Form 4684,	lines 31 and 38a					14				
15	Ordinary gain from installment sale	s from Form 625	2, line 25 or 36				15				
16	Ordinary gain or (loss) from like-kin	d exchanges from	n Form 8824				16				
17	Combine lines 10 through 16						17				
18	For all except individual returns, entand b below. For individual returns,			ne appropriate line o	f your return and s	kip lines a					
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a."										
	See instructions	•	, ,	•			18a				
b	Redetermine the gain or (loss) on lir	ne 17 excluding t	the loss, if any, o	n line 18a. Enter her	e and on Form 104	10, line 14	18b				
For	Paperwork Reduction Act Notice, s	ee separate instr	uctions.					Form 4797 (2016)			

For Paperwork Reduction Act Notice, see separate instructions.

Page 2 Form 4797 (2016) 35-0867955

Pa	Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252, 1	254, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
					(IIIo., day, yr.)	uay, yı.)
Ē						
	,					
	These columns relate to the properties on lines 19A through 19D	T	Property A	Property B	Property C	Property D
	Gross sales price (Note: See line 1 before completing.)	20				
	Cost or other basis plus expense of sale	21				
	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				+
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions .	26a				
b	Applicable percentage multiplied by the smaller of					
	line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property					
	or line 24 isn't more than line 26a, skip lines 26d and 26e .	26c				
d	Additional depreciation after 1969 and before 1976.	26d				
е	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
а	Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage. See instructions .	27b				
С	Enter the smaller of line 24 or 27b	27c				
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions.	200				
h	Enter the smaller of line 24 or 28a					+
	If section 1255 property:	200				
	Applicable percentage of payments excluded from					
_	income under section 126. See instructions	202				
h	Enter the smaller of line 24 or 29a. See instructions					
	mmary of Part III Gains. Complete propert		lumns A through	D through line 2	9b before going to	line 30.
	Total gains for all properties. Add property columns A					
	Add property columns A through D, lines 25b, 26g, 2					
	Subtract line 31 from line 30. Enter the portion from			= =		I
32	other than casualty or theft on Form 4797, line 6		•			
Pa	rt IV Recapture Amounts Under Section (see instructions)					_
					(a) Section	(b) Section
					179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	vable	in prior years	3	3	1
	Recomputed depreciation. See instructions				4	
	Recapture amount. Subtract line 34 from line 33. Se				5	
	The second secon				- 1	

 $\mathsf{Form}\, \bm{4797}\,\, (2016)$

	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable	Basis	for entire year
·	·					-
AMBERBROOK IV, LLC	VAR	VAR			10.	-10.
AMBERBROOK VI, LLC	VAR	VAR	73.			73.
BAUPOST VALUE PRTNRS	VAR	VAR	28,157.			28,157.
CHARLESBANK EQTY VII	VAR	VAR			631.	-631.
CHARLESBANK EQ. VIII	VAR	VAR	65.			65.
COMMONFUND CAPITAL	VAR	VAR			135.	-135.
DUNE R.E.P. FUND II	VAR	VAR	18,001.			18,001.
FR XI	VAR	VAR	•		1,240.	-1,240.
METRO. R.E.P. II	VAR	VAR	472.		•	472.
METRO. R.E.P. IV-B	VAR	VAR			1,519.	-1,519.
METRO. R.E.P. V	VAR	VAR	289.			289.
PARK ST C.P.E.F. VII	VAR	VAR	12,589.			12,589.
PARK ST C.P.E.F VIII	VAR	VAR			516.	-516.
PARK ST N.R.F IIIAIV	VAR	VAR				7,090.
TIFF R.E.P. II, LLC	VAR	VAR	7,636.			7,636.
THE VARDE FUND X(B)	VAR	VAR	13,579.			13,579.
WAYZATA O.F.O. II	VAR	VAR	44,836.			44,836.
FLAG V.P. VII	VAR	VAR			15.	-15.
Totals						128,721.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

2016

Attachment Sequence No. 179

Department of the Treasury Internal Revenue Service Name(s) shown on return

Identifying number

INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Business or activity to which this form relates GENERAL DEPRECIATION Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Other depreciation (including ACRS) 16 Part | MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 206,012. 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (a) Classification of property placed in (business/investment use (e) Convention (f) Method (q) Depreciation deduction only - see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 vrs S/I 27.5 yrs. MMS/L h Residential rental 27.5 yrs. ММ S/L property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year 12 yrs S/I c 40-year 40 yrs MM S/L

Listed property. Enter amount from line 28

For assets shown above and placed in service during the current year, enter the

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

Part IV Summary (See instructions.)

21

206,012

Form 4562 (2016)

Listed Property (Include automobiles, certain other vehicles, certain aircraft, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a,

		s (a) through (c) of													
_		Depreciation and												_ · _	
248	a Do you have evidence	e to support the bus	1	ent use	claimed	?Y	_	No 2	24b f "	Yes," is t	he evide	nce writt	en?	_ Yes _	X No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	Cost	(d) or other b		(e) sis for depr siness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation uction	Elected so	ection 179
25	Special depreciation									•					
	the tax year and us					se (see i	nstruct	ions) .			. 25				
26	Property used mor	e than 50% in a qi ⊤			e:							1			
			9												
			9							-					
27	Property used 50%	ar loss in a qualif	iod business												
27	Froperty used 50 /									S/L -					
				6						S/L -					
			9							S/L -					
	Add amounts in as	lump (b) lines 2F	·		horo or		201 "	2000 1			- 00				
28	Add amounts in co	lumn (n), lines 25 lumn (i), line 26, F	inrougn 27. Inter here ar	Enter	nere ar ine 7 n	10 ON III 200 1	ie Zi, p	bage 1			_ 28		- 00		
23	Add amounts in co	1011111 (1), IIIIE 20. L											. 29		
	mplete this section for			rietor, p	partner,	or othe	r "more	than	5% own					rovided	vehicle
					a)		b)	1	(c)	,	d)		e)	(1	
30	Total business/inve			ven	icle 1	ven	icle 2	ve	hicle 3	ven	icle 4	ven	icle 5	Vehi	сіе б
	-	ersonal (nonco	mmuting)												
miles driven															
	lines 30 through 32	2													
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty														
35	Was the vehicle		1												
	than 5% owner or r	-													
36	Is another vehic use?		<u> </u>												
		ction C - Questic								-					
	swer these question re than 5% owners o				eption	to com	pleting	Sectio	n B for	vehicle	s used	by em	ployees	who a	ren't
	Do you maintain your employees?													Yes	No
38	your employees? Do you maintain			-		-				-		ting, by	your		
20	employees? See th			-	•		s, alle	ciors, c	1% 01	more o	whers				
	Do you treat all use Do you provide m								o from			on obou	ut the		
40	use of the vehicles		-						ı irom	-	-				
41	Do you meet the re Note: If your answ	equirements conce	erning qualifi	ed aut	omobile	e demo	nstratio	n use?	(See in	struction	າຣ.)				
Pa	rt VI Amortizat														
	(a) Description o		(b) Date amortiz		An	(c) nortizable	amount		(d) Code se		Amorti perio	zation od or	Amortiza	(f) ation for th	is year
42	Amortization of cos	sts that begins dur			vear (se	ee instru	uctions	_):			perce	пауе			
_			3 , : =: = 0 .												
43	Amortization of cos	sts that began befo	ore your 201	6 tax	year			_	_			43			
44	Total. Add amoun	ts in column (f). Se	ee the instru	ctions	for who	ere to re	port					44			

Regulation Section 1.263(a)-1(f) - De Minimis Safe Harbor Election

Taxpayer Name: <u>INDIANAPOLIS MUSEUM OF ART, INC.</u>

Taxpayer Address: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208

Taxpayer ID Number: <u>35-0867955</u>

Year-End: 06/30/2017

Under IRC Regulation Section 1.263(a)-1(f), the taxpayer hereby elects to apply the de minimis safe harbor election.

Regulation Section 1.263(a)-3(n) - Election to Capitalize Repair and Maintenance Costs

Taxpayer Name: <u>INDIANAPOLIS MUSEUM OF ART, INC.</u>

Taxpayer Address: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208

Taxpayer ID Number: <u>35-0867955</u>

Year-End: 06/30/2017

Under IRC Regulation Section 1.263(a)-3(n), the taxpayer hereby elects to capitalize repair and maintenance costs.

FEDERAL ELECTIONS

DESCRIPTION: SECTION 59(E)(2) EXPENDITURES

FORM & LINE/INSTRUCTION REFERENCE: FORM 990T, PART I, LINE 5

REGULATION REFERENCE: IRC SEC. 59(E)(1); REG. 1.59-1(B)(1)

INDIANAPOLIS MUSEUM OF ART

EIN: 35-0867955 YEAR-END: 6/30/2017

FORM: 990-T

PURSUANT TO IRC SECTION 59(E)(4), TAXPAYER HEREBY ELECTS TO CAPITALIZE AND AMORTIZE THE FOLLOWING EXPENDITURES OVER THE PERIOD OF TIME INDICATED.

TYPE OF EXPENDITURES: INTANGIBLE DRILLING COSTS CODE SECTION NO.: IRC SEC. 263(C)

AMORTIZATION PERIOD: 5 YEARS (60 MONTHS)

TAXPAYER ELECTS TO CAPITALIZE AND AMORTIZE INTANGIBLE DRILLING COSTS REPORTED ON THE FOLLOWING K-1'S:

AMBERBROOK IV, LP EIN: 33-1102798

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 178

AMBERBROOK VI, LP EIN: 90-0806597

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 58

COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS V, LP EIN: 92-0179780 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 4,833

FLAG VENTURE PARTNERS VII, LP EIN: 26-2874862 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 317

FIRST RESERVE FUND XI, LP EIN: 20-5069838 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 114,824

PARK STREET CAPITAL NATURAL RESOURCE FUND III AIV, LP EIN: 26-0438451 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 15,883

PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP EIN: 20-3362394 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 22,938

PARK STREET CAPITAL PRIVATE EQUITY FUND VIII, LP EIN: 20-8255115 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 6,210

DENHAM OIL & GAS FUND, LP EIN: 47-3010122 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 119

34379U D310 PAGE 155

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

Electronic filing (*e-file*). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile*, click on Charities & Non-Profits, and click on *e-file* for *Charities and Non-Profits*.

	Torm, visit www.ns.gov/eme, dick on character			Tor Charlies and Wort 1	Ome	·-	
	6-Month Extension of Time. Only subm		· · · · · · · · · · · · · · · · · · ·				
All corporat	ions required to file an income tax return other	er than Fori	m 990-T (including 112	20-C filers), partnerships,	RE	MICs,	and trusts
nust use F	orm 7004 to request an extension of time to	file income	tax returns.				
	_			Enter filer's identifyir			
Type or	Name of exempt organization or other filer, see in	nstructions.		Employer identification nu	ımbe	r (EIN)	or
Гуре or orint							
INDIANAFOLIS MOSEOF OF ART, INC.							
le by the le date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number.					SN)		
iling your	g your 4000 MICHIGAN ROAD						
eturn. See nstructions.	City, town or post office, state, and ZIP code. Fo	r a foreign ad	ldress, see instructions.				
	INDIANAPOLIS, IN 46208						
nter the R	eturn Code for the return that this application	is for (file	a separate application f	or each return)			0 7
			a coparate application .				
Application	ı	Return	Application		Return		Return
s For		Code	Is For				Code
orm 990 o	r Form 990-EZ	01	Form 990-T (corpora	tion)			07
orm 990-B	3L	02	Form 1041-A				08
orm 4720	(individual)	03	Form 4720 (other tha	an individual)			09
orm 990-P	F	04	Form 5227				10
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
orm 990-T	(trust other than above)	06	Form 8870				12
	JEREMIAH WISE						
The book	s are in the care of ▶ 4000 MICHIGAN R	OAD IND	IANAPOLIS IN 462	208			
Telephor	ne No. ▶ _ 317 923-1331		Fax No. ▶				
If the org	anization does not have an office or place of	 business ir	the United States, che	ck this box			▶ □
	for a Group Return, enter the organization's fo						
or the who	le group, check this box	If it is for pa	art of the group, check	this box		and af	ttach
	ne names and EINs of all members the extens		5 17				
1 I requ	est an automatic 6-month extension of time u	ntil	05/15 . 20	18 . to file the exempt	tord	aniza ¹	tion return
for the	organization named above. The extension is	for the ora	anization's return for:	,		,	
▶	calendar year 20 or						
X	tax year beginning07/	/01 2016	6 and ending	06/30	20	17 .	
,	, tax your bogg		<u> </u>	,		=	
2 If the t	tax year entered in line 1 is for less than 12 n	nonths ched	ck reason: Initial r	eturn Final retur	n		
	Change in accounting period		on rougon.				
	application is for Forms 990-BL, 990-PF, 9	90-T. 4720	0. or 6069, enter the	tentative tax, less any			
	fundable credits. See instructions.	.,	o, o. oooo, ooo	tomative tax, loss any	За	s	0.
-	application is for Forms 990-PF, 990-T	4720 o	r 6069 enter any r	efundable credits and	Ju	Ψ	
	ated tax payments made. Include any prior yea		· · · · · · · · · · · · · · · · · · ·		3b	6	0.
	ce due. Subtract line 3b from line 3a. Include				35	Ψ	
	ronic Federal Tax Payment System). See instru		ione with this form, if to	rquired, by deinig in it	30	e	0
	ou are going to make an electronic funds withdrawa		uit) with this Form 8868 o	ee Form 8453-FO and Form	3c		for payment
nstructions.	a a going to make an electronic funds withdrawe	ar (un cot ueb	,	oo i oiiii o-oo-eo ana i oiii	. 50		ioi payillolli
	Act and Paperwork Reduction Act Notice, see inst	ructions			Forr	ո 886۶	8 (Rev. 1-2017)
vuoy	upo:				. 011		~ (1101. 1-201/)

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INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2017

FORM 990-T, Schedule E Line 3B Detail

Salaries & wages	61,895
Employee benefit programs	10,903
Rent expense	5,266
Supplies	97
Other miscellaneous expense	5,246
Total other deductions	83,407

INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2017

FORM 990-T, PART II, LINE 31 - NET OPERATING LOSS

YEAR END	GENERATED	UTILIZED	BALANCE
12/31/2006	75,398	-	75,398
12/31/2007	93,238	-	168,636
6/30/2008	34,796	-	203,432
6/30/2009	440,090	-	643,522
6/30/2010	443,314	-	1,086,836
6/30/2011	148,545	-	1,235,381
6/30/2012	920,780	-	2,156,161
6/30/2013	-	58,772	2,097,389
6/30/2014		417,695	1,679,694
6/30/2015		544,300	1,135,394
6/30/2016		73,868	1,061,526
6/30/2017	616,817	,	1,678,343

INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2017 CHARITABLE CONTRIBUTIONS

YEAR END	GENERATED	UTILIZED	BALANCE
6/30/2016	4,400	-	4,400
6/30/2017	-	-	4,400