# **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

**▶** Do not

A For the 2015 calend	dar year, or tax year beginning	07/01, <b>2015, and ending</b>	06/30 <b>, 20</b> 16
Internal Revenue Service	► Information about Form 99	0 and its instructions is at www.irs.gov/form990.	Inspection
Department of the Treasury	Do not enter social securit	Open to Pub	

			C Nam	ne of o	organization												D Em	ployer	ider	ntifica	tion nu	mber		
В	Check if a	pplicable:	INDIANAPOLIS MUSEUM OF ART, INC.												35-0867955									
Γ	Addre				iness as			<u> </u>								╗								
r		change			and street (or	P.O. bo	ox if mail is	s not delivere	ed to st	reet addr	ess	)	Roo	om/su	ite	┪	E Tel	lephone	e nur	mber				
F		return	40	00	MICHIGA	N RC	ΔD									(317) 923-1331								
H	_	return/			wn, state or p			and ZIP or f	oreian	postal co	nde					(317) 323 1331								
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F	returi				NAPOLIS											4		oss rec				2,870		_
L	pend	ing			d address of p					H WIS								subordir				Yes		N
			40	_	MICHIGA	N RC	AD IN	IDIANAP	OLI	S, IN	1 4	16208				_	H(b)	Are all s	ubordi	inates in	cluded?	Yes		N
<u> </u>	Tax-ex	empt st	atus:	Х	501(c)(3)		501(c) (	) ◀	(insert	no.)		4947(a)(1	) or		527			If "No,"	attac	:h a list	. (see ins	tructions)		
J	Websi	ite: 🕨	WWW.	IMA	MUSEUM.	ORG											H(c)	Group e	exemp	otion n	umber	<u> </u>		
K	Form	of organ	ization:	Х	Corporation	Т	rust	Association	n	Other	ightharpoons			L Ye	ear of forn	nati	on: 1	.883	M	State	of legal	domicile	e:	ΙN
	Part I	Su	mmar	у																				
	1	Briefly	/ descr	ibe tl	he organizat	ion's r	nission	or most sig	nificar	nt activit	ies:	TO SE	CRVE	TH	IE CRI	ΞA:	rivi	E IN	TE	RES	TS O	F ITS	3	
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	05 3				members o	_				•										3			3	31.
																				-				80.
	8 4				endent voting															4				
3	5				ndividuals e															5				37.
1	Activities & 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Total ı	numbe	r of \	olunteers (e:	stimate	e if nece	ssary)												6				0.
•	, a				usiness reve															7a		766	<b>,</b> 43	9.
	b	Net ur	relate	d bus	siness taxab	le inco	me from	Form 990	-T, line	e 34 🔒					<del></del>					7b				0.
																	Pric	or Yea	r		С	urrent	<b>Year</b>	
	ω 8	Contri	butions	s and	d grants (Par	t VIII, I	ine 1h)								🖳			800,		_	1	4,690	, 29	14.
	9 10	9 Program service revenue (Part VIII, line 2g)       6,061,307.       3,1         10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)       28,523,187.       13,3													3 <b>,</b> 174	,12	:3.							
	<b>5</b> 10	Invest	ment ii	ncom	ne (Part VIII,	colum	n (A), lir	nes 3, 4, an	d 7d)						🗀		28,	523,	18	7.	1	3,334	, 68	35.
	<sup>2</sup> 11				art VIII, colu													578,	19	6.		388	, 95	6.
	12				dd lines 8 th												42,	963,	53	2.	3:	1,588		
	13				ar amounts p															0.		·		0.
	14																			0.				0.
	4.5	Benefits paid to or for members (Part IX, column (A), line 4)  Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  12,909,225.															1.	4,179	93	_				
	യ		Professional fundraising fees (Part IX, column (A), line 11e)											0.							0.			
	104	Total	ssiuliai dra:	aina	expenses (P	(Fait i	A, COIUIII	(D) line 25	·\ •	2		207 56	 1	• •	• •		0.							
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	17				Part IX, colu												23,279,117. 36,188,342.					0,579 4,759		
	18				Add lines 13-															_				
_	19	Reven	iue les	s exp	enses. Subt	ract lir	ne 18 fro	m line 12 .										775,		_		3,170		) <u> </u>
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sset	<u>ē</u> 20				X, line 16)										📙			610,		-		7,337		
ÿ	일 21				art X, line 26													705,		_		9,278		
ž	큰 22	Net as	sets o	r fun	d balances.	Subtra	act line 2	21 from line	20							3	71,	905,	09	7.	34	3 <b>,</b> 058	, 49	17.
P	art II	Siç	gnatur	e Bl	ock																			
U	Inder per	nalties o	of perjur	y, I d	eclare that I heclaration of pr	nave ex	amined t	his return, in	ncludin	g accon	npa	nying sched	dules	and s	tatements	s, a	nd to	the be	st of	my k	nowled	ge and	oelief,	it is
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			Type or	print	name and title	9																		
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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?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services? Yes X No
	If "Yes," describe these changes on Schedule O.
4	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.
4-	(Code) \(\sum_{Compared to the control of the
4a	(Code:) (Expenses \$14,084,267. including grants of \$) (Revenue \$658,907. )
	CURATORIAL - THE STUDY, PRESERVATION AND COLLECTION OF ART FOR THE
	ENJOYMENT OF FUTURE GENERATIONS.
4b	(Code:) (Expenses \$8,091,360. including grants of \$) (Revenue \$1,212,799. )
	EDUCATIONAL - TO COMMUNICATE AND DEVELOP KNOWLEDGE ABOUT THE ART
	COLLECTED, TO MEMBERS OF THE GENERAL PUBLIC.
40	(Code:) (Expenses \$2,566,395. including grants of \$) (Revenue \$32,950)
70	HORTICULTURAL - THE INDIANAPOLIS MUSEUM OF ART FOSTERS EXPLORATION
	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.
4d	Other program services (Describe in Schedule O.) ATTACHMENT 2
	(Expenses $$_{2,181,316}$ including grants of $$$ ) (Revenue $$_{935,873}$ .)
	Total program service expenses ► 26,923,338.
JSA 5E1	020 1.000 Form <b>990</b> (2015)
	34379U D310 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," Χ 1 Χ Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?....... Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 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 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 Χ Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 Χ 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," Χ complete Schedule D, Part III 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 Χ 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted Χ 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," X 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII Χ 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 Χ 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 Χ 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 Χ 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ b Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ 12b "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E............. Χ 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 . . . . . . . . . Χ 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Χ 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 Χ Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ

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Part l	V Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
244	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a	24a	Х	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
C	to defease any tax-exempt bonds?	24c		Х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	2-70		
23a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	200		- 11
b	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	200		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			- 11
21	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
2	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	20a		- 21
b	Schedule L. Part IV	28b		Х
•	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		- 21
С	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29	Х	- 11
30	Did the organization receive more than \$25,000 in hor-cash combined schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
30	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
31	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
02	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
04	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	-		
D	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	-		
01	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R</i> ,			
	Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	-		
30	400 N. 4. All Farms 000 files are marriaged to a smallest Oaks dule O	38	Х	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.		000	

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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			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
·	reportable gaming (gambling) winnings to prize winners?	1c	Х	
20	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za				
	otatements, filed for the calcindar year chaing with or within the year covered by this return.	2b	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20	21	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	0-	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	X	
4a	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		X
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
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	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		X
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).			
	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	
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
·	required to file Form 8282?	7c		X
٨	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
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
		7g		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	/ 11		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	8		
•	sponsoring organization have excess business holdings at any time during the year?	0		
9	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	35		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
	initiation root and capital contributions included on that this, into 12 1111111111111111111111111111111111			
	order receipte, included on room coe, rare vin, line 12, for public dee or older domittee in it is			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders.			
	Group income from members of shareholders from the first from the			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
40-		12a		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes " enter the amount of tax-exempt interest received or accrued during the year.    12b	140		
о 13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	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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ect	ion A. Governing Body and Management			V	Na
		. 21		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 31			
	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.	41- 20			
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 30			
2	Did any officer, director, trustee, or key employee have a family relationship or a business re-			37	
	any other officer, director, trustee, or key employee?		2	Х	
3	Did the organization delegate control over management duties customarily performed by or ur				3.7
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fi		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's		5		X
6	Did the organization have members or stockholders?		6		X
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		X
b	Are any governance decisions of the organization reserved to (or subject to approval				
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under	ertaken during			
	the year by the following:				
а	The governing body?		8a	X	
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
ecti	on B. Policies (This Section B requests information about policies not required by the Int	ernai Revenue	Coae	? <i>.)</i> Yes	No
			40-	163	X
	Did the organization have local chapters, branches, or affiliates?		10a		^
b	If "Yes," did the organization have written policies and procedures governing the activities of	•	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt po	•	10b	X	
_	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fi	ling the form?.	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		42-	Χ	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Λ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests to	•	406	Х	
	rise to conflicts?		12b	Λ	
С	Did the organization regularly and consistently monitor and enforce compliance with the p	•	420	Х	
	describe in Schedule O how this was done		12c 13	X	
13	Did the organization have a written whistleblower policy?		14	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	Χ	
	The organization's CEO, Executive Director, or top management official		15a 15b	X	
b	Other officers or key employees of the organization		130	Δ	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar	-	16a		Χ
	with a taxable entity during the year?		Tua		71
D	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		100		
	List the states with which a copy of this Form 990 is required to be filed ▶ IN,				
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	LOON T (Spotion	501/6	1/(3/0	only)
10	available for public inspection. Indicate how you made these available. Check all that apply.	i aan-i (aection	50 I (C	,)(3)S	orny)
	X Own website Another's website X Upon request Other (explain in Sch	edule O)			
10		,	orost :	مانم	, , , , ,
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s, conflict of into	erest	policy	, and
20	financial statements available to the public during the tax year.	المعادم معامم	a. <b>b</b> .		
20	State the name, address, and telephone number of the person who possesses the organization's by JEREMIAH WISE 4000 MICHIGAN ROAD INDIANAPOLIS, IN 46208	ooks and record	s. <b>&gt;</b>		

JSA 5E1042 1.000 Form **990** (2015)

# 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.

Г	
	Check this hav if neither the arganization nor any related organization compensated any current officer, director, or trustee
L	Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck s pe	rson	e than o	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1)CHARLES VENABLE	70.00									
MELVIN & BREN SIMON DIR & CEO	0.	Х		Χ				675,169.	0.	26,141.
(2)THOMAS HIATT	2.00							0.0,200		
CHAIR	0.	Х		Χ				0.	0.	0.
(3)KATHRYN BETLEY	2.00									
FIRST VICE CHAIR	0.	X		Χ				0.	0.	0.
(4)PETER MORSE	2.00									
VICE CHAIR	0.	Х		Χ				0.	0.	0.
(5)MARYA ROSE	2.00									
VICE CHAIR	0.	Х		Χ				0.	0.	0.
(6)MICHAEL KUBACKI	2.00									
TREASURER	0.	Х		Χ				0.	0.	0.
(7)ERSAL OZDEMIR	2.00									
SECRETARY	0.	Х		Χ				0.	0.	0.
(8)AGATHA BARCLAY	2.00									
BOARD MEMBER	0.	Х						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
								<u> </u>		Form 990 /

5E1041 1.000

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Ke	y En	plo	oye	es,	and I	ligl	hest Compensat	ed Employees (c	ontinued)
	(A) Name and title	(B) Average hours per	(do i	not c	Pos	C) sition more	e than c	ne	(D) Reportable compensation	(E) Reportable compensation from	<b>(F)</b> Estimated amount of
		week (list any	box,	unle	ss pe	erson	is both	an	from	related	other
		hours for related organizations below dotted line)	Individual trustee or director	nstitutional trustee	a Officer	Key employee	Highest compensated employee	ee) Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
<u>15)</u>	DEBORAH LILLY	2.00									
	BOARD MEMBER	0.	Х						0.	0.	0.
16)		2.00									
	BOARD MEMBER	0.	Х						0.	0.	0.
17)	HOWARD SCHROTT	2.00									
	BOARD MEMBER	0.	Х						0.	0.	0.
18)	IAN RUPERT	2.00									
	BOARD MEMBER	0.	X						0.	0.	0.
19)	KAY KOCH	2.00									
	BOARD MEMBER	0.	Х						0.	0.	0.
20)	KENT HAWRYLUK	2.00									
	BOARD MEMBER	0.	X						0.	0.	0.
21)	MATTHEW GUTWEIN	2.00									
	BOARD MEMBER	0.	Х						0.	0.	0.
22)	MICHAEL ROBERTSON	2.00									
	BOARD MEMBER	0.	X						0.	0.	0.
23)	RACHEL SIMON	2.00									
	BOARD MEMBER	0.	Х						0.	0.	0.
24)	RICK JOHNSON	2.00									
	BOARD MEMBER	0.	Х						0.	0.	0.
25)	ROBIN NELSON-RICE	2.00									
	BOARD MEMBER	0.	X						0.	0.	0.
1b	Sub-total								675,169.	0.	26,141.
	Total from continuation sheets to Part VII, S								1,003,067.	0.	86,300.
	Total (add lines 1b and 1c)								1,678,236.	0.	112,441.
2	Total number of individuals (including but not reportable compensation from the organization)				ed a	bov	e) who	re	eceived more than	\$100,000 of	
											Yes No
3	Did the organization list any former office										
	employee on line 1a? If "Yes," complete Scheo	lule J for su	ch ind	ivid	ual						3 X
4	For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	0,0	00?	i If	"Yes	,"	complete Schedu	le J for such	4 X

# 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.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual

(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 ▶ 2

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		_				41104 1	9.		ed Employees (co	ominac		
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not ch unless er and	a dir	ion nore son i	than of is both or/trusted employee	an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	com fr org and	etimated nount of other pensation the anization d related anization	f on in d
26) SHERRON ROGERS	2.00											
BOARD MEMBER	0.	X						0.	0.			0 .
27) SHIRLEY MUELLER	2.00											0
BOARD MEMBER	0.	Х						0.	0.			0 .
28) SUSAN KLEINMAN BOARD MEMBER	2.00	X						0.	0.			0
29) SUSAN RUSSELL	2.00	Λ						0.	0.			
BOARD MEMBER		X						0.	0.			0
30) SUSAN MCALISTER	2.00								0.			
BOARD MEMBER	0.	Х						0.	0.			0
31) TONI BADER	2.00											
BOARD MEMBER	0.	Х						0.	0.			0
32) JEREMIAH WISE	50.00							1.60.055			10	
CFO	0.			Х	_			163,957.	0.		12,6	129.
33) ELLEN LEE WOOD-PULLIAM SENIOR CURATO	50.00 R 0.					X		185,138.	0.		16,7	171
34) KATHRYN HAIGH	60.00					Λ		103,130.	0.		10,	/ 1
DEPUTY DIR - COLLECTIONS						X		161,132.	0.		13,1	66.
35) KIM GATTLE	50.00							101,101.				
DEPUTY DIR - DEVELOPMENT	0.					Х		206,590.	0.		14,2	258.
36) PRESTON BAUTISTA	40.00											
DEPUTY DIR FOR PUBLIC PROG	RAMS 0.					Х		154,216.	0.		12,1	.72
c Total from continuation sheets to Par d Total (add lines 1b and 1c)  Total number of individuals (including be reportable compensation from the organical content in the compensation from the organical content in the content in t	t VII, Section A out not limited to the		listed				re	ceived more than	\$100,000 of			
3 Did the organization list any forme employee on line 1a? If "Yes," complete										3	Yes	No X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.										X		
5 Did any person listed on line 1a rece for services rendered to the organizatio	eive or accrue co	mpen	satio	n fr	om	any	un	related organization	on or individual	5		Х

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

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 VII Section A. Officers, Directors, Tru		y ⊑m	ipic			and i	ııgı			yees (c	ontinue		_
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o	an ee)	(D) Reportable compensation from the	Reporta compensati relate organiza	on from ed tions	com	(F) stimated nount of other pensation	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	org an	om the anization d related anizations	
37) GREG SMITH	50.00												_
SENIOR CONSERVATION SCIENTIST	0.					X		132,034.		0.		17,30	<u>1.</u>
1b Sub-total							<b></b>						
c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt;</b>						
2 Total number of individuals (including but not reportable compensation from the organization		hose I		d a	bove	e) who	o re	eceived more than	\$100,000	of			
												Yes N	Ю
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu											3		X
4 For any individual listed on line 1a, is the organization and related organizations gro	sum of rep	ortab	le d	com	per	satio	n aı	nd other compens	sation from	the			
individual											4	Х	
<ul> <li>5 Did any person listed on line 1a receive or for services rendered to the organization? If "You Section B. Independent Contractors</li> </ul>											5	2	Χ
Complete this table for your five highest com	nensated i	ndene	ende	nt	con	tracto	rs t	hat received more	than \$100	000 0	of		_
compensation from the organization. Report of year.													
(A) Name and business add	lress							(B) Description of se	ervices	C	(C) Compen		
							+						_
							+						_
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				nite	d to	thos	se li	isted above) who	received				

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## Part VIII Statement of Revenue

		Check if Schedule O co	ntains a respor	nse or note to an	y 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
evenue and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions and similar amounts not included Noncash contributions included in Total. Add lines 1a-1f	1b 1c 1d tions) . 1e grants, labove . 1f	921,796.  268,579.  13,499,919.  1,947,320.  Business Code  900099	14,690,294. 1,192,640.	1,192,640.		
Program Service Revenue	b c d e f g	PROJECT INCOME  RESTAURANT AND CATERING I  RENTAL INCOME  CONSULTING SERVICES  All other program service rev.  Total. Add lines 2a-2f	enue	900099 722511 531190 541900	32,839. 183,373. 294,118. 146,898. 1,324,255. 3,174,123.	32,839. 294,118. 146,898. 924,136.	400,119.	183,373.
	3 4 5 6a b c	Investment income (income and other similar amounts). Income from investment of Royalties	tax-exempt bond	proceeds >	4,527,358. 0. 0.		-145,839.	4,673,197.
	d 7a b	Net rental income or (loss). Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 39,572,678. 30,772,638. 8,800,040.	(ii) Other 7,287.	0.			
Other Revenue	С	Net gain or (loss)	line 1c).  a b ndraising events activities.		8,807,327.	7,287.	365,814.	8,434,226.
	с 10а	Less: direct expenses Net income or (loss) from g. Gross sales of inventor returns and allowances	aming activities. ory, less a	899,026.	0.			
	11a b	Less: cost of goods sold  Net income or (loss) from sal  Miscellaneous Revenue	es of inventory.		388,956.	242,611.	146,345.	
	c d e 12	All other revenue			0.	2,840,529.	766,439.	13,290,796.

JSA 5E1051 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 responsible of the contains a responsible of the contains a responsible of the contains and the contains and the contains a responsible of the contains and the contains				
	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		0.			
5		877,896.	219,474.	438,948.	219,474.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	10,383,562.	9,166,385.	426,205.	790,972.
	Pension plan accruals and contributions (include	10/303/002.	3/100/3001	120/2001	7307372.
ŏ	section 401(k) and 403(b) employer contributions)	1,020,224.	986,985.	19,071.	14,168.
		1,124,242.	960,854.	104,830.	58,558.
9 10	Other employee benefits	774,013.	672,730.	43,567.	57,716.
10	Payroll taxes	,,1,010.	3,2,,30.	10,007.	<u> </u>
11		0.			
	Management	57,174.	48,410.	4,164.	4,600.
	Legal	60,660.	10,1101	60,660.	1,0001
		0.		33,333.	
	Lobbying Professional fundraising services. See Part IV, line 17	0.			
	f Investment management fees	3,207,411.		3,207,411.	
		0,20,,122,		0/20//1111	
٤	Other. (If line 11g amount exceeds 10% of line 25, column	1,277,503.	1,081,687.	93,031.	102,785.
12	(A) amount, list line 11g expenses on Schedule O.)	1,036,279.	877,437.	75,465.	83,377.
13	Office expenses	1,255,694.	1,063,220.	91,443.	101,031.
14	Information technology	259,206.	219,475.	18,876.	20,855.
15	Royalties	0.		==, ===	
16	Occupancy	1,185,053.	1,003,407.	86,299.	95,347.
17	Travel	357,247.	302,488.	26,016.	28,743.
	Payments of travel or entertainment expenses	33772171	332, 1331	23,010.	20,7101
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	3,504,206.	2,967,079.	255,186.	281,941.
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	6,061,643.	5,132,511.	441,425.	487,707.
23	Insurance	401,654.	340,088.	29,249.	32,317.
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.)				
	PURCHASE OF ART	1,692,000.	1,692,000.		
b	MISCELLANEOUS EXPENSES	223,342.	189,108.	16,264.	17,970.
c	;				
C	·				
e	All other expenses				
	Total functional expenses. Add lines 1 through 24e	34,759,009.	26,923,338.	5,438,110.	2,397,561.
26	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				
JSA	following SOP 98-2 (ASC 958-720)	0.			F 000 (0045)

JSA 5E1052 1.000

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#### Part X **Balance Sheet**

		Chack if Schodula C contains a reconsess	rnot	o to any line in this D	ort V		
		Check if Schedule O contains a response of	JOII II	e to arry line in this Pa			
					(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			7,354.	1	7,354.
	2	Savings and temporary cash investments			1,730,029.	2	1,417,375.
	3	Pledges and grants receivable, net			3,195,692.	3	1,588,285.
	4	Accounts receivable, net			520,469.	4	53,014.
	5	Loans and other receivables from current and					
		trustees, key employees, and highest co	ompei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6						
		4958(f)(1)), persons described in section 4958(c)(3)(B) and sponsoring organizations of section 501(c)(9) volu					
40		organizations (see instructions). Complete Part II of Sche			0.	6	0.
ets	7	Notes and loans receivable, net			0.	7	0.
Assets	8	Inventories for sale or use			625,988.	8	596,752.
	9	Prepaid expenses and deferred charges			410,009.	9	566,446.
	10 a	Land, buildings, and equipment: cost or					
		other basis. Complete Part VI of Schedule D	10a	209,398,725.			
	b	Less: accumulated depreciation	10b	102,087,560.	113,105,796.	10c	107,311,165.
	11	Investments - publicly traded securities			92,469,442.	11	105,217,302.
	12	Investments - other securities. See Part IV, line 11			274,088,870.	12	244,110,330.
	13	Investments - program-related. See Part IV, line 11	٠		0.	13	0.
	14	Intangible assets			0.		
	15	Other assets. See Part IV, line 11	· · ·	15	16,469,259.		
	16	Total assets. Add lines 1 through 15 (must equal	501,610,406.	16	477,337,282.		
	17	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '					4,887,178.
	18	Grants payable 0 . 18 0					
	19	Deferred revenue 997,000. <b>19</b> 6					671,000.
	20	Tax-exempt bond liabilities         121,001,922.         20         119,46					119,464,435.
	21	Escrow or custodial account liability. Complete Pa			0.	21	0.
es	22	Loans and other payables to current and for					
Liabilities		trustees, key employees, highest compen					
jab		disqualified persons. Complete Part II of Schedule	L			22	0.
_	23	Secured mortgages and notes payable to unrelate	ed thir	d parties		23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on lines		' '	2 722 401	0.5	4 056 170
	00	of Schedule D			3,723,481.		4,256,172. 129,278,785.
	26				129,705,309.	26	129,270,700.
ses		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	34.	k nere 🕨 🔼 and			
and	27	Unrestricted net assets			106,018,913.	27	89,405,776.
Bal	28	Temporarily restricted net assets			129,049,694.	28	113,171,599.
l pu	29	Permanently restricted net assets		<u></u> [	136,836,490.	29	145,481,122.
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.	, chec	k here  and			
ts (	30	Capital stock or trust principal, or current funds				30	
Se	31	Paid-in or capital surplus, or land, building, or equ				31	
Ă	32	Retained earnings, endowment, accumulated incomment				32	
Net	33	Total net assets or fund balances			371,905,097.	33	348,058,497.
_	34	Total liabilities and net assets/fund balances			501,610,406.	34	477,337,282.
_					•		Form <b>990</b> (2015)

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Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI  1 Total revenue (must equal Part VIII, column (A), line 12) 1 Total expenses (must equal Part IX, column (A), line 25) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 -3,170	,058. ,009. ,951. ,097.					
1 Total revenue (must equal Part VIII, column (A), line 12)1 31,5882 Total expenses (must equal Part IX, column (A), line 25)2 34,759	,058. ,009. ,951. ,097. ,826.					
2 Total expenses (must equal Part IX, column (A), line 25) 2 34,759	,951. ,097. ,826.					
3 Revenue less expenses. Subtract line 2 from line 1	,097. ,826.					
3 Revenue less expenses. Subtract line 2 from line 1 3 -3,1						
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 371, 905						
5 Net unrealized gains (losses) on investments 5 -19,345	0.					
6 Donated services and use of facilities 6						
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	,823.					
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
33, column (B))	<b>,</b> 497.					
Part XII Financial Statements and Reporting						
Check if Schedule O contains a response or note to any line in this Part XII						
	s 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," explain 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 compiled or						
reviewed on a separate basis, consolidated basis, or both:						
Separate basis Consolidated basis Both consolidated and separate basis						
b Were the organization's financial statements audited by an independent accountant?						
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a						
separate basis, consolidated basis, or both:						
Separate basis X Consolidated basis Both consolidated and separate basis						
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight						
of the audit, review, or compilation of its financial statements and selection of an independent accountant?						
If the organization changed either its oversight process or selection process during the tax year, explain in						
Schedule O.						
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-1332	X					
the oligie Addit Act and olid olicidal A-133: 1111111111111111111111111111111111						
<ul> <li>b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</li> <li>3b</li> </ul>						
	0 (2015)					

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#### SCHEDULE A (Form 990 or 990-EZ)

### **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.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 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 11, 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). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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)(v). 6 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public 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 organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of 11 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 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. 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. 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. f 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 (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2015

Total

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	Section A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,256,372.	11,330,684.	7,494,452.	7,800,842.	14,690,294.	46,572,644.
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	5,256,372.	11,330,684.	7,494,452.	7,800,842.	14,690,294.	46,572,644.
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 shown on line 11, column (f)						12,000,740
6	Public support. Subtract line 5 from line 4.						13,888,748.
_	tion B. Total Support						32,683,896.
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	5,256,372.	11,330,684.	7,494,452.	7,800,842.	14,690,294.	46,572,644.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,639,597.	804,147.	2,753,533.	2,872,393.	4,527,358.	12,597,028.
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						59,169,672.
12	Gross receipts from related activities, etc. (s	ee instructions)				12	20,969,491.
13	<b>First five years.</b> If the Form 990 is forganization, check this box and <b>stop here</b>						
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2015 (lin		-			14	55.24%
15	Public support percentage from 2014					15	67.91%
16a	331/3% support test - 2015. If the o	-					
	this box and <b>stop here.</b> The organization						
D	331/3% support test - 2014. If the control this box and stan bars. The error						
172	check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
	7a 10%-facts-and-circumstances test - 2015. 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 organization.						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga Explain in Part VI how the organization supported organization	nization meets on meets the "	the "facts-and facts-and-circum	-circumstances' nstances" test.	" test, check th The organizatio	nis box and <b>sto</b> n qualifies as a	p here.
18	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	

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

(Complete only if you checked the box on line 9 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.)

Sac	tion A. Public Support				•	,	
	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	, , , , ,	(a) 2011	(6) 2012	(0) 2010	(u) 2014	(6) 2013	(i) rotai
1	Gifts, grants, contributions, and membership fees						
2	received. (Do not include any "unusual grants.")  Gross receipts from admissions, merchandise						
2	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  Amounts included on lines 2 and 3						
J	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		#1.0040	4 3 2 2 4 2	4 10 00 4 4	4 ) 0045	(n = 1 )
Cale	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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.)						
14	First five years. If the Form 990 is for	•					` ` ` ` _
	organization, check this box and stop here						▶ 🔼
Sec	tion C. Computation of Public Sup						
15	Public support percentage for 2015 (line 8,					15	%
16	Public support percentage from 2014 Sche	dule A, Part III, lir	ne 15			16	%
Sec	tion D. Computation of Investmer	nt Income Per	centage				
17	Investment income percentage for 2015 (lin	ne 10c, column (	(f) divided by line	13, column (f))		17	%
18	Investment income percentage from 2014					18	%
19 a	331/3% support tests - 2015. If the org					re than 331/3 %, a	and line
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2014. If the orga						
	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization		•		. ,		

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#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

			Yes	NC
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> 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 11a or 11b 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 <b>Part VI</b> 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 <b>Part VI</b> 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 <b>Part VI</b> , 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 <b>Part VI</b> .	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?			

If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).

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

- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- 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 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 determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2015

8

9a

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2015

				- 5
Part I	V Supporting Organizations (continued)		I	
			Yes	No
	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)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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.  on B. Type I Supporting Organizations	11c		
Secur	on B. Type I Supporting Organizations		Voc	No
			163	140
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 <b>Part VI</b> 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? <i>If "Yes," explain in Part</i>			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Coatio	on D. All Type III Supporting Organizations	1		
Secui	on b. All Type III Supporting Organizations		Voc	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		163	NO
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
	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	ons):	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	in atm.	ational	
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	mstruc		No
2	Activities Test. Answer (a) and (b) below.		163	140
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
I-				
	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 <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes " describe in <b>Part VI</b> the role played by the organization in this regard	3h	1	1

Schedule A (Form 990 or 990-EZ) 2015

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	8	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con	•		structions. All
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>b</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-functionall	y-integra	ted Type III supporting	organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2015

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	le A (Form 990 or 990-EZ) 2015		•	Page <b>7</b>		
Part		Supporting Organizat	tions (continued)			
	on D - Distributions			Current Year		
1	Amounts paid to supported organizations to accomplish ex					
2		Amounts paid to perform activity that directly furthers exempt purposes of supported				
	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.					
	<b>Total annual distributions.</b> 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 2015 from Section C, line 6					
10	Line 8 amount divided by Line 9 amount	T T				
\$	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015		
1	Distributable amount for 2015 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2015					
	(reasonable cause required-see instructions)					
3	Excess distributions carryover, if any, to 2015:					
а						
b						
С						
d	From 2013					
е	From 2014					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2015 distributable amount					
i	Carryover from 2010 not applied (see instructions)					
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.					
4	Distributions for 2015 from Section					
	D, line 7: \$					
а	Applied to underdistributions of prior years					
b	Applied to 2015 distributable amount					
С	Remainder. Subtract lines 4a and 4b from 4.					
5	Remaining underdistributions for years prior to 2015, if					
	any. Subtract lines 3g and 4a from line 2 (if amount					
	greater than zero, see instructions).					
6	Remaining underdistributions for 2015. Subtract lines 3h					
	and 4b from line 1 (if amount greater than zero, see					
	instructions).					
7	Excess distributions carryover to 2016. Add lines 3j					
	and 4c.					
8	Breakdown of line 7:					
а						
b						
С	Excess from 2013					
d	Excess from 2014					
е	Excess from 2015					

Schedule A (Form 990 or 990-EZ) 2015

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

35-0867955 Organization type (check one): Filers of: Section: X Form 990 or 990-EZ 501(c)(3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated 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 Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** [X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. 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 exclusively 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 exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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) (2015)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Part I	Contributors (see instructions).	Use duplicate copies of Part I if additional space is needed.
--------	----------------------------------	---

			T
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LILLY ENDOWMENT, INC.  2801 NORTH MERIDIAN STREET  INDIANAPOLIS, IN 46208-0068	\$ 10,500,350.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	RUTH LILLY PHILANTHROPIC FOUNDATION	-	Person X Payroll
	RELIANCE TRUST COMPANY OF DELAWARE	\$575,000.	Noncash
	PALM BEACH GARDENS, FL 33410	-	(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3_	JAMES M. CORNELIUS  241 NORTH PENNSYLVANIA STREET  INDIANAPOLIS, IN 46204	\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	KAY F. KOCH  142 WINGATE DRIVE  TREMONT, IL 61568	\$318,942.	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5_	ALLEN WHITEHILL CLOWES CHARITABLE FDN  320 N. MERIDIAN STREET, SUITE 811  INDIANAPOLIS, IN 46204-1722	\$302,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Trumo, address, and En . 7	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

35-0867955

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is nee	ded.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ =		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		   \$	

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

				35-0867955
Part III	(10) that total more than \$1,000 for the the following line entry. For organization contributions of \$1,000 or less for the y Use duplicate copies of Part III if addition	e year from any one of s completing Part III, e ear. (Enter this informa	contributor. Comp nter the total of <i>ex</i>	olete columns (a) through (e) and cclusively religious, charitable, etc.
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, and 2	(IP + 4	Relationship	of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, and Z	IP + 4	Relationship	of transferor to transferee
	-			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, and 2			of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, and Z	'IP + 4	Dalationahin	of transferor to transferee
	Transieree's name, address, and 2	ai ( **	Relationship	or transferor to transferee
	I and the second			

JSA 5E1255 3.000 Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

#### **SCHEDULE D** (Form 990)

# Supplemental Financial Statements ▶ 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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

IND	IANAPOLIS MUSEUM OF ART, INC.	35-0867955
Pa	rt I Organizations Maintaining Donor Advised Funds or Other Similar Funds or	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 held	d in donor advised
	funds are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant	funds can be used
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for	any other purpose
	conferring impermissible private benefit?	Yes No
Pa	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education)  Preservation	n of a historically important land area
	Protection of natural habitat Preservation	n of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution i	n the form of a conservation
	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	
	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or term	inated by the organization during the
	tax year 🕨	
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspec	ction, handling of
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	nservation easements during the year
	<b>&gt;</b>	
7	$Amount\ of\ expenses\ incurred\ in\ monitoring,\ inspecting,\ handling\ of\ violations,\ and\ enforcing\ expenses\ incurred\ in\ monitoring\ expenses\ in\ enforcing\ expenses\ expenses$	conservation easements during the year
	<b>&gt;</b> \$	
8	$\label{eq:conservation} Does\ each\ conservation\ easement\ reported\ on\ line\ 2(d)\ above\ satisfy\ the\ requirements\ of\ second and the property of\ second and\ second\ sec$	
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue ar	
	balance sheet, and include, if applicable, the text of the footnote to the organization's finan	cial statements that describes the
- D-	organization's accounting for conservation easements.	- Olovilla Assats
Pa	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Othe Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	er Similar Assets.
	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its works of art, historical treasures, or other similar assets held for public exhibition, ed	revenue statement and balance sheet ucation or research in furtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that de	scribes these items.
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its	revenue statement and balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, ed public service, provide the following amounts relating to these items:	ucation, or research in furtherance of
	(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 art, historical treasures, or other similar	
_	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	_ ·
а	Revenue included in Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	<b>&gt;</b> \$

	t III Organizations Maintaini	na Collections of	Art Historical T	reasures or Otl	ner Similar Asse		rage Z
3	Using the organization's acquisition					•	
J	collection items (check all that app		other records, check	ix arry or the rollow	ing that are a sign	illicant asc	01 113
а	X Public exhibition	···y ).	d X Loan o	or exchange progra	me		
b	X Scholarly research		e Other	or exchange progra	1113		
C	X Preservation for future gene	rations	e Other				
4	Provide a description of the orga		and evolain how t	they further the or	nanization's evenn	t nurnosa ir	Part
7	XIII.	mzations collections	and explain now	they further the or	gamzation's exemp	i puipose ii	i i ait
5	During the year, did the organization	on solicit or receive o	lonations of art hist	orical treasures or	other similar		
3	assets to be sold to raise funds rath					Yes 🖸	K No
Dai	rt IV Escrow and Custodial A		anied as part of the t	organization's collec	Stion:	163 2	2 140
rai	Complete if the organizat		" on Form 990 Pa	art IV line 9 or re	norted an amount	on Form	
	990, Part X, line 21.	ion answered Tee	5 0111 01111 000, 1 6	artiv, mic o, or ic	ported arr arriodin	. 011 1 01111	
12	Is the organization an agent, truste	ae custodian or othe	ar intermediary for c	ontributions or othe	r accete not		
ıa	included on Form 990, Part X?					Yes	No
h	If "Yes," explain the arrangement i	n Part XIII and comm				163	
b	ii res, explain the arrangement	ii i ait Xiii aild coiii	Diete the following tax	Jie.	Amount		
С	Beginning balance			1c	Amount		
	Additions during the year						
e	Distributions during the year						
f	Ending balance						
	Did the organization include an am				account liability?	Yes	No
	If "Yes," explain the arrangement i					<b>-</b> -	<b>-</b>
Par		III ait Aii. Olleck iii	ere ii trie explanation	rias been provided	OIII ait XIII		
Гаі	Complete if the organization	tion answered "Yes	s" on Form 990 Pa	art IV line 10			
	Complete il tilo organizati	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years	s hack
	5	363,386,000.				352,322	
_	Beginning of year balance	9,287,986.	3,415,427.		2,308,109.	2,404	
b	Contributions	7,207,300.	3,413,427.	3,302,033.	2,300,103.	2,707	, 500
С	Net investment earnings, gains,	-8,646,986.	6,574,267.	56,886,351.	35,480,867.	-7 <b>,</b> 911	960
	and losses	-0,040,900.	0,3/4,20/.	30,000,331.	33,400,007.	- / <b>,</b> 911	, 000
	Grants or scholarships						
е	Other expenditures for facilities	17,245,650.	19,592,500.	21,422,735.	21,016,628.	20,247	170
	and programs	3,043,350.					, 179 , 862
f	Administrative expenses	343,738,000.				326,327	
g	End of year balance				l.	320,321	,450
2	Provide the estimated percentage	of the current year	end balance (line 1g,	column (a)) held as	:		
a	Board designated or quasi-endown	nent ▶	_%				
b	Permanent endowment ▶ 41.8						
С	Temporarily restricted endowment		1000/				
•	The percentages on lines 2a, 2b, a	· ·		and hald and admit	data and fourths		
за	Are there endowment funds not in	the possession of tr	ne organization that	are neid and admir	nistered for the	Yes	No
	organization by:						+
	(i) unrelated organizations					3a(i)	X
	(ii) related organizations					3a(ii)	X
	If "Yes" on line 3a(ii), are the relate	•	· ·			3b	
4	Describe in Part XIII the intended		tion's endowment fu	nds.			
Par	t VI Land, Buildings, and Equ Complete if the organiza	l <b>ipment.</b> Ition answered "Ye	s" on Form 990. F	Part IV. line 11a. S	ee Form 990. Par	t X. line 10	
	Description of property			or other basis (c) Acc	cumulated (d	b) Book value	<u> </u>
_	Land	(inves	tment) (o	ther) depr	reciation	<u></u>	
	Land			921,861.	0.6.1.60	4,985,	
b	Buildings		167,3	379,756. 74,2	86,160.	93,093,	<u> 596.</u>
С.	Leasehold improvements			10.000			
d	Equipment				69,108.	9,080,	
e	Other				32,292.	151,	
Гota	II. Add lines 1a through 1e. (Column	n (a) must equal Forn	n 990, Part X, columi	n (B), line 10c.)	▶	107,311,	I65.

Schedule D (Form 990) 2015

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Schedule D (Form 990) 2015	Page 3

Part VII	Investments - Other Securities. Complete if the organization answer	ed "Yes" on Form 990,	Part IV, line 11b. See Form 990, Part X, line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financia	al derivatives		
	-held equity interests		
(3) Other_			
	ERNATIVE INVESTMENTS	244,110,330.	FMV
(B)		_	
(C)		-	
(D)		-	
( <u>E</u> )		-	
(F)		-	
<u>(G)</u>		-	
(H)		0.4.4.11.0.22.0	
	n (b) must equal Form 990, Part X, col. (B) line 12.)	244,110,330.	
Part VIII	Investments - Program Related.  Complete if the organization answer	ed "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
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
_(7)			
(8)			
_(9)			
	n (b) must equal Form 990, Part X, col. (B) line 13.)		
Part IX	Other Assets.	ad "Voo" on Form 000	Dort IV line 11d See Form 000 Dort V line 15
	· · · · · · · · · · · · · · · · · · ·		Part IV, line 11d. See Form 990, Part X, line 15.
	(a)	Description	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
	ımn (b) must equal Form 990, Part X, col. (B	) line 15.)	
Part X	Other Liabilities.		Part IV, line 11e or 11f. See Form 990, Part X,
1.	(a) Description of liability	(b) Book value	
	ral income taxes	(=, 200	
	ILITY FOR CHARITABLE ANNUI	63,0	83.
	ILITY FOR AMOUNTS HELD	413,0	
	REST RATE SWAP	3,779,99	
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col. (B) line 25	5.) <b>\</b> 4,256,17	72.
·	or upportain tay positions. In Part VIII. provide the	44 41 644- 4- 41-	

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

Schedule D (Form 990) 2015

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	8,215,068.
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-18,639,756.
3	Subtract line 2e from line 1	3	26,854,824.
	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 3,207,411.		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	4,733,234.
	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	31,588,058.
Part 2		ırn.	
1	Total expenses and losses per audited financial statements	1	32,061,668.
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	510,070.
3	Subtract line 2e from line 1	3	31,551,598.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 3, 207, 411.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	3,207,411.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	34,759,009.
	XIII Supplemental Information.		
2; Part	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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

Schedule D (Form 990) 2015

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#### 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 (IMA) WAS FOUNDED IN 1883 AS THE ART

ASSOCIATION OF INDIANAPOLIS. TODAY, THE IMA IS ONE OF LARGEST

ENCYCLOPEDIC ART MUSEUMS IN THE UNITED STATES. HAVING CELEBRATED ITS

125TH ANNIVERSARY IN OCTOBER 2008, THE IMA IS ONE OF THE TEN LARGEST AND

OLDEST ENCYCLOPEDIC ART MUSEUMS IN THE UNITED STATES. THE MISSION OF THE

IMA IS TO SERVE THE CREATIVE INTERESTS OF ITS COMMUNITIES BY FOSTERING

EXPLORATION OF ART, DESIGN AND THE NATURAL ENVIRONMENT. THE IMA PROMOTES

THESE INTERESTS THROUGH THE COLLECTION, PRESENTATION, INTERPRETATION AND

Schedule D (Form 990) 2015

#### Part XIII Supplemental Information (continued)

CONSERVATION OF ITS ARTISTIC, HISTORIC AND ENVIRONMENTAL ASSETS. THE IMA ENCOMPASSES 152 ACRES AND 102,107 SQUARE FEET OF GALLERY SPACE DEVOTED TO THE IMA'S PERMANENT COLLECTION OF MORE THAN 54,000 OBJECTS. WORLD-RENOWNED AREAS OF THE COLLECTION INCLUDE CHINESE CERAMICS, BRONZES, AND JADES; EDO PERIOD PAINTINGS; AFRICAN ART (YORUBA, ASANTE, AND BENIN); OUTSTANDING HOLDINGS OF 17TH-CENTURY DUTCH AND FLEMISH PAINTING; THE FINEST NEO-IMPRESSIONIST COLLECTION IN NORTH AMERICA; PAINTINGS AND WATERCOLORS BY J.M.W. TURNER (THE LARGEST TURNER COLLECTION OUTSIDE OF THE TATE); AND MOROCCAN TEXTILES. OTHER STRENGTHS INCLUDE 17TH-18TH-CENTURY EUROPEAN PAINTING; INDIANA ARTISTS; AMERICAN IMPRESSIONISM; BALUCHI RUGS; PONT-AVEN WORKS; AND FASHION ARTS. THE CONTEMPORARY COLLECTION IS GROWING RAPIDLY IN QUANTITY AND QUALITY, HIGHLIGHTED BY A ROTATING EXHIBITION PROGRAM IN THE EFROYMSON FAMILY ENTRANCE PAVILION, THE MAYA LIN COMMISSION ABOVE AND BELOW, THE RECENTLY UNVEILED ROBERT IRWIN SCULPTURE LIGHT AND SPACE III, THE VIRGINIA B. FAIRBANKS ART & NATURE PARK AND ONGOING COMMISSIONS TO TAKE PLACE IN 100 ACRES. DESIGN IS AN INSTITUTIONAL PRIORITY, UNDERSCORED BY THE DEVELOPMENT OF A DEPARTMENT OF DESIGN ARTS AND NUMEROUS DESIGN OBJECT ACQUISITIONS FOR THE PERMANENT COLLECTION.

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.

#### Part XIII Supplemental Information (continued)

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 \$ 510,070

AMORT. OF NET PERIODIC PENSION COSTS 196,000

TOTAL \$ 706,070

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AFS:

CHANGES IN VALUE OF INTEREST RATE SWAP \$ 577,823

CHANGES IN ACCUM. POSTRETIREMENT BENEFITS 948,000

TOTAL \$ 1,525,823

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AFS:

COST OF GOOD SOLD \$ 510,070

#### **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. 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 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (d) Activities conducted in (a) Region (b) Number of (c) Number of (e) If activity listed in (d) is (f) Total region (by type) (e.g., offices in the employees, a program service, expenditures for fundraising, program services, describe specific type of region agents, and and investments independent investments. service(s) in region in region grants to recipients contractors in region located in the region) (1) EUROPE INVESTMENTS N/A 5,704,050. (2) CENTRAL AMERICA/CARIBBEAN INVESTMENTS N/A 70,896,891. (3) NORTH AMERICA N/A 1,368,991. INVESTMENTS (4) (5) (6) (7) (8) (9) (10) (11) (12)(13)(14)(15)(16)(17)3a 77,969,932. Total from continuation

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

Schedule F (Form 990) 2015

77,969,932.

sheets to Part I Totals (add lines 3a and 3b)

Schedule F (Form 990) 2015

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

<b>1</b> (a) N orga	(1)	(2)	(3)	(4)	(5)	(9)	(7)	(8)	(6)	(10)	(11)	(12)	(13)	(14)	(15)	(16)
(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 non-cash assistance																
(h) Description of non-cash assistance																
(I) Method of valuation (book, FMV, appraisal, other)																

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	3 Enter total number of other organizations or entities

8

Schedule F (Form 990) 2015

PAGE 36

Schedule F (Form 990) 2015 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.

ו מון ווו כמון טל ממטוולמולע	rait ill call be duplicated il 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sche	Schedule F (Form 990) 2015

Page 4 Schedule F (Form 990) 2015

#### 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) 2015

### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

**Compensation Information**For 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

INDIANAPOLIS MUSEUM OF ART, INC. Part I Questions Regarding Compensation Employer identification number 35-0867955

			Yes	No
	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.  First-class or charter travel  X Housing allowance or residence for personal use  Payments for business use of personal residence  X Health or social club dues or initiation fees  Discretionary spending account  X Personal services (e.g., maid, chauffeur, chef)		163	NO
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line			
	1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.  X Compensation committee X Written employment contract X Independent compensation consultant X Compensation survey or study X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
_	organization or a related organization:	4-		v
a	Receive a severance payment or change-of-control payment?	4a 4b		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	40 4c		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	40		
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
а	The organization?	6a		Χ
b	Any related organization?	6b		X
	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 any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	Х	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		21

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

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II 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 are not 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.

			O144 000 K /L 0 /4/ 3					
		(b) Breakdown o	(b) Breakdown of W-2 and/of 1099-MISC compensation	oc 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	otner deferred compensation	beneits	(G)-(I)(B)	in column (B) reported as deferred on prior Form 990
CHARLES VENABLE	(i)	392,749.	183,750.	98,670.	15,710.	10,431.	701,310.	0
MELVIN & BREN SIMON DIR & CEO	(ii)	0	0	0				
JEREMIAH WISE	Θ	143,957.	20,000.	0	5,758.	6,871.	176,586.	0
2CFO	<b>(ii)</b>	0	0	0				
ELLEN LEE	(E)	177,899.	7,239.	0	7,116.	9,658.	201,912.	0
3WOOD-PULLIAM SENIOR CURATOR	(ii)	0	0	0				
	Θ	141,132.	20,000.	0	5,645.	7,521.	174,298.	0
4DEPUTY DIR - COLLECTIONS	(ii)	0	0	0				
KIM GATTLE	(E)	191,590.	15,000.	0	7,664.	6,594.	220,848.	0
5DEPUTY DIR - DEVELOPMENT	(ii)	0	0	0				
PRESTON BAUTISTA	(i)	134,216.	20,000.	0	5,369.	6,803.	166,388.	0
6DEPUTY DIR FOR PUBLIC PROGRAMS	<b>(ii)</b>	0	0	0				
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
6	(ii)							
	(i)							
10	(ii)							
	Ξ							
11	(ii)							
	Ξ							
12	(ii)							
	Ξ							
13	(ii)							
	Ξ							
14	(ii)							
	Ξ							
15	(ii)							
	Ξ							
16	(ii)							
							Sch	Schodule I (Form 990) 2015

Schedule J (Form 990) 2015

40

Page 3 Schedule J (Form 990) 2015

### Part III Supplemental Information

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

I, LINE PART SCHEDULE J, OTHER REPORTABLE COMPENSATION:

CELL INCLUDED IN CHARLES VENABLE'S OTHER REPORTABLE COMPENSATION IS

AND HOUSING DUES CLUB SOCIAL OF PERSONAL USE INSURANCE, LIFE PHONE,

SPOUSE CHARLES VENABLE'S TAXABLE COMPENSATION. ALL WHICH ARE EXPENSES

WHICH THE ORGANIZATION PROVIDES FOR TO ATTEND EVENTS AS NEEDED, REQUIRED

ORGANIZATION FOR EXPENSES. CHARLES VENABLE WILL REIMBURSE THE FOR TRAVEL

Э CHARLES VENABLE PAYS 100% EXPENSES. TRAVEL SPOUSAL ANY OTHER

FOR SUBMITS AND FOR WESTERLEY (THE RESIDENCE) SERVICES CLEANING AMOUNT OF

IT PERTAINS TO HOSTING 8 A THE CLEANING SERVICE FEE, ОF REIMBURSEMENT 50%

INC, OF INDIANAPOLIS MUSEUM OF ART, BEHALF NO GATHERINGS

LINE Ι, J, PART SCHEDULE

PAYMENTS NON-FIXED ARE PERFORMANCE BASED (II) COLUMN IN PART II, THE BONUSES INCLUDED

CEO AND COMPENSATION THE THESE BONUSES WERE APPROVED BY BONUSES.

FROM PRIOR VENABLE'S BONUS INCLUDES A DEFERRED BONUS CHARLES COMMITTEE.

THIS THE COMPENSATION COMMITTEE APPROVED PERFORMANCE. NO YEARS BASED

BONUS.

5E1505 1.000

34379U D310

Schedule J (Form 990) 2015

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PAGE

Page 3

## Part III Supplemental Information

Complete this part to 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.

ELLEN WOOD'S BONUS WAS INCENTIVE COMPENSATION THAT WAS APPROVED BY THE

CEO AND COMPENSATION COMMITTEE.

Schedule J (Form 990) 2015

PAGE 42

GROUP 1

SCHEDULE K (Form 990)

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.

Open to Public 2015

OMB No. 1545-0047

Inspection

► Attach to Form 990.

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

INDIANAPOLIS MUSEUM OF ART, INC.

Name of the organization Department of the Treasury

Internal Revenue Service

Employer identification number 35-0867955

Part I Bond Issues										
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(c) CUSIP # (d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing
						Yes	No Yes	s No	Yes	No
A INDIANA FINANCE AUTHORITY	35-1602316		06/19/2014	55,139,500.	55,139,500. REFUNDING OF SERIES 2001 AND 2004	×	~	×		×
B INDIANA FINANCE AUTHORITY	35-1602316	45506DJM8	05/08/2013	41,985,800.	REFUNDING OF SERIES 2002 BONDS	×		×		×
C INDIANA FINANCE AUTHORITY	35-1602316		03/25/2013	26,105,000.	26,105,000. REFUNDING OF SERIES 2001 BONDS	×		×		×
Q										
Part II Proceeds										

		`	⋖	Ω		ပ		Ω	
7	1 Amount of bonds retired								
7	2 Amount of bonds legally defeased								
က	3 Total proceeds of issue	55,1	139,500.	41,985	985,800.	26,10	26,105,000.		
4	4 Gross proceeds in reserve funds								
2	5 Capitalized interest from proceeds.								
9	Proceeds in refunding escrows.								
7	Issuance costs from proceeds	1	137,596.	381	381,800.	10	102,863.		
∞	Credit enhancement from proceeds								
ြ	9 Working capital expenditures from proceeds								
10	10 Capital expenditures from proceeds								
1	Other spent proceeds	55,0	001,904.	41,604	604,000.	26,00	6,002,137.		
12	Other unspent proceeds								
13	13 Year of substantial completion								
		Yes	No	Yes	No	Yes	No	Yes	No
14	14 Were the bonds issued as part of a current refunding issue?	×		×		×			
15	15 Were the bonds issued as part of an advance refunding issue?		×		×		×		
16	16 Has the final allocation of proceeds been made?	×		X		X			
17	17 Does the organization maintain adequate books and records to support the								
	final allocation of proceeds?	×		×		×			

	,	4		В	5		O	
1 Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
which owned property financed by tax-exempt bonds?		×		×		×		
2 Are there any lease arrangements that may result in private business use of								
bond-financed property?		×		×		×		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.  $_{15A}$   $_{6E1298}$   $1.9\Psi3\,79\,9$   $\,$   $D3\,1\,0$ 

Part III Private Business Use

Schedule K (Form 990) 2015 PAGE 43

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	∢-		_	<b>B</b>		ပ		۵
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes	8 ×	Yes	8 ×	Yes	°×	Yes	Š
<b>b</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?								
c Are there any research agreements that may result in private business use of bond-financed property?		X		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.								
ction 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?		×		×		×		
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?		×		×		×		
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or		70		ò		ò		
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		0,0		0/		//		
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?	×		×		×			
Part IV Arbitrage								
C CLOSS STATE FORCE STATE FORCE STATE STAT	∢ ;		_	n	,	2		; د
i nas tile Issuel liled Form 5035-1, Arbitrage Kebate, meid Keduction and Penalty in Lieu of Arbitrage Rehate?	res	§ ×	res	S ×	res	2 ×	res	S S
1 F. No." to line 1 did the following apply?		1		47		4 7		
		×		×		×		
b Exception to rebate?	×		×		×			
c No rebate due?		×		×		×		
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?	×			×	×			
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		×		×		×		
b Name of provider								
c Term of hedge,								
e Was the hedge terminated?								
JSA 5E1296 1.000						S	Schedule K (Form 990) 2015	orm 990
01501								,

Schedule K (Form 990) 2015

Page 3

٥ ٩ Δ Yes Yes å ŝ ×  $\bowtie$ ပ Yes Yes  $\bowtie$  $\bowtie$ Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions). ŝ ŝ  $\bowtie$  $\bowtie$ Ω Ω Yes Yes  $\bowtie$ **≥** × ŝ  $\bowtie$ ⋖ Yes Yes  $\bowtie$ 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? . . . . . . . . . . . . . . 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 is not available under applicable regulations? monitor 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? requirements of section 148? <u></u> organization established written procedures Procedures To Undertake Corrective Action Arbitrage (Continued) Has the Part IV Part V Part VI

34379U D310 JSA 5E1328 1.000

Schedule K (Form 990) 2015

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### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

► 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.

Name of the organization Employer identification number INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955

Par	t I Types of Property					
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determinin noncash contribution am	
1	Art - Works of art	X	469.	1,693,472.	APPRAISAL	
2	Art - Historical treasures					
3	Art - Fractional interests					
4	Books and publications					
5	Clothing and household					
	goods					
6	Cars and other vehicles					
7	Boats and planes					
8	Intellectual property					
9	Securities - Publicly traded	X	33.	244,878.	STOCK QUOTE	
10	Securities - Closely held stock					
11	Securities - Partnership, LLC,					
	or trust interests					
12	Securities - Miscellaneous					
13	Qualified conservation					
	contribution - Historic					
	structures					
14	Qualified conservation					
	contribution - Other					
15	Real estate - Residential					
16	Real estate - Commercial					
17	Real estate - Other					
18	Collectibles					
19	Food inventory	X	10.	8,970.	COST	
20	Drugs and medical supplies					
21	Taxidermy					
22	Historical artifacts					
23	Scientific specimens					
24	Archeological artifacts					
25	Other ►()					
26	Other ▶()					
27	Other ►()					
28	Other ►()					
29	Number of Forms 8283 received	by the org	anization during the tax ye	ear for contributions for		
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29	10.
					Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rty reported in Part I, line	s 1 through	
	28, that it must hold for at least th	ree years fr	om the date of the initial c	contribution, and which is	not required	
	to be used for exempt purposes for	the entire h	olding period?		30a	X
b	If "Yes," describe the arrangement i	n Part II.				
31	Does the organization have a	gift accept	ance policy that require	s the review of any r	ion-standard	
	contributions?		, ,	•		
32a	Does the organization hire or use					
	contributions?	-		·		
b	If "Yes," describe in Part II.					
33	If the organization did not report ar	n amount in	column (c) for a type of pro	perty for which column (a	) is checked,	
	describe in Part II.		, , , , , ,			

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

Schedule M (Form 990) (2015)

Schedule M (Form 990) (2015) Page **2** 

Part II Supple

**Supplemental Information.** Complete this part to 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) (2015)

5E1508 1.000

### **SCHEDULE O**

(Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

20**15**Open to Public

Department of the Treasury Internal Revenue Service 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.

Inspection
Employer identification number

35-0867955

Name of the organization

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.

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 & 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, & KEY EMPLOYEE COMPENSATION:

UNDER THE DIRECTION OF THE BOARD, THE HR DEPARTMENT GATHERS INDEPENDENT

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

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 & 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, & 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 \$ (577,823)

CHANGES IN ACCUM. POSTRETIREMENT BENEFITS (948,000)

AMORT. OF NET PERIODIC PENSION COSTS 196,000

TOTAL \$ (1,329,823)

ATTACHMENT 1

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

THE INDIANAPOLIS MUSEUM OF ART, AN ENCYCLOPEDIC ART MUSEUM ENCOMPASSING 152 ACRES OF GARDENS AND GROUNDS IN THE HEART OF THE MIDWEST, SERVES THE CREATIVE INTERESTS OF ITS COMMUNITIES BY FOSTERING EXPLORATION OF ART, DESIGN, AND THE NATURAL ENVIRONMENT. THE IMA PROMOTES THESE INTERESTS THROUGH THE COLLECTION, PRESENTATION, INTERPRETATION AND CONSERVATION OF ITS ARTISTIC,

Name of the organization Employer identification number

INDIANAPOLIS MUSEUM OF ART, INC.

ATTACHMENT 1 (CONT'D)

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

HISTORIC, AND ENVIRONMENTAL ASSETS. THE INDIANAPOLIS MUSEUM OF ART
HAS A COLLECTION OF OVER 50,000 WORKS OF ART. AT THE MUSEUM, YOU WILL
FIND ART FROM A VARIETY OF CULTURES AND PERIODS IN ART HISTORY. THE
MUSEUM ALSO FEATURES NATIONAL AND INTERNATIONAL TRAVELING EXHIBITIONS
THROUGHOUT THE YEAR. THE VIRGINIA B. FAIRBANKS ART AND NATURE PARK
PROVIDES AN URBAN OASIS WITH 100 ACRES OF WOODLANDS, WETLANDS, LAKE
AND MEADOWS LOCATED ADJACENT TO THE MUSEUM. THE PARK CONTAINS OUTDOOR
ART WORKS, AS WELL AS RECREATIONAL EXPERIENCES FOR VISITORS INCLUDING
NATURE WALKS AND INTERACTIVE OUTDOOR ART EXHIBITIONS.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS

EXPENSES

REVENUE

2,181,316. 935,873.

TOTALS <u>2,181,316.</u> 935,873.

ATTACHMENT 3

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

DESCRIPTION OF SERVICES COMPENSATION

CAMBRIDGE ASSOCIATES
100 SUMMER STREET
BOSTON, MA 02110

ALFREDO JAAR
508 WEST 26TH STREET, SUITE 9B

NEW YORK CITY, NY 10001

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

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

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

INC.

INDIANAPOLIS MUSEUM OF ART,

Part I

Employer identification number 35-0867955 (f)
Direct controlling
entity 19,297. N/A (e) End-of-year assets **⊢** (d) Total income (c)
Legal domicile (state
or foreign country) ZI REAL ESTATE (b) Primary activity INDIANAPOLIS, IN 46208 (a) Name, address, and EIN (if applicable) of disregarded entity 4000 MICHIGAN ROAD (1) OLDFIELDS, LLC 6 4 (9) 3 (2)

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

	•						
(a)	(p)	(၁)	(p)	(e)	Œ	(a)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled entity?	2(b)(13) led ?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(7)							

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

Schedule R (Form 990) 2015

Page 2

Schedule R (Form 990) 2015

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.

(k) Percentage ownership											
(j) teral or naging trner?	٥										ť ≷,
(j) General or managing partner?	Yes										Par
(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)											on Form 990,
(h) Disproportionate allocations?	٥										Yes"
Disproi alloc	Yes										i pə
(g) Share of end-of- year assets											lization answer
(f) Share of total income											ete if the organ
Predominant income (related, unralated, excluded from tax under secritions, 512-514)											on or Trust Comple
(d) Direct controlling entity											e as a Corporati
(c) Legal domicile (state or foreign	codility										S Taxable
(b) Primary activity											ted Organization
(a) Name, address, and EIN of related organization						1				1	Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV,
N N		(1)	(2)	(3)	(4)		(2)	(9)	(7)		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	(d) Direct controlling	(e) Type of entity	(f) Share of total	(g) (h) (i) Share of Percentage Section 517(h)(13)	(h) Percentage	(i) Section
		(state or foreign country)	entity	(C corp, S corp, or trust)		end-or-year assets	ownership	controlled entity?
							\ \	Yes No
(1) CHARITABLE REMAINDER TRUSTS (2)								
	TRUST	NI	N/A	TRUST				
(2)								
(3)								
(4)								
(5)								
(9)								
(2)								
ASL						Schedule R (Form 990) 2015	۲ (Form 99)	) 2015

JSA 5E1308 1.000

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

Note complete liver it any entity is stated in Parts IIIV of the following transactions with one or more related organizations listed in parts IIIIV of the following transactions with one or more related organization (s).  A Receipt of (th interest, (th) annuties, (th) royalties, or (th) rent from a controlled entity.  B Giff, grant, or capital contribution for related organization(s).  C Giff, grant, or capital contribution from related organization(s).  A Loans or loan guarantees by related organization(s).  S bid ended or sassets to rot related organization(s).  B Cale of assets to related organization(s).  E xchange of assets from related organization(s).  I Exchange of assets from related organization(s).  I Exchange of assets with related organization(s).  I I In Sharing of facilities, equipment, mailing lists, or other assets with related organization(s).  I Chher transfer of cash or property to related organization(s).  I Chher transfer of cash or property from related organization(s).  I I I I I I I I I I I I I I I I I I I	Var of this Schoole.
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Schedule R (Form 990) 2015

Page 4

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

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.

	3	9		(6)			3	•	(9)	
(a) Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under	Are all partners section 501(c)(3) organizations?	Share of total income	Share of end-of-year assets	Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	Percentage ownership
				Yes No			Yes No		Yes No	_
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(2)										
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JSA 5E1310 1.000								Sch	edule R (Fo	Schedule R (Form 990) 2015

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PAGE 54

Schedule R (Form 990) 2015 Page 5

### Part VII

Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Schedule R (Form 990) 2015

Form 8868 (Rev. 1-2014) Page 2 Х • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box..... Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868. If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Part II Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the 4000 MICHIGAN ROAD due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See INDIANAPOLIS, IN 46208 instructions Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Return Is For Is For Code Code Form 990 or Form 990-EZ 01 Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) Form 4720 (other than individual) 09 03 04 Form 990-PF Form 5227 10 Form 6069 Form 990-T (sec. 401(a) or 408(a) trust) 05 11 12 Form 990-T (trust other than above) 06 Form 8870 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. ROAD INDIANAPOLIS, 923-1331 Telephone No. ► 317 Fax No. ▶ If the organization does not have an office or place of business in the United States, check this box • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. I request an additional 3-month extension of time until 05/15,2017 07/01 5 For calendar year , or other tax year beginning , and ending 15 06/30 , **20** 16 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return | Final return Change in accounting period State in detail why you need the extension ADDITIONAL TIME IS REQUIRED TO ACCUMULATE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN. If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 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 and any amount paid previously with Form 8868. 8b |\$ 0. c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0. Signature and Verification must be completed for Part II only. Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature > Date  $\triangleright$  02/15/2016 Title >

Form **8868** (Rev. 1-2014)

JSA 5F8055 1.000

### Form **8868**

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

### Application for 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

Form 8868 (Rev. 1-2014)

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which 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 and click on e-file for Charities & Nonprofits. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or Type or print 35-0867955 INDIANAPOLIS MUSEUM OF ART, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for 4000 MICHIGAN ROAD filing your return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions INDIANAPOLIS, IN 46208 Application Return Application Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 Form 990-BL 02 Form 1041-A 08 03 Form 4720 (individual) Form 4720 (other than individual) 0.9 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) Form 8870 12 JEREMIAH WISE • The books are in the care of ▶ 4000 MICHIGAN ROAD INDIANAPOLIS, IN 46208 **Telephone No.** ▶ 317 923-1331 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ▶ ☐ If it is for part of the group, check this box ▶ ☐ a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time 02/15 , 20 17 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year 20 or  $\blacktriangleright$  x tax year beginning 07/01, 2015, and ending 06/30, 2016. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a |\$ 0. If this application is for Form 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. 0. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 0. Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **990-T** 

### Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) calendar year 2015 or other tax year beginning \_\_\_07/01, 2015, and ending \_\_\_06/30, 20 16.

9M15

OMB No. 1545-0687

			liuar year 2015 or other tax year begin		·	-		4	2U IJ
	ment of the Treasury  I Revenue Service		formation about Form 990-T and			-	- 1	Open to	Public Inspection for
_		<b>▶</b> Do	not enter SSN numbers on this form a					501(c)(3	3) Organizations Only ification number
A	Check box if address changed		Name of organization ( Check bo	ox it nar	ne changed and see instructions	5.)			see instructions.)
D Eve	.mant .undan aastian		TNIDTANIA DOLLO MILODIM	$\circ$	ADE TAIC				
	empt under section	Print	INDIANAPOLIS MUSEUM  Number, street, and room or suite no. I				25_0	867955	=
A	501(C)(3)	or	Number, street, and foom of suite no. I	Tar.U.	. box, see instructions.				ness activity codes
	408(e) 220(e)	Type	4000 MICHIGAN ROAD					nstructions.)	noos donvity codos
	408A530(a) 529(a)		City or town, state or province, country	v and 7	IP or foreign postal code				
 C Boo	ok value of all assets		INDIANAPOLIS, IN 462		in or loroigh poolal oodo		7221	0.0	453220
	end of year	<b>F</b> Gro	up exemption number (See instructi		•		, 221		100220
4 7	17.337.282.		ck organization type   X 501			trust	401(a)	trust	Other trust
			rimary unrelated business activity.		ATTACHMI		_ +01(a)	riuot	Other trust
			corporation a subsidiary in an affili					•	Yes X No
	-		identifying number of the parent co	_		ontrolled group.			100 [-1] 110
			JEREMIAH WISE	poratio		e number ▶ 3	17-92	3-1331	
			or Business Income		(A) Income	(B) Expen			(C) Net
			321,421.						
			c Balance ▶	1c	321,421.				
2			ule A, line 7)	2	175,076.				
3	-		2 from line 1c	3	146,345.				146,345.
4a			ttach Schedule D)	4a	365,814.				365,814.
b			Part II, line 17) (attach Form 4797)	4b					
С	Capital loss dedu	ction for t	rusts	4c					
5	Income (loss) from	partnershi	os and S corporations (attach statement)	5	-145,839.	ATCH 2			-145,839.
6	Rent income (Sch	edule C)		6					
7			come (Schedule E)	7					
8	Interest, annuities, roya	Ities, and rei	nts from controlled organizations (Schedule F)	8					
9	Investment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9					
10			ncome (Schedule I)	10					
11			lule J)	11					
12			tions; attach schedule)	12	400,119.	ATCH 3			400,119.
13			ough 12	13	766,439.				766,439.
Par			Taken Elsewhere (See instr			, ,	Except	for cont	ributions,
			be directly connected with t					1	
14	•		directors, and trustees (Schedule K)						004 706
15							15		284,796.
16									47,183.
17									159,123.
18									20,886.
19 20			See instructions for limitation rules)						20,000.
20 21		•	4562)		1 1				
22	Less depreciation	claimed	on Schedule A and elsewhere on re	aturn	222	11,22	2.		14,229.
23									11/223.
24			compensation plans						
25			8						50,143.
26			Schedule I)						
27			chedule J)						
28	Other deductions	(attach s	schedule)		АТТАСНМІ	ENT 5	28		116,211.
29			s 14 through 28						692,571.
30			le income before net operating						73,868.
31			on (limited to the amount on line 30						73,868.
32			e income before specific deduction						•
33			ally \$1,000, but see line 33 instruc						1,000.
34			ble income. Subtract line 33 fr						
	enter the smaller	of zero or	line 32				34		0.

n 990-T (2015)

Form 9	990-1 (20	J15)										P	age <b>z</b>
Par	t III	Tax Computation											
35	Organi	izations Taxable as	Corpor	rations. See instruction	ns f	or tax comp	outation.	. Controlled gre	oup				
	membe	rs (sections 1561 and 1	563) chec	ck here 🕨 🔛 See ins	tructi	ons and:							
	Enter y	our share of the \$50,0	000, \$25,0 (2)	000, and \$9,925,000 f		le income br 3) \$	ackets (	(in that order):					
		ragnization's share of: (4)		LEV toy (not more than t			\$						
D	Fillel 0	rganization's share of: (1)	Additional	i 5% tax (not more than a	ֆΙΙ,7	50)	· · · · · · · · · · · · · · · · · · ·						
•		itional 3% tax (not more tax on the amount on lin								35c			
36	Trusts			See instructions						000			
		ount on line 34 from:				-				36			
37		ax. See instructions								37			
38	-	tive minimum tax								38			
		add lines 37 and 38 to lin								39			
Par		Tax and Payment		, 11									
40 a		tax credit (corporations		rm 1118: trusts attach Fo	rm 11	16)	40a						
		redits (see instructions).											
		I business credit. Attach											
d	Credit f	or prior year minimum ta	x (attach F	Form 8801 or 8827)			40d						
		redits. Add lines 40a thro								40e			
41	Subtrac	ct line 40e from line 39.	<u></u>	<u>.</u> <u></u>		<u></u>	<u></u> .			41			
42	Other ta	xes. Check if from: Form	n 4255	Form 8611 Form 8	8697	Form 886	66 <u> </u>	Other (attach schedu	ule) .	42			
43		x. Add lines 41 and 42								43			0
44 a	Paymer	nts: A 2014 overpayment	credited t	to 2015			44a						
b	2015 es	stimated tax payments.					44b						
С	Tax dep	oosited with Form 8868.					44c						
	•	organizations: Tax paid		,	,								
		withholding (see instruct											
f	Credit f	or small employer health	insurance				44f						
g		redits and payments:	-	Form 2439									
		orm 4136											
45		ayments. Add lines 44a t	_	-					1 1	45			
46		ed tax penalty (see instru								46			
47		e. If line 45 is less than the								47 48			
48 49		yment. If line 45 is larger e amount of line 48 you want.				amount overp	aid			49			
Pari				Certain Activities		Other Info	ormati						
1		time during the 2015 cal						,			a financial	Yes	No
•		t (bank, securities, or othe		_			_						
		nd Financial Accounts. If Y			_				, .				Х
		the tax year, did the orga					ntor of, o	or transferor to, a	forei	an trus	 t?		Χ
		see instructions for other				J	,	,		J			
3		ne amount of tax-exempt				ax year ▶\$							
Sch	edule	A - Cost of Goods	Sold.	Enter method of inven	tory	valuation >							
1		ry at beginning of year .	1		6		end of y	ear		6			
2	Purchas	ses	2		7	Cost of g	oods s	old. Subtract	line				
3	Cost of	labor	3			6 from lin	e 5. E	Enter here and	in				
4 a	Addition	nal section 263A costs				Part I, line 2				7			
	(attach	schedule)	4a		8	Do the ru	ules of	section 263A	(w	ith re	spect to	Yes	No
b	Other c	osts (attach schedule)	4b		1			or acquired			,		
5		dd lines 1 through 4b .	5										
٥.	tri	nder penalties of perjury, I dec ue, correct, and complete. Declara							the b	est of r	ny knowledge	and belie	at, it is
Sign										-	IRS discuss		
Here		JEREMIAH WISE		Date		CFO	)				preparer s		7
	5	ignature of officer		Date Preparer's si	anatur	Title	Date	<u> </u>	(se	$\overline{}$	DTINI	'es	No
Paid		Print/Type preparer's name		F Teparer S SI	griatul	C			Check		IT	7047	E
Prep		NICOLE B FISHBA					0:	5/15/2017		mployed		27947	<u> </u>
	Only	Firm's name BKD,		TNOTS SUPPLEM						EIN ►	317.38		
		Firm's address ▶ 201							Phone	e no.		90-T (	
		INDI.	UNVE OT	IS, IN 46204							LOUIII 3	- J J - I (	ZU10

Schedule C - Rent Income (see instructions)	e (From Real Pro	operty a	and	Personal Prope	erty	Leased W	ith Real Prope	erty)	
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accr	rued						
(a) From personal property (if the for personal property is more the more than 50%)	an 10% but not	percer	ntage	n real and personal pro of rent for personal pro the rent is based on pro	operty	exceeds			nnected with the income b) (attach schedule)
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of chere and on page 1, Part I, line 6	, column (A)	_ ▶					(b) Total deduct Enter here and of Part I, line 6, colo	on page 1,	
Schedule E - Unrelated D	ebt-Financed In	come (s	see	instructions)		·			
				2. Gross income from		3. D	eductions directly c debt-finar	onnected v nced prope	
1. Description of del	ot-financed property			allocable to debt-financ property	ced		line depreciation h schedule)	(b	o) Other deductions (attach schedule)
(1)									
(2)									
(3)									
(4)									
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	acquisition debt on or of or allocable to debt-financed debt-financed property			6. Column 4 divided by column 5			ncome reportable 2 x column 6)	8. Allocable deductions (column 6 x total of column 3(a) and 3(b))	
(1)					%				
(2)					%				
(3)					%				
(4)					%				
Totals	ione included in col				. •	Part I, line	and on page 1, 7, column (A).		here and on page 1, , line 7, column (B).
Schedule F - Interest, Ani	nuities Rovaltie	s and I	Ren	ts From Contro	lled	Organizat	ions (see instr	uctions)	
				npt Controlled Or				40110110)	
Name of controlled organization	2. Employer identification num		3. N	let unrelated income ss) (see instructions)	<b>4</b> . T	otal of specified	5. Part of column included in the organization's great	controlling	6. Deductions directly connected with income in column 5
(1)									
(2)									
(3)									
(4)									
Nonexempt Controlled Organ	nizations								
7. Taxable Income	8. Net unrelated (loss) (see instru			<ol><li>Total of specific payments made</li></ol>		inclu	art of column 9 that i ded in the controlling zation's gross incom	g co	11. Deductions directly onnected with income in column 10
(1)									
(2)									
(3)									
(4)									
						Enter	columns 5 and 10. here and on page 1, I, line 8, column (A).	, Er	Add columns 6 and 11. nter here and on page 1, art I, line 8, column (B).
Totals						. •			

Form **990-T** (2015)

Schedule G - Investment In	come of a Sec	ction 501(c	)(7),	(9), or (17) Orga	nizat	ion (see inst	ruct	tions)		
1. Description of income	2. Amount o	f income		3. Deductions directly connected (attach schedule)		<b>4.</b> Set (attach			5. Total dedu and set-asides plus col.	(col. 3
(1)										
(2)										
(3)										
(4)										
	Enter here and Part I, line 9, o								Enter here and of Part I, line 9, co	n page 1 lumn (B).
Totals										
Schedule I - Exploited Exe	mnt Activity In	come Othe	r Th	an Advertising In	com	<b>a</b> (see instru	ctio	ne)		
Ochedale 1 - Exploited Exe	The Activity III	Come, Othe	, III			c (see ilistiu		113)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expense directly connected a production unrelated business inco	with of	A. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fror is	Gross income n activity that not unrelated siness income	a	<b>6.</b> Expenses attributable to column 5	7. Excess 6 expens (column 6 column 5, more the column	es minus but not nan
(1)										
(2)										
(3)										
(4)										
.,	Enter here and on page 1, Part I, line 10, col. (A).	Enter here an page 1, Par line 10, col.	t I,						Enter here on page Part II, lin	e 1,
Totals ▶										
Schedule J - Advertising In										
Part I Income From Per	iodicals Repor	ted on a Co	nsol	idated Basis						
1. Name of periodical	2. Gross advertising income	3. Direct advertising c		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	•	5. Readership costs	7. Excess re costs (columinus colum not more column	umn 6 nn 5, but than
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										
Part II Income From Per 2 through 7 on a li	riodicals Repo ine-by-line basi	rted on a S	Sepa	rate Basis (For e	each	periodical I	iste	d in Part	II, fill in col	umns
1. Name of periodical	2. Gross advertising income	3. Direct advertising c		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 re costs (columinus colum not more column	umn 6 nn 5, but than
(1)										
(2)										
(3)										
(4)										
Totals from Part I										
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here an page 1, Par line 11, col.	t I,						Enter her on pag Part II, lir	e 1,
Totals, Part II (lines 1-5) ► Schedule K - Compensatio	n of Officers 5	)iroctoro -	nd T-	tuotoos (oos instru	IOH'S IS	2)				
1. Name	n or Officers, L	Directors, ai	na ir	2. Title	LOUDI	3. Percent of time devoted to	0		ensation attributa related business	ble to
(1)						business	0/			
(2)							%			
							%			
(3) (4)							<u>%</u>			
Total. Enter here and on page 1, P	art II line 14						<u>%</u> ▶			
	, mio 17							I	Form <b>990-</b>	<b>T</b> (2015
JSA									200	,_3.0

(Rev. January 2014)

Department of the Treasury Internal Revenue Service

### Application for 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

• If you are	filing for an Automatic 3-Month Extension, of filing for an Additional (Not Automatic) 3-Month Extension, of filing for an Additional (Not Automatic) 3-Month Extension, of filing for an Automatic 3-Month Extension (Not Automatic) 3-Mont	nth Exten	sion, complete only Pa	art II (on page 2 of this f	orm	).	
a corporation 8868 to req Return for instructions).	ling (e-file). You can electronically file Form 8 in required to file Form 990-T), or an addition uest an extension of time to file any of the Transfers Associated With Certain Persona in For more details on the electronic filing of the	al (not aut forms liste l Benefit ( is form, vis	tomatic) 3-month exten ad in Part I or Part II w Contracts, which must sit www.irs.gov/efile an	asion of time. You can exith the exception of Foundation to the IRS of click on e-file for Characterists.	elect rm a in p	tronical 8870, paper f	ly file Form Information format (see
	tomatic 3-Month Extension of Time. On			<u> </u>			
A corporation	n required to file Form 990-T and requesting	an automa	atic 6-month extension	<ul> <li>check this box and con</li> </ul>	nple	te	
Part I only _ All other cor	porations (including 1120-C filers), partnersh	ips, REMIC	Ss, and trusts must use I	Form 7004 to request an	exte	ension (	▶ X of time
to file incom				Enter filer's identifyin	g nu	mber, se	e instructions
Type or print	Name of exempt organization or other filer, see in			Employer identification nu		er (EIN) (	or
File by the	INDIANAPOLIS MUSEUM OF ART, IN Number, street, and room or suite no. If a P.O. box		otions	35-086795			
due date for	ue date for Social Security Humber (SSN)						
filing your return. See	filing your 4000 MICHIGAN ROAD						
instructions.							
	INDIANAPOLIS, IN 46208						
Enter the Re	turn code for the return that this application i	s for (file a	a separate application fo	or each return)			0 7
Application		Return	Application				Return
Is For		Code	Is For				Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporat	ion)			07
Form 990-BL	_	02 Form 1041-A				08	
Form 4720 (	orm 4720 (individual) 03 Form 4720 (other than individual) 09					09	
Form 990-PF						10	
Form 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-T	(trust other than above)	06	Form 8870				12
Telephone If the orga If this is for the whole a list with the	JEREMIAH WISE  4000 MICHIGAN RO  No. ► 317 923-1331  Anization does not have an office or place of the group, check this box  The anames and EINs of all members the extension of the group of the grou	Fousiness in ousiness in or digit Gro it is for pa on is for.	FAX No.   the United States, checking Exemption Number (art of the group, check the control of the group).	ck this box (GEN)		If th and att	
•	st an automatic 3-month (6 months for a cor		•	,			
▶	organization's return for: calendar year 20 or tax year beginning $07/$						extension is
c	ax year entered in line 1 is for less than 12 m hange in accounting period				า		
	application is for Form 990-BL, 990-PF, 99	0-T, 4720	, or 6069, enter the	tentative tax, less any			
nonrefu	undable credits. See instructions.				3a	\$	0.
<b>b</b> If this	application is for Form 990-PF, 990-T,	4720, or	6069, enter any re	efundable credits and			
	ted tax payments made. Include any prior yea				3b	\$	0.
	e due. Subtract line 3b from line 3a. Include						
	onic Federal Tax Payment System). See instru			-	3с	\$	0.
	are going to make an electronic funds withdrawal		it) with this Form 8868, se	ee Form 8453-EO and Form			
instructions.	- <del>-</del>		,				
	ct and Paperwork Reduction Act Notice, see instr	uctions.			Forn	n <b>8868</b>	(Rev. 1-2014)

7 4 4 7		
$A \cdot I \cdot I \cdot A$	CHMENT	

### 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 IV-A DUNE REAL ESTATE PARALLEL FUND II FLAG VENTURE PARTNERS VII FIRST RESERVE FUND XI GMO FORESTRY FUND 8-B HIGHFIELDS CAPITAL IV LEGACY VENTURE VI (QP), LLC LEGP IAIV METROPOLITAN REAL ESTATE PARTNERS INTERNATIONAL II METROPOLITAN REAL ESTATE PARTNERS IV-B METROPOLITAN REAL ESTATE PARTNERS V PARK STREET CAPITAL NATURAL RESOURCE FUND III PARK STREET CAPITAL NATURAL RESOURCE FUND III PARK STREET CAPITAL PRIVATE EQUITY FUND VII PARK STREET CAPITAL PRIVATE EQUITY FUND VII POMONA CAPITAL VII SPECIAL OPPORTUNITIES FUND IV THE VARDE FUND X(B) (FEEDER) TIFF REAL ESTATE PARTNERS II, LLC WAYZATA OPPORTUNITIES FUND OFFSHORE CHARLESBANK EQUITY FUND VIII, LP FX XI-E ONSHORE AIV, LP AXIOM ASIA PRIVATE CAPITAL FUND III, LP LEVEL EQUITY OPPORTUNITIES FUND 2015, LP RESOURCE CAPITAL FUND V, LP DUNE PARALLEL AIV II, LP LEGP II AIV (NB), LP	-694618. 32,753. 24,479. 11,6744,272. 59,00410,9013,786210,1654,755. 507107. 1,6827,68811,2613,35431,19117,3358,431. 452. 87,868. 109. 3,5356,141. 5,15813,997. 17,8581,760. 15949,2325,474.
INCOME (LOSS) FROM PARTNERSHIPS	-145,839.

7\	ΠП	ΔC	ΗМ	EN	TП	7
$\Delta$	ι	$A \cup$	Пľ	ഥ마	ИT	

### PART I - LINE 12 - OTHER INCOME

CATERING AND EVENT REVENUE

400,119.

PART I - LINE 12 - OTHER INCOME

400,119.

7 T T T T C T T T T T T	Δ	TTA	CHMENT	4	
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FORM 990T - PART II - LINE 18 - INTEREST

PART II - LINE 18 - INTEREST

159,123.

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

SUPPLIES	6,803.
PURCHASED SERVICES	14,642.
INSURANCE	7,796.
UTILITIES	32,056.
ACCOUNTING FEES	5,440.
RENT EXPENSE	9,931.
MISCELLANEOUS EXPENSES	24,363.
INVESTMENT FEES	15,180.
PART II - LINE 28 - OTHER DEDUCTIONS	116,211.

### 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

Employer identification number

2015

INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Short-Term Capital Gains and Losses - Assets Held One Year or Less (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) column (g) the result with column (g) whole dollars. 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 1b Totals for all transactions reported on Form(s) 8949 with Box A checked Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 with Box C checked -6,964. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 Unused capital loss carryover (attach computation) 6 -6,964 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (g) Adjustments to gain (h) Gain or (loss) (d) (e) the lines below or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) the result with column (g) whole dollars 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 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked. 77,033. Enter gain from Form 4797, line 7 or 9 295,745. 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) 14 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 372**,**778. Summary of Parts I and II Part III Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 365,814. 17 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns 365,814.

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

Note: If losses exceed gains, see Capital losses in the instructions.

Schedule D (Form 1120) (2015)

### 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

INDIANAPOLIS MUSEUM OF ART, INC.

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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

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.

	(B) Short-term transactions repo			-	reported to the IF	RS		
_	X (C) Short-term transactions not  (a)  Description of property	(b) Date acquired	(c) Date sold or	-B (d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(h) 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)
AN	MBERBROOK VI, LLC							2
BA	AUPOST VALUE PARTNERS LP IV							6
FF	R XI							-5,341
ME	ETROPOLITAN R.E.P. II							58
PF	ARK STREET C.P.E.F. VII							-965
SI	PECIAL OPPORTUNITIES FUND IV							-641
TI	IFF REAL ESTATE PARTNERS II LLC							-22
TH	HE VARDE FUND X(B) (FEEDER), LP							292
FF	R XI-E ONSHORE AIV, LP							-353
_								
2	2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above	here and incl	lude on your					

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.

Form **8949** (2015)

above is checked), or line 3 (if Box C above is checked) ▶

Form 8949 (2015) Attachment Sequence No. 12A Page 2

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

INDIANAPOLIS MUSEUM OF ART, INC.

Social security number or taxpayer identification number

35-0867955

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 was not reported to the IRS

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

1 (a) Description of property	(b) Date acquired	(c) Date sold or disposed	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column</i> (e)	If you enter an a	any, to gain or loss. amount in column (g), de in column (f). arate instructions.	(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							730.
AMBERBROOK VI, LLC							-3,652.
BAUPOST VALUE PARTNERS LP IV							76,134.
COMMONFUND CAPITAL NATURAL RESOUR							-1,286.
FR XI							-12,661.
METROPOLITAN R.E.P. II							3,564.
METROPOLITAN R.E.P. IV-B							-3,156.
METROPOLITAN R.E.P. V							117.
PARK STREET C.P.E.F. VII							-432.
PARK STREET C.P.E.F. VIII							-975.
SPECIAL OPPORTUNITIES FUND IV							728.
TIFF REAL ESTATE PARTNERS II LLC							17,122.
THE VARDE FUND X(B) (FEEDER), LP							788.
FR XI-E ONSHORE AIV, LP							12.
2 Totals. Add the amounts in columns negative amounts). Enter each total h Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	nere and include is checked), <b>lin</b>	e on your e 9 (if Box E					77,033.

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 Form **8949** (2015) 5X2616 2.000

### Form **4797**

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

OMB No. 1545-0184

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

► Attach to your tax return. ▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Sequence No. 27

Identifying number

IN	DIANAPOLIS MUSEUM OF A	RT, INC.					35-	0867955
1	Enter the gross proceeds from sa substitute statement) that you are in						1	
Pa	rt I Sales or Exchanges of						ns Fro	om Other
	Than Casualty or Thef	t - Most Prop	erty Held Mo	ore Than 1 Year	(see instruction:	s)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, pl improvemer expense o	us its and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
A	TTACHMENT 1							295,745.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter t						7	295,745.
	Partnerships (except electing large	ge partnerships)	and S corpor	ations. Report the	gain or (loss) foll	owing the		
	instructions for Form 1065, Schedu	le K, line 10, or F	form 1120S, Sch	nedule K, line 9. Skip	lines 8, 9, 11, and	12 below.		
	Individuals, partners, S corporatio line 7 on line 11 below and skip lin losses, or they were recaptured in Schedule D filed with your return an	nes 8 and 9. If li an earlier year,	ne 7 is a gain a enter the gain	nd you did not have from line 7 as a lo	e any prior year sec	tion 1231		
8	Nonrecaptured net section 1231 lo	sses from prior ye	ears (see instruct	ions)			8	
9	Subtract line 8 from line 7. If zero of	or less, enter -0 I	f line 9 is zero, e	enter the gain from I	ine 7 on line 12 be	low. If line		
	9 is more than zero, enter the amo capital gain on the Schedule D filed						9	
Pa	rt II Ordinary Gains and Lo							
10		ided on lines 11	through 16 (inclu	ude property held 1 ye	ear or less):			
11	Loss, if any, from line 7						11	( )
12							12	
13	Gain, if any, from line 31						13	
14	Net gain or (loss) from Form 4684,						14	
15							15	
16	Ordinary gain or (loss) from like-kin						16	
	Combine lines 10 through 16						17	
18	For all except individual returns, en	ter the amount fr	om line 17 on the	he appropriate line o	of your return and s	kip lines a		
	and b below. For individual returns,	•						
а	If the loss on line 11 includes a loss							
	part of the loss from income-produ property used as an employee or							
	See instructions						18a	
b	Redetermine the gain or (loss) on lir	ne 17 excluding t	the loss, if any, c	n line 18a. Enter he	re and on Form 104	0, line 14	18b	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2015)

Form 4797 (2015) 35-0867955 Page 2

Pa	art III 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	(c) Date sold (mo.,
	4		,		(mo., day, yr.)	day, yr.)
	3					
	These columns relate to the properties on lines 19A through 19I	o. <b>&gt;</b>	Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	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:					
á	a 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.					
á	Additional depreciation after 1975 (see instructions).	26a				
I	Applicable percentage multiplied by the smaller of					
	line 24 or line 26a (see instructions)	26b				
(	Subtract line 26a from line 24. If residential rental property					
	or line 24 is not more than line 26a, skip lines 26d and 26e					
	Additional depreciation after 1969 and before 1976.					
	Enter the smaller of line 26c or 26d	26e				
	Section 291 amount (corporations only)	26f				
	g Add lines 26b, 26e, and 26f	26g				
	dispose of farmland or if this form is being completed for a					
	partnership (other than an electing large partnership).  a Soil, water, and land clearing expenses	27a				
	b Line 27a multiplied by applicable percentage (see instructions)					
	Enter the smaller of line 24 or 27b					
	If section 1254 property:	270				
ŧ	Intangible drilling and development costs, expenditures					
	for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions).	28a				
ı	Enter the smaller of line 24 or 28a					
	If section 1255 property:					
á	Applicable percentage of payments excluded from					
	income under section 126 (see instructions)	29a				
	Enter the smaller of line 24 or 29a (see instructions).					
Su	mmary of Part III Gains. Complete propert	ty cc	lumns A through	D through line 29	b before going to li	ne 30.
	Total gains for all properties. Add property columns A					
	Add property columns A through D, lines 25b, 26g, 2					
32	Subtract line 31 from line 30. Enter the portion from		•			
D	other than casualty or theft on Form 4797, line 6		70 and 200E(b)(2)	When Business	32	
Γč	rt IV Recapture Amounts Under Section (see instructions)	15 1	19 anu 2007(D)(Z)	writen business	Use Drops to 50%	OI Less
	,				(a) Section	(b) Section
					179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	able	in prior years	33	3	
	Recomputed depreciation (see instructions)			34		
	Recapture amount. Subtract line 34 from line 33. Se				5	
						- 4707

Form 4797 (2015)

## Supplement to Form 4797 Part I Detail

	1
E	1
	1
	111)
E	1
E	1

	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			2.	-2.
AMBERBROOK VI, LLC	VAR	VAR	1,287.			1,287.
BAUPOST VALUE PRTNRS	VAR	VAR	233,745.			233,745.
CHARLESBANK EQTY VII	VAR	VAR	74,021.			74,021.
COMMONFUND CAPITAL	VAR	VAR			499.	-499.
CROW HOLDINGS IV-A	VAR	VAR	2,269.			2,269.
CROW HOLDINGS V-A	VAR	VAR			94,436.	-94,436.
DUNE R.E.P. FUND II	VAR	VAR	6,594.			6,594.
METRO. R.E.P. II	VAR	VAR			3,115.	-3,115.
METRO. R.E.P. IV-B	VAR	VAR	34,054.			34,054.
METRO. R.E.P. V	VAR	VAR	5,166.			5,166.
PARK ST C.P.E.F. VII	VAR	VAR	3,596.			3,596.
PARK ST C.P.E.F VIII	VAR	VAR	21,890.			
TIFF R.E.P. II, LLC	VAR	VAR	_			12,293.
'ARDE FU	VAR	VAR	47.			47.
WAYZATA O.F.O. II	VAR	VAR			1,164.	-1,164.
CHARLESBANK EQ. VIII	VAR	VAR			1.	-1.
Totals						295,745.

ATTACHMENT 1

JSA

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 Attachment Sequence No.

179

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

Business or activity to which this form relates

INDIANAPOLIS MUSEUM OF ART, INC.

Identifying number 35-0867955

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 10 Carryover of disallowed deduction from line 13 of your 2014 Form 4562 10 11 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 do not enter more than line 11 . . . . . . . . . . . . . Carryover of disallowed deduction to 2016. Add lines 9 and 10, less line 12 . . . . Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Do not 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 (Do not include listed property.) (See instructions.) Section A 14,229 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2015 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 (g) 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. MM S/L h Residential rental 27.5 yrs. ММ S/L property 39 yrs. MMS/I i Nonresidential real ММ property Section C - Assets Placed in Service During 2015 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 Part IV Summary (See instructions.) Listed property. Enter amount from line 28 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here 14,229 and on the appropriate lines of your return. Partnerships and S corporations - see instructions . . . . . . . . . . . . . . . For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

35-0867955 Form 4562 (2015) 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, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes X No 24b If "Yes," is the evidence written? Yes X No (e) (i) Business Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 Cost or other basis investment use (business/investment vehicles first) in service Convention deduction cost period percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) Property used more than 50% in a qualified business use: % Property used 50% or less in a qualified business use: S/I -% % S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) (e) Vehicle 1 Vehicle 2 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6

30	the year (do not include commuting miles)												
31	Total commuting miles driven during the year .												
32	Total other personal (noncommuting)												
	miles driven												
33	Total miles driven during the year. Add												
	lines 30 through 32												
34	Was the vehicle available for personal	Yes	No										
	use during off-duty hours?												
35	Was the vehicle used primarily by a more												
	than 5% owner or related person?												
36	Is another vehicle available for personal												
	use?												

#### Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37	Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by	res	NO
	your employees?		
38	Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your		
	employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39	Do you treat all use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about the		
	use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.)		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.		
D.	And All Annual to the control of the		

#### Part VI Amortization

	(a) Description of costs	(b)  Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiz period percen	d or	(f) Amortization for this year
42	42 Amortization of costs that begins during your 2015 tax year (see instructions):						
43	3 Amortization of costs that began before your 2015 tax year 43						
44	Total. Add amounts in column (f). Se	ee the instructions	for where to report			44	

Form 4562 (2015)

V-- N-

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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.

OMB No. 1545-1668

Attachment

Department of the Treasury Information furnished for the foreign partnership's tax year beginning 01/01/2015, and ending 12/31/2015  Attachment Sequence No. 118													
Name of pers	on filing this	return			Fi	ler's id	lentifyin	ng number					
INDIANA	POLIS	MUSEUM OF AR	T, INC.					-08679					
Filer's addres	s (if you are	e not filing this form with	n your tax return		y of filer (see Cat	egories				s and ched	k applica	ble box(	(es)):
				1	2		3	X	4				
			_		x year beginning		- , -	/2015	, а	and ending	0.6	5/30/	2016
		abilities: Nonrecourse	•		nonrecourse f				1	Other \$			
	is a memb	er of a consolidated	group but no	ot the parent, ente	EI		nation at	bout the pa	irent:				
Name Addres					□	IN							
Addies	3												
E Check	if any exce	epted specified forei	ion financial :	assets are reported	on this form (s	see inst	tructions	s)					
•		t certain other partn						·,					
				,						(4) Check applicable box(es)			
	(1) Na	me		(2) Address		(3)	Identifyii	ng number	Ca	tegory 1	Categ	gory 2	Constructive
		ss of foreign partners	•						` '	EIN (if a	• /		
		IVATE CAPITA		•					-	98-104			, , , ,
	~	E, HUTCHINS	DRIVE, P	.O. BOX 268	3 1				2(b)	Reteren	ce ID nu	ımber (	(see instr.)
CJ, KY1		GRAND CAYMAN							3 (	ountry un	der wh	oca law	vs organized
CO, KII										CJ	idei wiit	OSC IAN	vs organized
4 Date of	F	5 Principal place of	of <b>6</b> Prir	ncipal business	7 Princip	al busi	ness	8a Fund			8b E	xchan	ge rate
organiz	zation	businėss		vity code number	activity INVES'	/			DOLL	•		see insi	
10/05	5/2012	CJ		523900	TIVES	T IATE IN	1						
H Provide	e the follow	ving information for	the foreign p	artnership's tax yea	ar:								
		and identifying numb	per of agent (i	f any) in the	2 Check	if the 1	foreign	partnership	p must	file:			
United	States				F	orm 10	042	Fo	rm 880	04 [	X For	m 106	5 or 1065-B
							r where I	Form 1065	or 1065	-B is filed:			
					OGD								
	and addres zation, if ar	ss of foreign partner	rship's agent i	n country of	4 Name records	and ad s of the	ldress c e foreig	of person(s n partners	s) with ship, ai	custody ond the loc	of the bo ation of	oks and such b	d ooks
•		PANY (CAYMAN) LIMI	ITED		records of the foreign partnership, and the location of such books and records, if different STATE STREET FUND SERVICES (HONG KONG) LTD.								
		CHINS DRIVE, P.O.	BOX 2681		8 FINANCE STREET								
GEORGE TOWN		CAYMAN			CENTRAL, HONG KONG HK								
		allocations made by	the foreign n	artnershin?						•		Yes	X No
		of Forms 8858, Info	• .	•								.03	140
		eturn (see instruction					-	-					
		ership classified und							IPTED	LIMI	TED P	PARTN	ERSHIP
8 a Does the	filer have a	n interest in the foreigr	n partnership, o	r an interest indirect	ly through the fo	reign p	artnershi	ip, that is a	separat	е			
	-	03(d)-1(b)(4) or part of				, , , , ,					<u></u>	Yes	X No
		parate unit or combine			ated loss as defin	ed in Re	eg. 1.150	03(d)-1(b)(5)	)(ii)?	▶	\	Yes	No
	<ul> <li>Does this partnership meet both of the following requirements?</li> <li>The partnership's total receipts for the tax year were less than \$250,000 and</li> </ul>												
• The v	value of th	e partnership's total	assets at the	e end of the tax yea		n \$1 mi	illion.	}		• • •		Yes	X No
It "Yes," Sign Here		mplete Schedules L, nalties of perjury, I dec	· · · · · · · · · · · · · · · · · · ·		n, including acco	mpanvin	ng sched	ules and sta	tements	s, and to th	e best of	my kno	wledge
Only If You Are Filing	and belief	, it is true, correct, and n of which preparer has	d complete. De	claration of preparer									0 -
This Form Separately	Inciliatio	ii oi willoli prepalel lla	o arry knowledg	<b>.</b>									
and Not With Your Tax Return.	Signa	ture of general partne	r or limited liabi	lity company member	•		—	Date					
	Print/Type	preparer's name		Preparer's sign	ature			Date		Check	if	PTIN	
Paid										self-em	oloyed		
Preparer	Firm's nan	ne 🕨								Firm's E	IN 🕨		
Use Uniy	Jse Only Firm's address ▶ Phone no.												

So	hedul	box b, enter the interest you const	nership of Partnership Interes name, address, and U.S. taxpa tructively own. See instructions.					. If y rson(	ou check (s) whose
_		a X Owns a direct		b			Chec		Check if
		Name	Address		Identifying nu	mber (if any)	foreign person		direct partner
								-	
_								$\dashv$	
Sc	hedul	e A-1 Certain Partners of	of Foreign Partnership (see ins	tructio	ns)			$\equiv$	Ob a al. if
		Name	Address		Identify	ing number (	(if any)		Check if foreign person
								-	
								$\dashv$	
Doe	es the p	partnership have any other for	reign person as a direct partner?				X Yes	s	No
		e A-2 Affiliation Schedu	le. List all partnerships (foreign					ershi	ip owns a
		direct interest or in	idirectly owns a 10% interest.		EIN		Total ordin	nary	Check if
		Name	Address		(if any	)	income or		foreign partnership
A	TTACE	HMENT 1						$\longrightarrow$	
_								$\rightarrow$	
0.0	ا داده دا	- D. Jusama Ctataman	A. Tuede en Dueinese Income						
	hedule		t - Trade or Business Income income and expenses on lines 1a	through	1 22 below. See t	he instructi	ons for mor	e info	ormation.
		Gross receipts or sales				1c			
	ı	Less returns and allowances  Cost of goods sold				2			
me	3 (	Gross profit. Subtract line 2 fr	rom line 1c			3			
Income	4 (	Ordinary income (loss) from o	other partnerships, estates, and trus	sts (attac	ch statement) *	4			
-	6 I	Net farm profit (loss) (attach (	Schedule F (Form 1040)) 97, Part II, line 17 (attach Form 479			6			
	7 (	Other income (loss) (attach st	atement)			7			
_		Total income (loss). Combine Salaries and wages (other that	9						
s)			ners			10			
ation	11	Repairs and maintenance				11			
Iii	12	Bad debts				12			
ıs foı		Rent				13			
rction						15			
nstr	ı		ch Form 4562)						
see			sewhere on return 16b			16c			
us Su	l		and gas depletion.)			17			
ction						18			
<b>Deductions</b> (see instructions for limitations)						20			
ŏ									
_	21	Total deductions. Add the amo	ounts shown in the far right column for	lines 9 th	nrough 20	21			
	22	Ordinary business income (loss)	from trade or business activities. Subt	tract line 2	21 from line 8	22			

Form 8865 (2015) 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	
	3 a	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	
(F	6	Dividends: a Ordinary dividends	6a	
πe		b Qualified dividends 6b		
00	7	Royalties	7	
ב	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)		
	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	
SL	12	Section 179 deduction (attach Form 4562)	12	
Deductions	13 a	Contributions	13a	
nci	b	Investment interest expense.	13b	
eq	С	Section 59(e)(2) expenditures: (1) Type $\blacktriangleright$ (2) Amount $\blacktriangleright$	13c(2)	
_	d	Other deductions (see instructions) Type ▶	13d	
구 승 누	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))		
S	b	Low-income housing credit (other)		
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c	
Ç	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	
	16 a	Name of country or U.S. possession ▶	401	
S		Gross income from all sources		
on	С	Gross income sourced at partner level	16c	
ansactions	ام	Foreign gross income sourced at partnership level  Passive category ▶ e General category ▶ f Other (attach statement) ▶	465	
JS6	u	Passive category ▶ e General category ▶ f Other (attach statement) ▶  Deductions allocated and apportioned at partner level	16f	
_			16h	
пТ	g	Interest expense ► h Other ►  Deductions allocated and apportioned at partnership level to foreign source income	16h	
eig	i	Passive category ▶ j General category ▶ k Other (attach statement) ▶	16k	
Foreign T	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	b	Adjusted gain or loss	17b	
nati Im Ite	С	Depletion (other than oil and gas)	17c	
err im(	d	Oil, gas, and geothermal properties - gross income	17d	
Alternative Minimum Tax (AMT) Items	е	Oil, gas, and geothermal properties - deductions	17e	
	f	Other AMT items (attach statement)	17f	
٦	18 a	Tax-exempt interest income	18a	
ıtio	b	Other tax-exempt income	18b	
ma	С	Nondeductible expenses	18c	
for	19 a	Distributions of cash and marketable securities	19a	
<u>u</u>	b	Distributions of other property	19b	
Other Information	20 a	Investment income	20a	
	b	Investment expenses	20b	
	С	Other items and amounts (attach statement)		

Form 8865 (2015) Page 4

Schedule L Balance Sheets per B	ooks. (Not required if	Item H9, page 1, is a	nswered "Yes.")	rage <b>-</b>
<u> </u>	Beginning			tax year
Assets	(a)	(b)	(c)	(d)
1 Cash				
2 a Trade notes and accounts receivable				
<b>b</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>b</b> Mortgage and real estate loans				
8 Other investments (attach statement)				
9 a Buildings and other depreciable assets				
<b>b</b> Less accumulated depreciation				
10 a Depletable assets				
<b>b</b> Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
<b>b</b> Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
Mortgages, notes, bonds payable in less than 1 year				
17 Other current liabilities (attach statement)				
18 All nonrecourse loans				
<b>19 a</b> Loans from partners (or persons related to partners)				
<b>b</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 (2015) Page 5

Scl	nedule M Balance Sheets for In	est Allocation					
		(a) Beginning o tax year	of (b) End of tax year				
1	Total U.S. assets						
2	Total foreign assets:						
а	Passive category						
	General category						
	Other (attach statement)						
Scl	nedule M-1 Reconciliation of Inco	(Loss) per Books With Income (Loss) per R	eturn. (Not required if Item H9, page				
	1, is answered "Yes.")	. , , , , , , , , , , , , , , , , , , ,					
		6 Income recorded on b	ooks this				
1	Net income (loss) per books	year not included on Sc	hedule K,				
2	Income included on Schedule K,	lines 1 through 11 (item					
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a Tax-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, ar	nd 16I not				
	than health insurance)	charged against book inc					
4	Expenses recorded on books	year (itemize):					
	this year not included on	a Depreciation \$					
	Schedule K, lines 1 through						
	13d, and 16I (itemize):						
а	Depreciation \$						
	Travel and entertainment \$	8 Add lines 6 and 7					
		9 Income (loss). Subtract	t line 8				
5	Add lines 1 through 4						
	5 Add lines 1 through 4   from line 5    Schedule M-2 Analysis of Partners' Capital Accounts. (Not required if Item H9, page 1, is answered "Yes.")						
1	Balance at beginning of year	6 Distributions: a Cash					
2	Capital contributed:		erty				
_	a Cash	7 Other decreases (itemize					
	h Dranarti		5)				
3	Net income (loss) per books						
4	Other increases (itemize):						
7	Cities indicades (itemize).	8 Add lines 6 and 7					
		9 Balance at end of year.					
5	Add lines 1 through 4	line 8 from line 5					

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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).

trar	saction that occurred between th	ne foreign partnership and t	the persons listed in colu	ımns (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	maximum loan balance during the year). See				
_	instructions				Form <b>8865</b> (2015)

34379U D310

#### **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

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		J

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) AXIOM ASIA PRIVATE CAPITAL FUND III, LP 98-1044657

#### Part I **Transfers Reportable Under Section 6038B** (b) (e) (g) (d) (f) (a) Type of Number of Fair market Section 704(c) Percentage interest Date of Cost or other Gain recognized on allocation property items value on date in partnership after basis transfer transfer transferred of transfer method transfer Cash VAR 430,000. .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 (h) (b) (e) Gain (c) (d) (g) Date of Depreciation Date of recapture recognized Gain allocated Type of Manner of recapture allocated original recognized by property disposition disposition to partner transfer partnership to partner by partnership Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or Part III X No section 904(f)(5)(F)? . . . Yes

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

Schedule O (Form 8865) 2015

SCHEDULE A-2 - AFFILIATION SCHEDULE				
NAME	ADDRESS	ID NUMBER I	TOTAL ORDINARY INCOME OR LOSS	FOR
ANCHOR EQUITY PARTNERS FUND I, L.P.	PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1069005		×
CHINA CONSUMER CAPITAL FUND II, L.P. C/O INTERTRUST CORP. SERVICES (CAYMAN) LTD.	190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	98-1229680		×
CID GREATER CHINA FUND IV, L.P.	190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	FOREIGNUS		×
INDIA BUSINESS EXCELLENCE FUND - IIA	IFS COURT TWENTYEIGHT CYBERCITY EBENE	98-1015504		×
KAIWU WALDEN CAPITAL, L.P. MAPLES CORPORATE SERVICES LIMITED	P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1169198		×

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III'
FUND
CAPITAL
PRIVATE
ASIA
AXIOM

(CONT'D)
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ATTACHMENT
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SCHEDULE A-2 - AFFILIATION SCHEDULE			אים	E C
NAME	ADDRESS	ID NUMBER	INCOME OR LOSS	PSHP
MAGICAPTIAL FUND (PARALLEL), L.P. C/O HARNEYS SERVICE (CAYMAN) LIMITED	4TH FLOOR, 103 SOUTH CHURCH STREET PO BOX 10240 HARBOUR PLACE GRAND CAYMAN CJ KY1-1002	FOREIGNUS		×
SOUTHERN CAPITAL FUND, III L.P. C/O M&C CORPORATE SERVICES LIMITED	PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1087919		×
ASCENDENT CAPITAL PARTNERS I, L.P. ASCENDENT CAPITAL PARTNERS (ASIA) LID	SUITE 1609, 16F, JARDINE HOUSE 1 CONNAUGHT PLACE CENTRAL HONG KONG	98-1019637		×
CDH VENTURE PARTNERS III, L.P. CDH VENTURE MANAGEMENT III COMPANY LIMITED	PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1060764		×
DCM VENTURES CHINA FUND (DCM VII) L.P.	FLOOR 4, WILLOW HOUSE, CRICKET SQ P.O. BOX 268 GRAND CAYMAN CJ KY1-1104	98-1119396		×

식	
Η,	
III	
FUND	
CAPITAL	
PRIVATE	
ASIA	

AXIOM ASIA PRIVATE CAPITAL FUND III, LP		ATTACHMENT	T 1 (CONT'D)	
FORM 8865, PAGE 2 DETAIL				
SCHEDULE A-2 - AFFILIATION SCHEDULE			VOKNIGO IKBOR	F C D
NAME	ADDRESS	ID NUMBER	INCOME OR LOSS	PSHP
LIGHTSPEED CHINA PARTNERS II, L.P.	P.O. BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1179662		×
NEXT CAPITAL III, L.P.	LEVEL 30/31, 25 BLIGH STREET SYDNEY AS NEW 2000	FOREIGNUS		×
CITIC CAPITAL CHINA (SKIPPER), L.P.	C/O 28TH FLOOR CITIC TOWER 1 TIM MEI AVENUE CENTRAL HK	FOREIGNUS		×
RAISSON CAPITAL, L.P.	C/O INTERTRUST CORPORATE SVS LTD. 190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	98-1147193		×
ASCENDENT CAPITAL PARTNERS II, L.P. C/O ASCENDENT CAPITAL PARTNERS (ASIA) LTD	SUITE 1609, 16F, JARDINE HOUSE 1 CONNAUGHT PLACE CENTRAL HONG KONG	98-1247526		×

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

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 01/01/2015, and ending 12/31/2015

OMB No. 1545-1668

Attachment

Internal Reven	ue Service	beginn	ing $01/01$	/2015 , and					Sequence I	No. 118
Name of perso	on filing this	return			Fil	er's identifyi	ng number			
INDIANA	POLIS	MUSEUM OF ART,	INC.			35	5-086795	55		
Filer's address	s (if you are	e not filing this form with you	ur tax return)	A Category	of filer (see Cate	egories of File	rs in the instr	uctions and checl	k applicable box	(es)):
				1	2	3	X	4		
				<b>B</b> Filer's tax	year beginning	07/01	L/2015	, and ending	06/30/	/2016
C Filer's s	share of li	abilities: Nonrecourse \$		Qualified r	nonrecourse f	nancing \$		Other \$		
D If filer is a member of a consolidated group but not the pa				e parent, enter	the following	information a	bout the par	ent:		
Name					EIN	١				
Address	s									
E Check i	if any exc	epted specified foreign	financial asse	ts are reported	on this form (s	ee instruction	s)			
F Informa	ation abou	it certain other partners	(see instructio	ns)						
						(2)     (15)		(4) Che	eck applicable bo	ox(es)
	(1) Na	ime		(2) Address		(3) Identify	ing number	Category 1	Category 2	Constructive
G1 Name a	and addre	ss of foreign partnership						2(a) EIN (if ar	ny)	
RESOURCE	E CAPI	TAL FUND VI L.	P.					98-109	1392	
1400 SIX	XTEENT	H STREET, SUIT	E 200					2(b) Reference	ce ID number (	(see instr.)
DENVER,	CO 8	0202								
,								3 Country un	der whose lav	vs organized
								CJ		
4 Date of		5 Principal place of	6 Principa	al business	7 Princip	al business	8a Funct	ional currency	8b Exchan	ge rate
organiz	ation	business	activity	code number	activity INVES		Ţ	JSD	(see inst	tr.)
02/21	/2013	CJ	523	900	INVES	IING				
H Provide	the follow	wing information for the	foreign partne	ership's tax yea	r:					
1 Name,	address,	and identifying number	of agent (if any	) in the	2 Check	if the foreign	partnership	must file:		
United					ΠF	orm 1042	For	m 8804	X Form 106	5 or 1065-B
C/O RCF MAN		ET, SUITE 200			Service	Center where		r 1065-B is filed:		
DENVER, CO					OGD	EN				
3 Name a	and addre	ss of foreign partnershi	p's agent in co	untry of	4 Name a	and address	of person(s	) with custody o	f the books an	d
organiz	ation, if ar	ny		•	records	of the foreign	n partnersh	nip, and the loca	ation of such b	ooks
					RESOURCE CA	PITAL FUND	VI L.P.			
					1400 SIXTEE	NTH STREET,	SUITE 200			
					DENVER, CO	80202				
5 Were an	ny snecial	allocations made by the	foreign partne	ershin?				<b>•</b>	Yes	X No
		of Forms 8858, Inform								
		eturn (see instructions)				•	Ü	•		
		ership classified under t					► EXEMI	PTED LIMIT	TED PARTN	NERSHIP
	•	an interest in the foreign pa		-	_					
		03(d)-1(b)(4) or part of a co	• •			• .	•		Yes	X No
	•	eparate unit or combined se	•		. , . ,				Yes	X No
		ship meet both of the fol					(-) (-)(-)(	/		
		p's total receipts for the				04 1111	l		Yes	X No
		e partnership's total assimplete Schedules L, M-		of the tax year	was less than	1 \$1 million.	J			
Sign Here	Under per	nalties of perjury, I declare	that I have exa							wledge
Only If You Are Filing		f, it is true, correct, and com on of which preparer has an		ition of preparer (	other than gene	ral partner or lin	nited liability c	ompany member)	is based on all	
This Form Separately and Not With										
Your Tax Return.	Signa	ature of general partner or	limited liability co	ompany member			Date			
return.		e preparer's name	-	Preparer's signa	ature		Date	Check	if PTIN	
Paid		. It . I have a results			=			self-emp	—	
Preparer	Firm's nan	ne 🕨						Firm's El	· .	
Use Only	Firm's add							Phone n	*	
-	5 add							1.11011011		

Page 2

Sc	hedule <i>I</i>	Constructive Own box b, enter the interest you cons	nership of Partnership Interest. Che name, address, and U.S. taxpayer ide tructively own. See instructions.	- 1	k the boxes the ntifying numbe			e filer. If y ne person	you check (s) whose
Name			Address		Identifying number (if any)			Check if foreign person	Check if direct partner
So	hedule <i>i</i>	Name	of Foreign Partnership (see instruction  Address	on	•	ng number	· (if any)	)	Check if foreign person
	es the par	A-2 Affiliation Schedu	reign person as a direct partner?  Ile. List all partnerships (foreign or dondirectly owns a 10% interest.					Yes partnersh	
_		Name	Address		EIN (if any)	)		al ordinary ome or loss	Check if foreign partnership
	hedule E		nt - Trade or Business Income income and expenses on lines 1a through	h ſ	22 holow Soo tl	ao inatruo	tiona f	or more inf	ormotion
Income	1a Gro b Les 2 Co 3 Gro 4 Oro 5 Ne 6 Ne	oss receipts or sales ss returns and allowances st of goods sold oss profit. Subtract line 2 t dinary income (loss) from t farm profit (loss) (attach t gain (loss) from Form 47	rom line 1c other partnerships, estates, and trusts (attack Schedule F (Form 1040)) 197, Part II, line 17 (attach Form 4797) 198 (attach Form 4797) 199 (attach Form 4797) 199 (attach Form 4797)	ch	statement) *	1c 2 3 4 5 6 7			omidaen:
Deductions (see instructions for limitations)	9 Sa 10 Gu 11 Re 12 Ba 13 Re 14 Ta: 15 Inte 16a De b Le: 17 De 18 Re 19 En	laries and wages (other the laranteed payments to part pairs and maintenance debts on the laranteed laranteed payments to part was and licenses of the laranteed laran	an to partners) (less employment credits) ners			8 9 10 11 12 13 14 15 16c 17 18 19			
	21 To	tal deductions. Add the am	ounts shown in the far right column for lines 9 th	hro	ough 20	21			
	22 Ord	dinary business income (loss	from trade or business activities. Subtract line	21	from line 8	22			

Form 8865 (2015) Page **3** 

Sched		Partners' Distributive Share Items		Total amount	r age e
Ochec	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	3c		
Income (Loss)	4	Guaranteed payments	4 5		
2	5 6	Interest income			
e (	0	Dividends: a Ordinary dividends	6a		
οπ	7	b Qualified dividends 6b	7		
luc	7 8	Royalties  Net short-term capital gain (loss) (attach Schedule D (Form 1065))			
_	-		8 9a		
		Net long-term capital gain (loss) (attach Schedule D (Form 1065))	эa		
		Collectibles (28%) gain (loss)  Unrecaptured section 1250 gain (attach statement)  9b  9c			
	10	Net section 1231 gain (loss) (attach Form 4797)	10		
	11		11		
	12	Other income (loss) (see instructions) Type ► Section 179 deduction (attach Form 4562)	12		
Deductions			13a		
cţi		Contributions Investment interest expense.	13b		
p		Section 59(e)(2) expenditures: (1) Type ▶(2) Amount ▶			
De		Other deductions (see instructions) Type	13d		
		Net earnings (loss) from self-employment	14a		
Self- Employ- ment		Gross farming or fishing income	14b		
שׁ בַּוֹי		Gross nonfarm income.	14c		
		Low-income housing credit (section 42(j)(5)).	15a		
		Low-income housing credit (other)	15b		
dits		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c		
Credits		Other rental real estate credits (see instructions) Type ▶	15d		
S		Other rental credits (see instructions)  Type ▶	15e		
		Other credits (see instructions)  Type ▶	15f		
	16 a	Name of country or U.S. possession ▶			
	b		16b		
ns		Gross income sourced at partner level	16c		
Transactions		Foreign gross income sourced at partnership level			
sac	d	Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f		
ans		Deductions allocated and apportioned at partner level			
Ę	g	Interest expense ▶ h Other ▶	16h		
Foreign		Deductions allocated and apportioned at partnership level to foreign source income			
rei	i	Passive category ▶ j General category ▶ k Other (attach statement) ▶	16k		
Fc	I	Total foreign taxes (check one): ▶ Paid Accrued	16I		
		Reduction in taxes available for credit (attach statement)	16m		
		Other foreign tax information (attach statement)			
o X o	17 a	Post-1986 depreciation adjustment.	17a		
tive Tem	b	Adjusted gain or loss	17b		
ur Ur		Depletion (other than oil and gas)	17c		
Iter Jim MT	d	Oil, gas, and geothermal properties - gross income	17d		
Alternative Minimum Tax (AMT) Items	e	Oil, gas, and geothermal properties - deductions	17e		
	f	Other AMT items (attach statement)	17f		
on		Tax-exempt interest income	18a		
ati		Other tax-exempt income	18b		
гī	C 10 a	Nondeductible expenses  Distributions of each and marketable securities	18c		
nfo		Distributions of cash and marketable securities  Distributions of other property	19a		
<u>-</u>	о 20 а	Distributions of other property Investment income	19b 20a		
Other Information		Investment expenses	20a 20b		
Ò		Other items and amounts (attach statement)			

Form 8865 (2015) Page 4

Schedule L Balance Sheets per B	ooks. (Not required if	Item H9, page 1, is a	nswered "Yes.")	1 age -
	1	of tax year	· · · · · · · · · · · · · · · · · · ·	tax year
Assets	(a)	(b)	(c)	(d)
<b>1</b> Cash				
2 a Trade notes and accounts receivable				
<b>b</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>b</b> Mortgage and real estate loans				
8 Other investments (attach statement)				
9 a Buildings and other depreciable assets				
<b>b</b> Less accumulated depreciation				
10 a Depletable assets				
<b>b</b> Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
<b>b</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>b</b> Mortgages, notes, bonds payable in 1 year or more				
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

98-1091392

Page 5 Form 8865 (2015)

Scl	hedule M Balance Sheets for Interest Alloc	ation		
			(a) Beginning of tax year	<b>(b)</b> End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	Passive category			
b	General category			
С	Other (attach statement)			
Scl	hedule M-1 Reconciliation of Income (Loss) p	er Books With In	come (Loss) per Return. (N	ot required if Item H9, page
	1, is answered "Yes.")			
		6 Inc	ome recorded on books this	
1	Net income (loss) per books	yea	r not included on Schedule K,	
2	Income included on Schedule K,	line	s 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	<b>a</b> Tax	c-exempt interest \$	
	and 11 not recorded on books			
	this year (itemize):	<b>7</b> Dec	luctions included on Schedule	
3	Guaranteed payments (other	K, I	ines 1 through 13d, and 16l not	
	than health insurance)	cha	rged against book income this	
4	Expenses recorded on books	yea	r (itemize):	
	this year not included on	a De	oreciation \$	
	Schedule K, lines 1 through			
	13d, and 16I (itemize):			
а	Depreciation \$			
b	Travel and entertainment \$	8 Ad	d lines 6 and 7	
			ome (loss). Subtract line 8	
5	Add lines 1 through 4	fro	m line 5	
	hedule M-2 Analysis of Partners' Capital Acc			wered "Yes.")
1	Balance at beginning of year	6 Dis	tributions: a Cash	
2	Capital contributed:		<b>b</b> Property	
	a Cash	7 Oth	ner decreases (itemize):	
	<b>b</b> Property		, ,	
3	Net income (loss) per books			
4	Other increases (itemize):			
	,	8 Add	d lines 6 and 7	
			ance at end of year. Subtract	
5	Add lines 1 through 4		8 from line 5	

Form 8865 (2015) 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).

trar	ransaction 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	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
	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				
	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				
	instructions				
21	Amounts loaned (enter the maximum loan balance				
	during the year). See				
	instructions				
					Form <b>8865</b> (2015)

#### **SCHEDULE 0** (Form 8865)

Department of the Treasury Internal Revenue Service

Name of transferor

## 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

	S MUSEUM OF	ART, INC	•	FIN (if and)		35-0867955	
ame of foreign partr	•			EIN (if any)	K	eference ID number (see in	istructions)
RESOURCE CA	PITAL FUND	VI L.P.		98-1091392			
Part I Tra	ansfers Reporta	ıble 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	Section 70 allocation method	n Gain recognized o	n Percentage interes in partnership afte transfer
ash	VAR		602,941				.14
tock, notes eceivable and ayable, and her securities							
ventory							
angible operty sed in trade business							
tangible operty							
ther operty							
upplemental In	formation Requ	aired To Be R	eported (see in	structions):			
Part II Dis	positions Repo	rtable Under	Section 6038B				
(a) Type of property	<b>(b)</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	(h) Depreciation recapture allocate to partner
26144111			•	t to gain recognition		````	Yes X No

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 01/01/2015, and ending 12/31/2015

OMB No. 1545-1668

Attachment Sequence No. 118

Department of Internal Reven				formation furnished /01/2015, ar					Attachme Sequence	ent e No. <b>118</b>
Name of pers	on filing this	return			Fil	er's identifyi	ng number		•	
INDIANA	POLIS 1	MUSEUM OF AR	T, INC.				086795			
Filer's addres	s (if you are	e not filing this form with	h your tax retui	.	ory of filer (see Cate				eck applicable bo	x(es)):
				1	2	3	X	4		
					tax year beginning		L/2015	, and endir		/2016
		abilities: Nonrecourse	- '		d nonrecourse f		h	Other	\$	
	is a memb	er of a consolidated	group but i	not the parent, ent	EII		bout the par	ent:		
Name Addres	· c				[ [	N .				
Addies	5									
E Check	if any exce	epted specified fore	ign financia	assets are reporte	d on this form (s	ee instruction	s)			
		t certain other partn			(-		<u>-,</u>			
		·						(4)	Check applicable	box(es)
	(1) Na	me		(2) Address		(3) Identify	ing number	Category 1	Category 2	Constructive owner
		ss of foreign partners	ship					2(a) EIN (if	• •	
SHIELD,		DIAGA 10mii	TI OOD						09474	(acc instr )
SAN FRA		PLAZA, 12TH , CA 94111	FLOOR					Z(b) Refere	ence ID numbe	(See IIISII.)
DAN FIVA	.1101500	, CA Jaili						3 Country I	under whose la	ws organized
								US		o. gaoa
4 Date of		5 Principal place of		incipal business		al business	8a Funct	ional currenc		
organiz	zation	business	ac	tivity code number	r   activity INVEST	MENTS	Ţ	JSD	(see ir	str.)
06/21	/2011	US		523900	1111251	1111110				
<b>H</b> Provide	e the follow	ving information for	the foreign	partnership's tax ye	ear:					
		and identifying num	ber of agent	(if any) in the	2 Check	if the foreign	partnership	must file:		
United	States					orm 1042		m 8804		65 or 1065-B
							Form 1065 o	r 1065-B is filed	d:	
3 Name a	and addres	ss of foreign partne	rehin'e agent	in country of	OGD:		of person(s	) with custody	of the books a	nd
	zation, if ar	• .	ranip's agent	. III Country of	records	of the foreign	n partnersi		ocation of such	
SHIELD INVE						ords, if differ				
4500 BANKER CALGARY, AI		AST, 855 - 2ND ST	REET S.W.			/O HELLMAN E PLAZA, 12		LLC		
CA, T2P 4K					SAN FRANCIS					
5 Were ar	ny special	allocations made by	the foreign	partnership?				▶	X Yes	No
		of Forms 8858, Inf								
attached	d to this re	turn (see instruction	s)					•	·	
7 How is t	this partne	ership classified und	der the law o	of the country in wh	ich it is organize	d?	► LIMIT	TED PART	NERSHIP	
8 a Does the	filer have a	n interest in the foreign	n partnership,	or an interest indirec	ctly through the fo	reign partnersh	ip, that is a s	eparate		
	•	03(d)-1(b)(4) or part of		•	. , , ,	. , . ,			Yes	X No
		eparate unit or combine ship meet <b>both</b> of the			dated loss as defin	ed in Reg. 1.15	03(d)-1(b)(5)(	ii)?	Yes Yes	No
<ul><li>The p</li></ul>	partnershi <sub>l</sub>	o's total receipts for	the tax year	r were less than \$2			)		Yes	X No
		e partnership's total mplete Schedules L			ear was less thar	\$1 million.	}		163	21 110
Sign Here	Under per	nalties of perjury, I dec	clare that I ha	ve examined this retur						
Only If You Are Filing This Form		, it is true, correct, and n of which preparer ha			er (otner than gene	rai partner or lin	nited liability c	ompany memb	er) is based on a	I
Separately and Not With										
Your Tax Return.	Signa	ture of general partne	er or limited lial	bility company member	er		Date			
Doid	Print/Type	preparer's name		Preparer's sig	nature		Date	Check	if PTIN	
Paid Propager									mployed	
Preparer Use Only	Firm's nan								EIN ►	
Firm's address					Phone	e no.				

SHIELD, L.P. Form 8865 (2015)

Page 2

Sc	hedule A	box b, enter the interest you const	nership of Partnership name, address, and U.S ructively own. See instru							filer. If y person	/ou (s) \	check whose
	Ns	a X Owns a direct	Address	b		Owns a constructive interest  Identifying number (if any)			Check if foreign		neck if irect	
	146	anie	Address		identiii	yiiig iiui	ilibel (il	arry)		person		artner
Sc	hedule A-1	Certain Partners o	f Foreign Partnership (S	ee instructio	ns)							
	Na	ame	Address		ا	Identifyi	ng num	nber (if a	any)		fo	neck if reign erson
Doe	es the partnersh	ip have any other for	eign person as a direct partı	ner?						Yes		No
Sc	hedule A-2	Affiliation Schedu	le. List all partnerships directly owns a 10% inte	(foreign or do							ip o	
	Na	ame	Address			EIN (if any)				ordinary e or loss	fo	neck if reign nership
			t - Trade or Business Inc									
Сац	ition: Include on	ly trade or business	income and expenses on li	ines 1a through	22 below.	. See th	ne inst	ruction	s for	more info	orma	ition.
	1a Gross rec	eipts or sales		1a			4.0					
				1b			1c 2					
me	<b>3</b> Gross pro	ofit. Subtract line 2 fr	om line 1c				3					
Income			ther partnerships, estates,				5					
_	5 Net farm 6 Net gain (	profit (loss) (attach s	Schedule F (Form 1040)) 97, Part II, line 17 (attach Fo	orm 4797)			6					
			atement)				7					
			lines 3 through 7				8					
			in to partners) (less employi				9					
(SL			ers				10					
tation	11 Repairs a	ind maintenance					11					
ij							12					
ls fo							13					
rction						l l	15					
<b>Deductions</b> (see instructions for limitations)			ch Form 4562)									
see i			sewhere on return				16c					
3) SL			nd gas depletion.)				17					
ţio		-					18					
que							19 20					
De	20 Other dec	auctions (attach state	ement)				20					
	21 Total ded	luctions. Add the amo	unts shown in the far right col	umn for lines 9 th	nrough 20 .		21					
	22 Ordinary b	ousiness income (loss)	from trade or business activiti	es. Subtract line 2	21 from line	8	22					

SHIELD, L.P. 98-1009474

Form 8865 (2015) Page **3** 

Sched		Partners' Distributive Share Items		Total amount	r age e
Ochec	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	3c		
Income (Loss)	4	Guaranteed payments	4 5		
2	5 6	Interest income			
e (	0	Dividends: a Ordinary dividends	6a		
οπ	7	b Qualified dividends 6b	7		
luc	7 8	Royalties  Net short-term capital gain (loss) (attach Schedule D (Form 1065))			
_	-		8 9a		
		Net long-term capital gain (loss) (attach Schedule D (Form 1065))	эa		
		Collectibles (28%) gain (loss)  Unrecaptured section 1250 gain (attach statement)  9b  9c			
	10	Net section 1231 gain (loss) (attach Form 4797)	10		
	11		11		
	12	Other income (loss) (see instructions) Type ► Section 179 deduction (attach Form 4562)	12		
ů			13a		
cţi		Contributions Investment interest expense.	13b		
Deductions		Section 59(e)(2) expenditures: (1) Type ▶(2) Amount ▶			
De		Other deductions (see instructions) Type	13d		
		Net earnings (loss) from self-employment	14a		
Self- Employ- ment		Gross farming or fishing income	14b		
שׁ בַּוֹי		Gross nonfarm income.	14c		
		Low-income housing credit (section 42(j)(5)).	15a		
		Low-income housing credit (other)	15b		
dits		Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c		
Credits		Other rental real estate credits (see instructions) Type ▶	15d		
S		Other rental credits (see instructions)  Type ▶	15e		
		Other credits (see instructions)  Type ▶	15f		
	16 a	Name of country or U.S. possession ▶			
	b		16b		
ns		Gross income sourced at partner level	16c		
Transactions		Foreign gross income sourced at partnership level			
sac	d	Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f		
ans		Deductions allocated and apportioned at partner level			
Ę	g	Interest expense ▶ h Other ▶	16h		
Foreign		Deductions allocated and apportioned at partnership level to foreign source income			
rei	i	Passive category ▶ j General category ▶ k Other (attach statement) ▶	16k		
Fc	I	Total foreign taxes (check one): ▶ Paid Accrued	16I		
		Reduction in taxes available for credit (attach statement)	16m		
		Other foreign tax information (attach statement)			
o X o	17 a	Post-1986 depreciation adjustment.	17a		
tive Tem	b	Adjusted gain or loss	17b		
ur Ur		Depletion (other than oil and gas)	17c		
Iter Jim MT	d	Oil, gas, and geothermal properties - gross income	17d		
Alternative Minimum Tax (AMT) Items	e	Oil, gas, and geothermal properties - deductions	17e		
	f	Other AMT items (attach statement)	17f		
on		Tax-exempt interest income	18a		
ati		Other tax-exempt income	18b		
гī	C 10 a	Nondeductible expenses  Distributions of each and marketable securities	18c		
nfo		Distributions of cash and marketable securities  Distributions of other property	19a		
<u>-</u>	о 20 а	Distributions of other property Investment income	19b 20a		
Other Information		Investment expenses	20a 20b		
Ò		Other items and amounts (attach statement)			

SHIELD, L.P. 98-1009474

Form 8865 (2015) Page 4

Sch	nedule L Balance Sheets per B	ooks. (Not required if	Item H9, page 1, is a	nswered "Yes.")	
		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)				
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				
	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				

98-1009474 SHIELD, L.P.

Form	n 8865 (2015)			Page <b>5</b>
Sc	hedule M Balance Sheets for Interest Al	location		
			(a) Beginning of tax year	<b>(b)</b> End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	Passive category			
	General category			
С	Other (attach statement)			
Sc	hedule M-1 Reconciliation of Income (Loss	s) per Books With Inc	ome (Loss) per Return. (Not	required if Item H9, page
	1, is answered "Yes.")			
		6 Inco	ome 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,	<b>a</b> Tax-	-exempt interest \$	
	and 11 not recorded on books		·	
	this year (itemize):	<b>7</b> 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 Dop		
	13d, and 16I (itemize):			
•	Depreciation \$			
	Travel and entertainment \$	8 Add	lines 6 and 7	
, i			lines 6 and 7	
_	Add lines 1 through 1		ome (loss). Subtract line 8	
5	3	Not require	n line 5	vorad "Vaa ")
	hedule M-2 Analysis of Partners' Capital A			rered res. )
1	Balance at beginning of year	6 Dist	ributions: <b>a</b> Cash	
2	Capital contributed:		<b>b</b> Property	
	a Cash	<b>7</b> Oth	er decreases (itemize):	
	<b>b</b> Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
		<b>8</b> Add	lines 6 and 7	
			ance at end of year. Subtract	
5	Add lines 1 through 4	line	8 from line 5	

Form **8865** (2015)

JSA 5X1915 2.000 34379U D310

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Page 6

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

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).

trai	nsaction that occurred between th	e foreign partnership and	the persons listed in colu	ımns (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				
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	instructions				
_	instructions				Form <b>8865</b> (2015)

34379U D310 PAGE 96

#### **SCHEDULE O** (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 Service	iterial revenue service   F information about conductor of orm coop, and its coparate methatism to at www.ineigov.com.coo.							
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)						
SHIELD, L.P.	98-1009474							

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	11/10/2015		212,328.				.045
Stock, notes receivable and payable, and other securities							
Inventory							
Tangible property used in trade or business							
Intangible property							
Other property							
Supplemental I	nformation Requ	uired To Be F	Reported (see instr	ructions):			
Part II Di	spositions Repo	rtable Unde	Section 6038B				
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	<b>(e)</b> Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner

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

Schedule O (Form 8865) 2015

(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 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transferor controll	ed (under section 368(c)) by 5
or fewer domestic corporations?	
<b>b</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 retu	
corporation?	Yes No
If not, list the name and employer identification number (EIN) of the parent co	rporation:
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
1 2	
2 If the transferor was a partner in a partnership that was the actual transfe	eror (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
The state of the s	Lift of partitionship
RESOURCE CAPITAL FUND VI LP	98-1091392
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of partnership a	77
	Yes X No
d Is the partner disposing of an interest in a limited partnership that is regularly	
securities market?	Yes X No
3 Name of transferee (foreign corporation)	4a Identifying number, if any
TMAC RESOURCES INC.  5 Address (including country)	FOREIGNUS  4b Reference ID number
95 WELLINGTON STREET WEST STE 1010 PO BOX 44	(see instructions)
TORONTO ON CA M5J 2N7	CBN4252014
6 Country code of country of incorporation or organization (see instructions)	0220202.
<ul> <li>CA</li> <li>Foreign law characterization (see instructions)</li> </ul>	
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corporation?	Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (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 (d) Cost or other (a) Date of (e) Type of Gain recognized on property date of transfer transfer property basis transfer 101,901. VAR 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):					

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

Form 926 (Rev. 12-2013) Page **3** 

#### 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 <u>. 0004</u> % (b) After <u>. 0005</u> % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes 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 transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

(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 thro	ugh 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the tra	nsferor controlled (under section	on 368(c)) by 5
or fewer domestic corporations?		
<b>b</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	Ident	ifying number
c If the transferor was a member of an affiliated group filing a co		
corporation? If not, list the name and employer identification number (EIN) of	f the parent corporation:	Yes No
Name of parent corporation	EIN of p	arent 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	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
AVIOM ACIA DDINAME CADIMAI ENNO III II	00	1044657
AXIOM ASIA PRIVATE CAPITAL FUND III LI  b Did the partner pick up its pro rata share of gain on the transfer		
c Is the partner disposing of its <b>entire</b> interest in the partnership?		· · · · · · · · · · · · · · · · · · ·
d Is the partner disposing of an interest in a limited partnership t		
securities market?	nstructions)	Tes And
3 Name of transferee (foreign corporation)		4a Identifying number, if any
A3F LTD		FOREIGNUS
5 Address (including country)		4b Reference ID number
C/O CODAN TRUST COMPANY (CAYMAN)LTD CRICKET S		(see instructions)
GRAND CAYMAN CAYMAN ISLANDS CJ KY1-1111		A3FLTD
6 Country code of country of incorporation or organization (see i	nstructions)	
CJ		
7 Foreign law characterization (see instructions)		
CORPORATION		
8 Is the transferee foreign corporation a controlled foreign corpor	ation?	Yes X No
For Paperwork Reduction Act Notice, see separate instructions.		Form <b>926</b> (Rev. 12-201

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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 date of transfer (d) Cost or other (e) Gain recognized on (a) Date of Type of property transfer property basis transfer VAR 156,270. 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):				

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

Form 926 (Rev. 12-2013) Page **3** 

#### 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 <u>. 1720</u> % (b) After <u>. 1702</u> % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes 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 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** 

Part I U.S. Transferor Information (see instructions)			
Name of transferor		Identifying number (se	ee 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 tran	•	` '' •	
or fewer domestic corporations?			res No
<b>b</b> Did the transferor remain in existence after the transfer?			res No
If not, list the controlling shareholder(s) and their identifying nun	nber(s):		
Controlling shareholder	Identi	fying number	
If the transferor was a mamber of an affiliated group filing a sec	and alidated vature was it the nor	ront	
c If the transferor was a member of an affiliated group filing a corcorporation?	·		( N
corporation?  If not, list the name and employer identification number (EIN) or	f the parent corporation:		res No
in not, list the name and employer identification number (Env) o	Title parent corporation.		
Name of parent corporation	EIN of pa	arent corporation	
d Have basis adjustments under section 367(a)(5) been made?		🗀 ነ	res No
2 If the transferor was a partner in a partnership that was the	actual transferor (but is not	treated as such und	der section 367),
complete questions 2a through 2d.			
a List the name and EIN of the transferor's partnership:			
Name of partnership	EIN o	of partnership	
SHIELD, L.P.	98-1	1009474	
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer			Yes X No
<b>c</b> Is the partner disposing of its <b>entire</b> interest in the partnership?			Yes X No
d Is the partner disposing of an interest in a limited partnership th	at is regularly traded on an est	ablished	
securities market?		🔲 ۱	res X No
Part II Transferee Foreign Corporation Information (see in	structions)		
3 Name of transferee (foreign corporation)		4a Identifying num	ber, if any
SHIELD LUXCO 1, S.A.R.L.		98-11601	35
5 Address (including country)		4b Reference ID nu	mber
5, RUE GUILLAUME KROLL L-1882 LUXEMBOURG		(see instructions)	
LU		SHIELD	
6 Country code of country of incorporation or organization (see in	structions)		
To Foreign law characterization (see instructions)			
,			
CORPORATION  8 Is the transferee foreign corporation a controlled foreign corporation.	ation?	X   Yes	No
For Paperwork Reduction Act Notice, see separate instructions.			<b>926</b> (Rev. 12-2013)

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### Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	10/21/2015	,,,	211,793.		
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	10/21/2015	PROPERTY	526,755.		

Supplemental Information Required To Be Reported (see instructions):			

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#### 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 . 033624 % (b) After . 033624 % 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 a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes No Yes 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?

transaction?

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

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

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Yes X No

transaction:

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(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		
	he transferor was a corporation, complete questions 1a through	_	200(a)\ h 5		
	he transfer was a section 361(a) or (b) transfer, was the transfer, was the transfer transfer transfer to the transfer t	•			
	fewer domestic corporations?				
			Tes No		
IT r	not, list the controlling shareholder(s) and their identifying num	ber(s):			
	Controlling shareholder	lden	tifying number		
	he transferor was a member of an affiliated group filing a con	solidated return, was it the pa	arent		
	rporation?		Yes No		
lf r	not, list the name and employer identification number (EIN) of	the parent corporation:			
	Name of parent corporation	EIN of p	parent corporation		
d Ha	ve basis adjustments under section 367(a)(5) been made?		Yes No		
СО	the transferor was a partner in a partnership that was the amplete questions 2a through 2d. It 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			
	The second secon		or partificionip		
C117 D.	LECDANIZ EQUITORY EURO VITT ID	47	1100501		
	LESBANK EQUITY FUND VIII, LP  If the partner pick up its pro rata share of gain on the transfer of		.1109521 		
	the partner disposing of its <b>entire</b> interest in the partnership?				
	the partner disposing of an interest in a limited partnership the				
	curities market?				
Part II	Transferee Foreign Corporation Information (see ins	structions)	22		
	me of transferee (foreign corporation)	,	4a Identifying number, if any		
	OG MIDCO LIMITED		FOREIGNUS		
	dress (including country)		4b Reference ID number		
COMMODIT	Y QUAY ST. KATHERINE DOCKS		(see instructions)		
	UK E1W1AZ		CBSDG		
	untry code of country of incorporation or organization (see ins	structions)			
<u>UK</u>					
	reign law characterization (see instructions)				
	ORATION (Section 2014)	tion 0	1 1		
	the transferee foreign corporation a controlled foreign corpora	uon.			
For Pape	rwork Reduction Act Notice, see separate instructions.		Form <b>926</b> (Rev. 12-201)		

### Form 926 (Rev. 12-2013) Page 2 Part III Information Regarding Transfer of Property (see instructions) (b) Description of (c) Fair market value on date of transfer (d) Cost or other (a) Date of (e) Type of Gain recognized on property transfer property basis transfer 07/07/2015 247,372. 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 <u>.0014</u> % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes 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 transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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(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.

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

OMB No. 1545-0026

Attachment Sequence No. **128** 

Department of the Treasury Internal Revenue Service

Part I U.S. Transferor Information (see instructions)				
Name of transferor		Identifying number	•	ructions)
INDIANAPOLIS MUSEUM OF ART, INC.		35-086795	5	
<ul> <li>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?</li> <li>b Did the transferor remain in existence after the transfer?</li> <li>If not, list the controlling shareholder(s) and their identifying numbers.</li> </ul>	feror controlled (under sectio		Yes Yes	No No
Controlling shareholder	Ident	ifying 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 p	arent corporation	ı	
d Have basis adjustments under section 367(a)(5) been made?			Yes	No
<ul><li>2 If the transferor was a partner in a partnership that was the a complete questions 2a through 2d.</li><li>a List the name and EIN of the transferor's partnership:</li></ul>	actual transferor (but is not	treated as such	under se	ection 367),
Name of partnership	EIN c	of partnership		
TEVEL BOILDY ODDODDINIDES END 2015 ID	<b>17</b>	2020052		
<ul> <li>LEVEL EQUITY OPPORTUNITIES FND 2015 LP</li> <li>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?</li> <li>d Is the partner disposing of an interest in a limited partnership that</li> </ul>	f partnership assets?		Yes Yes	X No
securities market?			Yes	X No
Part II Transferee Foreign Corporation Information (see ins	structions)			
3 Name of transferee (foreign corporation) MADE.COM DESIGN LTD		<b>4a Identifying no</b> FOREIGN		any
5 Address (including country) 45 NOTTING HILL GATE LONDON UK W11 3LQ	1	<b>4b</b> Reference ID (see instructions		
<b>6</b> Country code of country of incorporation or organization (see ins UK	tructions)			
7 Foreign law characterization (see instructions)				
CORPORATION	liano.			
8 Is the transferee foreign corporation a controlled foreign corporation a controlled foreign corporation.  For Paperwork Reduction Act Notice, see separate instructions.	UUII?		X N	<b>o</b> (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 (d) Cost or other (a) Date of (e) Type of Gain recognized on property date of transfer transfer property basis transfer VAR 227,623. 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 < 10 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes 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 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. Department of the Treasury Internal Revenue Service 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 three	•	
a If the transfer was a section 361(a) or (b) transfer, was the tra	•	` ' '
or fewer domestic corporations?		
<b>b</b> Did the transferor remain in existence after the transfer?		Yes No
If not, list the controlling shareholder(s) and their identifying nu	ımber(s):	
Controlling shareholder	ldent	ifying number
c If the transferor was a member of an affiliated group filing a c	•	
corporation?	of the percent correction.	Yes No
If not, list the name and employer identification number (EIN)	or the parent corporation.	
Name of parent corporation	EIN of p	arent 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	e 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
		•
BAUPOST VALUE PARTNERS, L.PIV	26-	2208448
<b>b</b> Did the partner pick up its pro rata share of gain on the transfe		
c Is the partner disposing of its <b>entire</b> interest in the partnership		· · · · · · · · · · · · · · · · · · ·
d Is the partner disposing of an interest in a limited partnership		
	3 ,	
Part II Transferee Foreign Corporation Information (see	nstructions)	
3 Name of transferee (foreign corporation)	,	4a Identifying number, if any
BVP-IV CAYMAN XI LIMITED		FOREIGNUS
5 Address (including country)		4b Reference ID number
PO BOX 309, UGLAND HOUSE, SOUTH CHURCH STREET		(see instructions)
GEORGE TOWN GRAND CAYMAN CJ KY1-1104		BVP-IV, XI
6 Country code of country of incorporation or organization (see	instructions)	
CJ		
7 Foreign law characterization (see instructions)		
CORPORATION		
8 Is the transferee foreign corporation a controlled foreign corporation	ration?	
For Paperwork Reduction Act Notice, see separate instructions.		Form <b>926</b> (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 (d) Cost or other (e) Gain recognized on (a) Date of Type of property date of transfer transfer property basis transfer 12/31/2015 135,458. 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))

Supplemental li	nformation Required	To Be Reported (see	instructions):	

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

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

Other property

# 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:	
(a	) Before <u>. 255773</u> % <b>(b)</b> After <u>. 262483</u> %	
10	Type of nonrecognition transaction (see instructions) $\blacktriangleright$ <u>IRC_SECTION_351</u>	
d	Indicate whether any transfer reported in Part III is subject to any of the following:  Gain recognition under section 904(f)(3)  Gain recognition under section 904(f)(5)(F)  Recapture under section 1503(d)  Exchange gain under section 987  Yes X II  Yes X II	No No No
12	Did this transfer result from a change in the classification of the transferee to that of a foreign corporation? Yes X I	No
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 I  Yes X I	No No
14	Did the transferor transfer assets which qualify for the trade or business exception under section $367(a)(3)$ ?   Yes $X$	No
	Did the transferor transfer foreign goodwill or going concern value as defined in Temporary Regulations section 1.367(a)-1T(d)(5)(iii)?	No
b	If the answer to line 15a is "Yes," enter the amount of foreign goodwill or going concern value transferred ▶ \$	
16	Was cash the only property transferred?	No
17a	Was intangible property (within the meaning of section 936(h)(3)(B)) transferred as a result of the transaction? $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$	No
b	If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:	
	- 026 m	

(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 thro	•	
a If the transfer was a section 361(a) or (b) transfer, was the transfer	,	
or fewer domestic corporations?		
<b>b</b> Did the transferor remain in existence after the transfer?		Yes
If not, list the controlling shareholder(s) and their identifying nur	mber(s):	
Controlling shareholder	Identi	ifying number
c If the transferor was a member of an affiliated group filing a co		
corporation?  If not, list the name and employer identification number (EIN) of	of the parent corporation:	Yes No
if not, list the name and employer identification number (EIN) to	the parent corporation:	
Name of parent corporation	EIN of pa	arent corporation
d Have basis adjustments under section 367(a)(5) been made? .		Yes No
<ul><li>2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li><li>a List the name and EIN of the transferor's partnership:</li></ul>	actual transferor (but is not	treated as such under section 367),
Name of partnership	EIN a	of partnership
Name of partnership	EIN	or partnership
		2505064
FIRST ROUND CAPITAL III, LP		3585964
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer		77
<ul><li>c Is the partner disposing of its entire interest in the partnership?</li><li>d Is the partner disposing of an interest in a limited partnership to</li></ul>		
securities market?  Part II Transferee Foreign Corporation Information (see in	nstructions)	A No
3 Name of transferee (foreign corporation)	100.00.00	4a Identifying number, if any
INFLUITIVE CORPORATION		98-1032444
5 Address (including country)		4b Reference ID number
91 NIAGRA STREET		(see instructions)
ORONTO ONTARIO CA M5V1C9	-	INFLUITIVE
6 Country code of country of incorporation or organization (see in	nstructions)	
CA		
7 Foreign law characterization (see instructions)		
CORPORATION		
8 Is the transferee foreign corporation a controlled foreign corpor	ation?	
For Paperwork Reduction Act Notice, see separate instructions.		Form <b>926</b> (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 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)) 04/30/2015 121 PROPERTY 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 <u>. 0 0 4 8</u> % (b) After <u>. 0 0 3 5</u> % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes No Yes 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 thro	•	
a If the transfer was a section 361(a) or (b) transfer, was the transfer	,	
or fewer domestic corporations?		
<b>b</b> Did the transferor remain in existence after the transfer?		Yes
If not, list the controlling shareholder(s) and their identifying nur	mber(s):	
Controlling shareholder	Identi	ifying number
c If the transferor was a member of an affiliated group filing a co		
corporation?  If not, list the name and employer identification number (EIN) of	of the parent corporation:	Yes No
if not, list the name and employer identification number (EIN) to	the parent corporation:	
Name of parent corporation	EIN of pa	arent corporation
d Have basis adjustments under section 367(a)(5) been made? .		Yes No
<ul><li>2 If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li><li>a List the name and EIN of the transferor's partnership:</li></ul>	actual transferor (but is not	treated as such under section 367),
Name of partnership	EIN a	of partnership
Name of partnership	EIN	or partnership
		2505064
FIRST ROUND CAPITAL III, LP		3585964
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer		77
<ul><li>c Is the partner disposing of its entire interest in the partnership?</li><li>d Is the partner disposing of an interest in a limited partnership to</li></ul>		
securities market?  Part II Transferee Foreign Corporation Information (see in	nstructions)	A No
3 Name of transferee (foreign corporation)	100.00.00	4a Identifying number, if any
INFLUITIVE CORPORATION		98-1032444
5 Address (including country)		4b Reference ID number
91 NIAGRA STREET		(see instructions)
ORONTO ONTARIO CA M5V1C9	-	INFLUITIVE
6 Country code of country of incorporation or organization (see in	nstructions)	
CA		
7 Foreign law characterization (see instructions)		
CORPORATION		
8 Is the transferee foreign corporation a controlled foreign corpor	ation?	
For Paperwork Reduction Act Notice, see separate instructions.		Form <b>926</b> (Rev. 12-2013)

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#### Form 926 (Rev. 12-2013) Part III Information Regarding Transfer of Property (see instructions) (a) Date of (b) Description of (c) Fair market value on (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)) 04/30/2015 125 PROPERTY 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 <u>. 0 0 4 8</u> % (b) After <u>. 0 0 3 5</u> % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes No Yes 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:

# Form **926**

(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		entifying number (S	*
INDIANAPOLIS MUSEUM OF ART, INC.	<u> </u>	<u>35-0867955</u>	
<ul> <li>1 If the transferor was a corporation, complete questions 1a throat If the transfer was a section 361(a) or (b) transfer, was the transfered domestic corporations?</li> <li>b Did the transferor remain in existence after the transfer?</li> <li>If not, list the controlling shareholder(s) and their identifying numbers.</li> </ul>	nsferor controlled (under section 3		Yes N Yes N
Controlling shareholder	Identify	ing number	
c If the transferor was a member of an affiliated group filing a cocorporation?			Yes N
If not, list the name and employer identification number (EIN)	of the parent corporation:		
Name of parent corporation	EIN of pare	ent corporation	
d Have basis adjustments under section 367(a)(5) been made? .			Yes N
<ul><li>If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li><li>a List the name and EIN of the transferor's partnership:</li></ul>	actual transferor (but is not tre	eated as such un	der section 3
Name of partnership	EIN of p	partnership	
<ul> <li>b Did the partner pick up its pro rata share of gain on the transfer</li> <li>c Is the partner disposing of its entire interest in the partnership?</li> <li>d Is the partner disposing of an interest in a limited partnership t</li> </ul>			Yes N
securities market?			Yes N
Part II Transferee Foreign Corporation Information (see in	,	11 (12.1	
3 Name of transferee (foreign corporation) CAPITAL TODAY EVERGREEN FUND	48	a Identifying num FOREIGNU	<del>-</del>
5 Address (including country)		<b>b</b> Reference ID no	
C/O MAPLES CORPORATE SERVICES LTD UGLAND HOUS	(5	see instructions)	
GRAND CAYMAN CJ KY1-1104	CTE	EF	
6 Country code of country of incorporation or organization (see i CJ	nstructions)		
7 Foreign law characterization (see instructions)			
EXEMPTED LIMITED PARTNERSHIP			
8 Is the transferee foreign corporation a controlled foreign corporation	ration?		X No
For Paperwork Reduction Act Notice, see separate instructions.		Form	<b>926</b> (Rev. 12-2

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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 date of transfer (d) Cost or other (e) Gain recognized on (a) Date of Type of property transfer property basis transfer 270,000. VAR 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 <u>. 4 9</u> % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes 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 transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

# Form **926**

(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.

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

OMB No. 1545-0026

Attachment Sequence No. **128** 

Department of the Treasury Internal Revenue Service

Part I U.S. Transferor Information (see ins				
Name of transferor		fying number (see instructions)		
INDIANAPOLIS MUSEUM OF ART,	-0867955			
1 If the transferor was a corporation, complete	estions 1a through 1d.			
	er, was the transferor controlled (under section 368)			
or fewer domestic corporations?				
<b>b</b> Did the transferor remain in existence after the	ransfer?	Yes No		
If not, list the controlling shareholder(s) and the	r identifying number(s):			
Controlling shareholder	Identifying	number		
	roup filing a consolidated return, was it the parent	Yes No		
Name of parent corporation	EIN of parent	corporation		
d Have basis adjustments under section 367(a)(	been made?	Yes No		
<ul> <li>2 If the transferor was a partner in a partners complete questions 2a through 2d.</li> <li>a List the name and EIN of the transferor's partners.</li> </ul>	p that was the actual transferor (but is not treate ship:	d as such under section 367),		
Name of partnership	EIN of novi	partnership		
Name of partnersing	Eliv of part	mersnip		
h. Did the portror viel up its are rete shore of a	an the transfer of partnership accests?	Yes No		
	n on the transfer of partnership assets? ne partnership?			
	d partnership that is regularly traded on an establish			
· · · · · ·	u partitership that is regularly traded on an establish			
Part II Transferee Foreign Corporation Info	mation (see instructions)			
3 Name of transferee (foreign corporation)	,	entifying number, if any		
GC EQUITY PARTNERS FUND III		FOREIGNUS		
5 Address (including country)		eference ID number		
AL SILA TOWER, 25TH FL, SOWWAH SQ AL MARYAH I	(see	instructions)		
ABU DHABI AE KY1-9005	GCEPF			
6 Country code of country of incorporation or or	anization (see instructions)			
CJ				
7 Foreign law characterization (see instructions)				
LIMITED PARTNERSHIP  8 Is the transferee foreign corporation a control	d foreign corporation?	Vee V Ne		
For Paperwork Reduction Act Notice, see separate instri		Yes X No Form <b>926</b> (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) Cost or other (e) Type of Gain recognized on property transfer property basis transfer 451,190. VAR 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))

		To 20 Hoponica (666		
Supplemental I	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 <u>. 27</u> % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes 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 transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

# Form **926**

(Rev. December 2013)

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

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

Department of the Treasury Internal Revenue Service ► 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	
<ul> <li>If the transferor was a corporation, complete questions 1a throat If the transfer was a section 361(a) or (b) transfer, was the transfered domestic corporations?</li> <li>Did the transferor remain in existence after the transfer?</li> <li>If not, list the controlling shareholder(s) and their identifying numbers.</li> </ul>	Insferor controlled (under section 368(c)) by 5  Yes Yes No	
Controlling shareholder	Identifying number	
c If the transferor was a member of an affiliated group filing a cocorporation?		
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	
<ul><li>If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li><li>a List the name and EIN of the transferor's partnership:</li></ul>	e actual transferor (but is not treated as such under section 36	
Name of partnership	EIN of partnership	
<ul> <li>b Did the partner pick up its pro rata share of gain on the transfer</li> <li>c Is the partner disposing of its entire interest in the partnership?</li> <li>d Is the partner disposing of an interest in a limited partnership to</li> </ul>	Yes No	
securities market?	Yes No	
Part II Transferee Foreign Corporation Information (see in Name of transferee (foreign corporation)	,	
3 Name of transferee (foreign corporation) AXA EARLY SECONDARY FUND IV	4a Identifying number, if any FOREIGNUS	
5 Address (including country)	4b Reference ID number	
PO BOX 87, 22 GRENVILLE ST	(see instructions)	
T HELIER CHANNEL ISLANDS UK JE4 8PX	AXAESFIV	
<b>6</b> Country code of country of incorporation or organization (see i	nstructions)	
7 Foreign law characterization (see instructions)		
LIMITED PARTNERSHIP		
8 Is the transferee foreign corporation a controlled foreign corpo	ration? Yes X No	
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-20	

## Part III Information Regarding Transfer of Property (see instructions)

Type of property	(a) Date of transfer	( <b>b)</b> Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR		114,052.		
Stock and					
ecurities					
stallment					
oligations,			+		
count ceivables or					
milar property					
oreign currency					
other property					
enominated in					
reign currency					
,					
ventory					
ssets subject to					
epreciation					
capture (see			+		
emp. Regs. sec.					
367(a)-4T(b))					
angible property					
sed in trade or usiness not listed					
nder another					
ategory					
tangible					
operty					
roperty to be leased					
s described in final d temp. Regs. sec.			+		
367(a)-4(c))					
operty to be					
ld (as escribed in					
mp. Regs. sec.					
367(a)-4T(d))					
ansfers of oil and					
s working interests					
s described in					
emp. Regs. sec. 367(a)-4T(e))					
σσ. (α) 11(σ))					
-					
ther 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 <u>. 33</u> \_\_\_\_ % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes 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 transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

# Form **926**

(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	
<ul> <li>If the transferor was a corporation, complete questions 1a throat If the transfer was a section 361(a) or (b) transfer, was the transfered domestic corporations?</li> <li>Did the transferor remain in existence after the transfer?</li> <li>If not, list the controlling shareholder(s) and their identifying numbers.</li> </ul>	nsferor controlled (under section 368(c)) by 5	
Controlling shareholder	Identifying number	
c If the transferor was a member of an affiliated group filing a cocorporation?	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	
<ul><li>If the transferor was a partner in a partnership that was the complete questions 2a through 2d.</li><li>a List the name and EIN of the transferor's partnership:</li></ul>	e actual transferor (but is not treated as such under section 367	
Name of partnership	EIN of partnership	
<ul> <li>b Did the partner pick up its pro rata share of gain on the transfe</li> <li>c Is the partner disposing of its entire interest in the partnership?</li> <li>d Is the partner disposing of an interest in a limited partnership to</li> </ul>	Yes No chat is regularly traded on an established	
securities market?		
Part II Transferee Foreign Corporation Information (see i	·	
3 Name of transferee (foreign corporation)  SYSTEMATICA BLUETREND FUND LIMITED  4a Identifying number FOREIGNUS		
5 Address (including country)	4b Reference ID number	
IGLAND HOUSE, SOUTH CHURCH STREET	(see instructions)	
GRAND CAYMAN CJ KY1-1104	SBTF	
<b>6</b> Country code of country of incorporation or organization (see i CJ	nstructions)	
7 Foreign law characterization (see instructions)		
EXEMPTED COMPANY		
8 Is the transferee foreign corporation a controlled foreign corpo	ration? Yes X No	
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-201	

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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 (d) Cost or other (a) Date of (e) Type of Gain recognized on property transfer property date of transfer basis transfer 2,600,000. VAR 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 <u>. 1275</u> \_\_\_\_ % 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: a Gain recognition under section 904(f)(3) Yes No Χ **b** Gain recognition under section 904(f)(5)(F) Yes No Χ No c Recapture under section 1503(d) Yes 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 Yes Χ Nο Yes c Branch loss recapture Yes Χ No d Any other income recognition provision contained in the above-referenced regulations Χ Yes 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 transaction? b If "Yes," describe the nature of the rights to the intangible property that was transferred as a result of the transaction:

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

Taxpayer Name: <a href="INDIANAPOLIS MUSEUM OF ART">INDIANAPOLIS MUSEUM OF ART</a>, INC.

Taxpayer Address: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208

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

Year-End: 06/30/2016

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: INDIANAPOLIS MUSEUM OF ART, INC.

Taxpayer Address: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208

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

Year-End: 06/30/2016

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: 6/30/2016

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: 30

COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS V, LP EIN: 92-0179780

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 4,761

FLAG VENTURE PARTNERS VII, LP EIN: 26-2874862 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 295

FIRST RESERVE FUND XI, LP EIN: 20-5069838

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 114,626

PARK STREET CAPITAL NATURAL RESOURCE FUND III AIV, LP EIN: 26-0438451

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 15,325

PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP EIN: 20-3362394

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 21,084

PARK STREET CAPITAL PRIVATE EQUITY FUND VIII, LP EIN: 20-8255115

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 5,804

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## INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2016

# 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

# Indianapolis Museum of Art EIN: 35-0867955 Year End: 06/30/2016

# **Contribution Carryover Attachment**

Charitable Contributions Charitable Contributions from Pass-Throughs Total Charitable Contributions	4,400
Form 990-T, Part II, Line 20, Contribution Carryover:	
Line 20 - Contribution Deduction  1. Taxable Income (Excluding Contributions)  2. Less: NOL Carryover  3. Taxable Income without regard to Contributions  4. Contribution Deduction Limitation (Taxable Income X 10%)  5. Amount of Deductible Contributions  6. Contribution Deduction (Lesser of Line 4 or Line 5)	73,868 1,135,394 (1,061,526) (106,153) 4,400
5 Year Contribution Carryover	

Year Ending	Amount	Amount	Amount	Carryover to
	Generated	Available	Utilized	Next Year
6/30/2016	4,400	4,400	-	4,400