

# **Public Disclosure for Tax-Exempt Organizations**

Tax-exempt organizations are required to make a copy of their application for exemption and Form(s) 990 (and 990-T, if applicable) available for public inspection and to provide copies of such forms to individuals or organizations that request copies. Alternatively, the Internet may be used to make these documents available. (See the "Using the Internet" section which follows.) These rules apply to an organization's Form(s) 990 (and 990-T, if applicable) for the last three years and to its application for exemption. If the application was filed prior to July 15, 1987, disclosure is not required unless the organization had a copy of the application on July 15, 1987. An organization may omit names and addresses of contributors from its return(s). Failure to comply with disclosure requirements can result in an enforcement action by the IRS.

While disclosure rules create an additional burden, they also provide an opportunity for your organization to showcase the community benefits that it provides. The rules also heighten the need to carefully review all responses, including narrative explanations, contained on your Form(s) 990/990-T before filing.

### Where Must Information Be Provided?

Generally, an organization must make its documents available for public inspection at any location where it has three or more employees. If the only services provided at the site are in furtherance of exempt purposes and the site does not serve as an office for management staff, the documents are not required to be made available there.

# How Quickly Must Organizations Reply?

Requests for copies can be made in person or in writing. When requests are made in person, the copies must generally be provided on the same business day. There are provisions for delays due to unusual circumstances. However, in no event may the period of delay exceed five business days. Unusual circumstances include times when those staff that are capable of fulfilling a request are absent.

# Written Requests

Requested copies generally must be mailed within 30 days from the date of the receipt of the written request. However, if the organization requires advance payment of a reasonable fee for copying and postage, it may provide the copies within 30 days from the date it receives payment rather than the date of the original request.

# What Can an Organization Charge?

You are currently allowed to charge a maximum fee of \$.20 cents per page in addition to actual postage costs.

<sup>&</sup>lt;sup>1</sup> Certain information within an application for exemption can be withheld from public inspection if public availability would adversely affect the organization, e.g., information relating to a trade secret, patent, process, style of work or apparatus of the organization.

If any organization receives a written request for copies with no payment enclosed and the organization requires payment in advance, the organization must request payment within seven days from the date it received the request. An organization is required to accept a personal check for written requests if it does not accept payment by credit card. If an organization does not require prepayment and the requester does not enclose a prepayment with the request, the organization must receive consent from a requester before providing copies for which the fee charge for copying and postage would be in excess of \$20.

# Local or Subordinate Organizations

A local or subordinate organization that is covered by a group exemption letter is given additional time for responding to some requests. If this type of organization receives a request made in person for inspection of its application for tax exemption, the local organization is required to acquire and make available the application for a group exemption letter filed by the central or parent organization within not more than two weeks. The same general rule would apply with respect to a local or subordinate organization that does not file its own Form(s) 990/990-T but is covered under a group return. Again, the local or subordinate organization must make the group return available for inspection within a reasonable period which is defined as not more than two weeks. If the group return includes separate schedules with respect to each local or subordinate organization, the local or subordinate organization may exclude or omit any schedules relating only to other organizations which are included in the group return.

If a request is made for a personal inspection to a local or subordinate organization, it has the option of mailing the return to the requester rather than allowing an inspection. However, if this is done, the local or subordinate organization may not charge for the copying of the document unless the requester consents to the charge. If a local or subordinate organization receives a request for copies, then it must comply with the rules stated previously.

# Using the Internet

As an alternative to providing copies, an organization may provide access to its exemption application and Form(s) 990 (and 990-T, if applicable) through the Internet. The website must provide instructions for downloading the document(s). The information on the Internet must be in such a format that it may be accessed, downloaded, viewed or printed in the same format as the actual documents. An organization would need to make the web address available to the general public.

There is nothing that prevents others from posting your Forms 990, 990-T and exemption application on the Internet. Based on this fact and the potential strain on your organization's resources from providing copies, organizations should consider posting these documents on the Internet.

#### What if the Requests Are a Form of Harassment?

If an organization believes it is subject to a harassment campaign, it can file an application for a harassment determination with the Internal Revenue Service. This would allow the organization to suspend compliance with these requests. In addition, an organization may disregard requests for copies in excess of two per month or four per year made by a single individual or sent from a single address, without submitting an application for a harassment determination.

Please contact your BKD advisor if you have questions about these rules.

BKD TAX506 9-11

**Public Disclosure Rules** 

# Form **990**

# **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

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
Open to Public
Inspection

A F	or the	e 2017	calendar year, or tax year beginning	07/01,	2017, a	nd ending			06	5/30, <b>20</b> 18
			C Name of organization				D	Employer ide	ntifica	ation number
В	heck if a	pplicable:	INDIANAPOLIS MUSEUM OF	F ART, INC.				35-0867	795	5
	Addre		Doing business as NEWFIELDS							
	7	e change	Number and street (or P.O. box if mail is	not delivered to street address)	R	oom/suite	Е	Telephone nur	mber	
	Initial	l return	4000 MICHIGAN ROAD				(	317) 92	3 – 1	.331
		return/	City or town, state or province, country, a	and ZIP or foreign postal code						
	Amen		INDIANAPOLIS, IN 46208	3			G	Gross receipts	\$	185,420,061.
		cation	F Name and address of principal officer:	JEREMIAH WISE				a) Is this a grou	ıp retu	
	_  pendi	ing	4000 MICHIGAN ROAD INI		8		н	subordinates  b) Are all subord		
$\overline{}$	Тах-ех	empt st	<u> </u>	· 1	a)(1) or	527		•		list. (see instructions)
÷			WWW.DISCOVERNEWFIELDS.O	, , , , , , , , , , , , , , , , , , , ,	a)(1) 01	1 321		c) Group exemp		
				Association Other		I Vear of				of legal domicile:
	art I		immary	ASSOCIATION OTHER		L Teal Of	101111ation.	. 1003 101 .	State	or regar dornicite.
			y describe the organization's mission or		EMD T	CH T.TV	FC WITT	ים דערידטי	TTO	INTA T
•	1		y describe the organization's mission of ERIENCES WITH ART AND NA		1711/17	LCII LIIV.	EO MII	II EACEF	110	TIALI
nce		EAP.	EKIENCES WITH AKT AND NA	TIORE.						
rna							050/ (			
Governance	2		_ •	scontinued its operations or di	•				1 1	29.
<u>ა</u>	3		per of voting members of the governing						3	29.
es	4		per of independent voting members of the						4	
Activities	5		number of individuals employed in cale						5	486.
Ę	6		number of volunteers (estimate if necess						6	793.
٩			unrelated business revenue from Part VI	. , ,					7a	206,163.
	b	Net u	nrelated business taxable income from I	Form 990-T, line 34					7b	-344,117.
								Prior Year	_	Current Year
ē	8		ibutions and grants (Part VIII, line 1h)					11,923,971.		16,648,322.
Revenue	9		am service revenue (Part VIII, line 2g) .					2,177,04	_	3,552,536.
Şe	10		tment income (Part VIII, column (A), line				27	7,161,90	_	21,591,521.
_	11		revenue (Part VIII, column (A), lines 5,					384,69	$\overline{}$	253,684.
	12	Total	revenue - add lines 8 through 11 (must	equal Part VIII, column (A), line	12)		41	,647,62	0.	42,046,063.
	13	Grant	s and similar amounts paid (Part IX, colu	ımn (A), lines 1-3)					0.	0.
	14	Benef	fits paid to or for members (Part IX, colu	mn (A), line 4)					0.	0.
S	15	Salari	es, other compensation, employee bene	efits (Part IX, column (A), lines 5	-10)		14	1,152,93	0.	15,199,844.
Expenses	16 a	Profes	ssional fundraising fees (Part IX, column	(A), line 11e)					0.	0.
xbe	b	Total	fundraising expenses (Part IX, column ([	O), line 25) ▶ 3,204,	580.					
Ш	17		expenses (Part IX, column (A), lines 11				20	,189,41	7.	22,010,087.
	18		expenses. Add lines 13-17 (must equal				34	,342,34	7.	37,209,931.
	19		nue less expenses. Subtract line 18 from				7	7,305,27	3.	4,836,132.
or			·				Beginnin	g of Current Y	'ear	End of Year
sets	20	Total	assets (Part X, line 16)				480	,804,37	7.	469,351,457.
Ass I Ba	21		liabilities (Part X, line 26)				108	3,402,04	8.	85,080,559.
Net Assets or Fund Balances	22		ssets or fund balances. Subtract line 21				372	2,402,32	9.	384,270,898.
	rt II		gnature Block							
			of perjury, I declare that I have examined thi	s return, including accompanying	chedule	s and statem	nents, and	to the best of	my l	knowledge and belief, it is
true	e, corre	ect, and	complete. Declaration of preparer (other than	officer) is based on all information	of which	preparer has	s any know	ledge.		
								05/1	5/2	019
Sig	ın		Signature of officer					Date	-	
He	re		JEREMIAH WISE	CFO						
			Type or print name and title							
			Type preparer's name	Preparer's signature		Date		Check	if F	PTIN
Paid	t		OLE B FISHBACK	<del>.</del>		05/15	/2019	self-employe	111	P01279475
Pre	parer		· DVD IID			1 00/10		m's EIN ► 4		
Use	Only		s name ▶BKD, LLP s address ▶201 N. ILLINOIS S'	TREET TNDIANADOLIC	TNT	46204		2		383.4000
Ma	v the		s address >201 N. ILLINOIS S liscuss this return with the preparer		ional					
_			<u> </u>	`	ioi io) <u>.</u>					
For	rape	rwork	Reduction Act Notice, see the separate	e instructions.						Form <b>990</b> (2017)

Pa	Statement of Program Service Accomplishments  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.
	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	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.
	(Code:) (Expenses \$14,162,107. including grants of \$) (Revenue \$1,163,458)
	CURATORIAL - THE STUDY, PRESERVATION AND COLLECTION OF ART FOR THE ENJOYMENT OF FUTURE GENERATIONS.
	(Code:) (Expenses \$8,007,348. including grants of \$) (Revenue \$1,563,736) EDUCATIONAL - TO COMMUNICATE AND DEVELOP KNOWLEDGE ABOUT THE ART
	COLLECTED, TO MEMBERS OF THE GENERAL PUBLIC.
4-	(Code ) (Finance C ) including quarter of C ) (December C
	(Code:) (Expenses \$4,457,441. including grants of \$) (Revenue \$213,062. ) HORTICULTURAL - NEWFIELDS FOSTERS EXPLORATION NOT ONLY OF THE ART
	IN ITS MUSEUM COLLECTIONS, BUT ALSO OF THE NATURAL ENVIRONMENT AND
	THE HISTORIC PROPERTIES FOR WHICH NEWFIELDS HAS BEEN GIVEN STEWARDSHIP.
4d	Other program services (Describe in Schedule O.) ATTACHMENT 2
10	(Expenses \$ 2,089,338. including grants of \$ ) (Revenue \$ 1,109,119. )  Total program service expenses ▶ 28,716,234.
- 0	Total program continuo expenses p

JSA 7E1020 1.000 34379U D310

#### 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 Х Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?........ 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Χ candidates for public office? If "Yes," complete Schedule C, Part I 3 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, Χ 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 6 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 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 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," Χ 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 Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets X 11d Χ 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a **b** Was the organization included in consolidated, independent audited financial statements for the tax year? If Χ "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Χ 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 Χ foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV . . . . . . . . . 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 Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Χ Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Χ

Form 990 (2017) Page **4** 

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		X
b	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		X
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		X
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			
	\$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	X	
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			37
	to defease any tax-exempt bonds?	24c		X
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25-		Х
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	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			
	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,			
	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		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			37
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV.	28c	Х	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	х	
24	conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		
31		31		Х
32	Part I	J.		<u> </u>
32	complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	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			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	_		v
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	38	Х	
	19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.			(2017)
		. 0/111		(-011)

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Form 990 (2017) **Part V** S 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		
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
Za	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 486			
L	Statements, med for the calendar year ending 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		
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2-	Х	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		-
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	ı		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ı		
	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		X
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	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		Х
Ч	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
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8				
0	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
-		9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	Initiation fees and capital contributions included on Part VIII, line 12			
11	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
D	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12-		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	120		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
а	Is the organization licensed to issue qualified health plans in more than one state?	ıJa		
	<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			
_	J			
		140		X
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		- 22
Ø	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	, 14D		1

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

Sect	ion A. Governing Body and Management				
				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	<b>1a</b> 29			
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	<b>1b</b> 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship.	ationship with			
			2	Х	
•	any other officer, director, trustee, or key employee?		_		
3	Did the organization delegate control over management duties customarily performed by or un		3		X
	supervision of officers, directors, or trustees, or key employees to a management company or other	•	4	X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was fill				X
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X
6	Did the organization have members or stockholders?		6		Δ_
7a	Did the organization have members, stockholders, or other persons who had the power to ele	ect or appoint			
	one or more members of the governing body?		7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval I	oy) members,			
	stockholders, or persons other than the governing body?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions under				
	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				
3	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Inte		-	)	
00011	on bit divide (Thie decilen bit equeete information about policide flot required by the inte	marriovonao		Yes	No
	Dild with a late of the control of t		10a		X
	Did the organization have local chapters, branches, or affiliates?		IVa		
b	If "Yes," did the organization have written policies and procedures governing the activities of s	-	406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt pu	-	10b	77	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before fil	ing the form? .	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests the	hat could give			
	rise to conflicts?		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the po	olicy? If "Yes,"			
	describe in Schedule O how this was done		12c	X	
13	Did the organization have a written whistleblower policy?		13	Х	
14	Did the organization have a written document retention and destruction policy?		14	X	
15	Did the process for determining compensation of the following persons include a review an				
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation				
_	The organization's CEO, Executive Director, or top management official		15a	Х	
_			15b	X	
b	Other officers or key employees of the organization		. 35	-	
40-	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	•	46-		X
	with a taxable entity during the year?		16a		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to				
	participation in joint venture arrangements under applicable federal tax law, and take steps to				
	organization's exempt status with respect to such arrangements?		16b		<u> </u>
Secti	on C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed $\triangleright$ IN,				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section	501(	c)(3)s	only)
	available for public inspection. Indicate how you made these available. Check all that apply.	•	,	,	,
	X Own website Another's website X Upon request Other (explain in Sch	edule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing document	s. conflict of into	erest	policy	/. and
	financial statements available to the public during the tax year.	-,			,
20	· · · · · · · · · · · · · · · · · · ·	ooks and record	e · 🛌		
20	State the name, address, and telephone number of the person who possesses the organization's b JEREMIAH WISE 4000 MICHIGAN ROAD INDIANAPOLIS, IN 46208	ooks and recold	J. 📂		

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

#### 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.

- 1					
- 1	Ole a al. 41a la a 16 .a a 141a a			mpensated any current offic	
- 1	Luneck this box it neither	r the organization nor anv	v related organization col	mbensated any current offic	er director of trustee
ι		i ino organization noi am	j rolatou organization ool	inpeneated any earrein eme	or, an octor, or tractor.

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck ss pe	erson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	<b>(F)</b> Estimated amount of other
	hours for related organizations below dotted line)	→ ~	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		Х				757,747.	0.	29,971.
(2)THOMAS HIATT	2.00									
CHAIR	0.	Х		Х				0.	0.	0.
(3)KATHRYN BETLEY	2.00									
FIRST VICE CHAIR	0.	Х		Х				0.	0.	0.
(4)PETER MORSE	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(5)MARYA ROSE	2.00									
VICE CHAIR	0.	Х		Х				0.	0.	0.
(6)MICHAEL KUBACKI	2.00									
TREASURER	0.	Х		Х				0.	0.	0.
(7)ERSAL OZDEMIR	2.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(8)AGATHA BARCLAY	2.00									
BOARD MEMBER	0.	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.	X						0.	0.	0.
(13)DAVID BARRETT	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)DAVID ESKENAZI	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	oye	es,	and F	Hig	hest Compensat	ed Employees (d	continued)
(A) Name and title	Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than of the tor/trust Highest compensated	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
15) DORIT PAUL	2.00							_	_	_
BOARD MEMBER	0.	Х						0.	0.	0.
16) HOWARD SCHROTT BOARD MEMBER	2.00	X						0.	0.	0.
17) IAN RUPERT	2.00									
BOARD MEMBER		Х						0.	0.	0.
18) KAY KOCH	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
19) KENT HAWRYLUK	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
20) MATTHEW GUTWEIN	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
21) MICHAEL ROBERTSON	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
22) SHIRLEY MUELLER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
23) SUSANNE MCALISTER	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
24) TONI BADER	2.00	-								
BOARD MEMBER	0.	X						0.	0.	0.
25) RACHEL SIMON	2.00	-						_	_	_
BOARD MEMBER	0.	X						0.	0.	0.
1b Sub-total								757,747.	0.	29,971.
c Total from continuation sheets to Part VII,								1,117,271.	0.	105,021.
d Total (add lines 1b and 1c)							<u> </u>	1,875,018.	0.	134,992.
2 Total number of individuals (including but no reportable compensation from the organizati		hose 10		ed a	bov	e) who	o re	eceived more than	\$100,000 of	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche						-		-	t compensated	Yes No
4 For any individual listed on line 1a, is the	sum of rep					nsation		nd other compen	sation from the	

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		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	4	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

# **Section B. Independent Contractors**

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

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

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

(A) Name and title	Average hours per week (list any	,,		(C	-)			(D)	(E)	(F)
	hours for related organizations below dotted	box,	unle:	ss pe	more rson	e than of is both or/trust employe	an	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related
	line)	Individual trustee or director	Institutional trustee		ployee	Highest compensated employee				organizations
6) TOM PENCE	2.00									
BOARD MEMBER (BEG. 7/17)	0.	X						0.	0.	
7) MYRTA PULLIAM	2.00									
BOARD MEMBER (BEG. 7/17)	0.	Х						0.	0.	
8) SHERRON ROGERS	2.00									
BOARD MEMBER (BEG. 7/17)	0.	Х						0.	0.	
9) GARY SCHAHET	2.00									
BOARD MEMBER (BEG. 7/17)	0.	X						0.	0.	
0) DEBORAH LILLY	2.00									
BOARD MEMBER (END 6/17)	0.	Х						0.	0.	
1) RICK JOHNSON	2.00									
BOARD MEMBER (END 6/17)	0.	X						0.	0.	
2) ROBIN NELSON-RICE	2.00									
BOARD MEMBER (END 6/17)	0.	X						0.	0.	
3) SUSAN KLEINMAN	2.00									
BOARD MEMBER (END 6/17)	0.	X						0.	0.	
4) SUSAN RUSSELL	2.00									
BOARD MEMBER (END 6/17)	0.	Х						0.	0.	
5) JEREMIAH WISE	60.00									
CFO	0.			X				178,575.	0.	14,72
6) KATHRYN HAIGH	60.00									
C00	0.			X				170,105.	0.	14,28
1b Sub-total c Total from continuation sheets to Part V d Total (add lines 1b and 1c)	<u> </u>		<u> </u>	· ·			<b>&gt; &gt; &gt;</b>			
2 Total number of individuals (including but reportable compensation from the organiz		hose 10		ed at	OOV	e) wh	o re	eceived more than	\$100,000 of	
										Yes I

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated			
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Х
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	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual			
	for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

# **Section B. Independent Contractors**

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 ▶

Part VII Section A. Officers, Directors, Tru	ustees, Ke	y En	plo	yee	es,	and H	ıgh	est Compensat	ed Employees	(continu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	not ch unless er and	s per a di	tion more rson irect	e than on is both a or/trustee	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	n ar	(F) stimated mount of other apensat	of ion
	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 janizatio d relate anizatio	on ed
7) KIM GATTLE	60.00											
DEPUTY DIR - INSTL ADVANCEMENT	0.					Х		201,657.	0	•	17,	37
8) PRESTON BAUTISTA DEPUTY DIR FOR PUBLIC PROGRAMS	60.00					Х		169,074.	0		13,	26
9) JONATHAN WRIGHT DEPUTY DIRECTOR - HORTICULTURE	60.00	-				х		128,333.	0		11,	28
0) GARY STOPPELMAN DEPUTY DIRECTOR - MARKETING	60.00					Х		132,955.	0		15,	 54
1) GREG SMITH SENIOR CONSERVATION SCIENTIST	50.00					х		136,572.	0		18,	
							+					
		-										
b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A						<b>&gt; &gt; &gt;</b>					_
2 Total number of individuals (including but not reportable compensation from the organizatio		hose 10		d ab	ove	e) who	rec	ceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	1
For any individual listed on line 1a, is the organization and related organizations graindividual	sum of repeater than	ortab \$15	ole co 50,00	omp )0?	pen <i>If</i>	sation "Yes,"	an "c	d other compens	sation from the	4	Х	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Y	accrue co	mpen	satio	n f	ron	n any i	unre	elated organization	on or individual	5		
Section B. Independent Contractors	.,					γ						
Complete this table for your five highest comcompensation from the organization. Report of year.												
(A) Name and business add	draga							(B)		(C)		_

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

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# Part VIII Statement of Revenue

		Check if Schedule O co	ontains a resp	onse or note to ar	y line in this Part \	/III		
					<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts s	10	Endorated compaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						
و و	b	Membership dues	• • • • • • • • • • • • • • • • • • • •					
E A	С	Fundraising events						
שַׁיּי	d	Related organizations						
Sign	е	Government grants (contribu	itions) 1e	365,700.				
je je	f	All other contributions, gifts,	grants,					
ŏ		and similar amounts not included	above . 1f	15,278,000.				
o E	g	Noncash contributions included i	in lines 1a-1f: \$	3,243,803.				
	h	Total. Add lines 1a-1f	<u> </u>	<u> ▶</u>	16,648,322.			
n				Business Code				
eve	2a	ADMISSION FEES		900099	1,972,624.	1,972,624.		
e Z	b	PROJECT INCOME		900099	60,051.	60,051.		
<u>vi</u>	С	RESTAURANT AND CATERING I	NCOME	722511	480,399.	376,205.	104,194.	
Ser	d	RENTAL INCOME		531190	491,572.	491,572.		
Ē	e	OTHER INCOME		900099	547,890.	547,890.		
Program Service Revenue	, f	All other program service rev	enue.					
Pro	g	Total. Add lines 2a-2f			3,552,536.			
	3			lends, interest,				
	"	and other similar amounts).	Ū	, ,	2,539,250.		-246,015.	2,785,265.
	4	Income from investment of			0.		.,	,,
	5	Royalties	•	•	0.			
	"	rtoyanies	(i) Real	(ii) Personal	0.			
		_	130,42	.,				
	6a	Gross rents						
	b	Less: rental expenses	309,27					
	С	Rental income or (loss)	-178,85					
	d _d		(i) Securities	(ii) Other	-178,855.		-178,855.	
	7a	Gross amount from sales of	· · · ·	``'				
		assets other than inventory	161,383,11	3. 353,139.				
	b	Less: cost or other basis						
		and sales expenses	142,683,98	1.				
	С	Gain or (loss)	18,699,13	2. 353,139.				
	d	Net gain or (loss)		<u></u>	19,052,271.	353,139.	342,194.	18,356,938.
<u>e</u>	8a	a Gross income from fundraising						
enr		events (not including \$						
Ş		of contributions reported on	line 1c).					
e		See Part IV, line 18		a				
Other Revenue	b	Less: direct expenses		b				
•	С	Net income or (loss) from fu			0.			
	9a	Gross income from gaming	activities.					
		See Part IV, line 19		a				
	b	Less: direct expenses		ь				
	c	Net income or (loss) from g		es <b>&gt;</b>	0.			
	10a	Gross sales of inventor	_					
		returns and allowances	•	a 813,281.				
	b	Less: cost of goods sold		<b>b</b> 380,742.				
	c	Net income or (loss) from sal	les of inventory		432,539.	247,894.	184,645.	
		Miscellaneous Revenu		Business Code				
	11a							
	b			_				
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d			0.			
	12	Total revenue. See instruction			42,046,063.	4,049,375.	206,163.	21,142,203.

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# Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX												
Do												
	9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses							
	Grants and other assistance to domestic organizations		САРСПОСО	general expenses	САРСПОСО							
'	and domestic governments. See Part IV, line 21	0.										
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.										
3	Grants and other assistance to foreign											
	organizations, foreign governments, and foreign											
	individuals. See Part IV, lines 15 and 16	0.										
4	Benefits paid to or for members	0.										
5	Compensation of current officers, directors, trustees, and key employees	1,165,404.	291,351.	582,702.	291,351.							
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	11,073,368.	9,539,637.	759,306.	774,425.							
8	Pension plan accruals and contributions (include				400							
	section 401(k) and 403(b) employer contributions)	905,191.	676,668.	128,029.	100,494.							
9	Other employee benefits	1,249,304.	1,050,522.	84,016.	114,766.							
10	Payroll taxes	806,577.	650,547.	65,947.	90,083.							
11	` ' ' '											
	Management	19,606.	15 747	2 000	1,769.							
	Legal		15,747.	2,090.	1,/69.							
	Accounting	83,180.		83,180.								
	I Lobbying	0.										
	Professional fundraising services. See Part IV, line 17	1,419,673.		1,419,673.								
	f Investment management fees	1,419,073.		1,419,073.								
g	Other. (If line 11g amount exceeds 10% of line 25, column	2,743,069.	2,203,271.	292,356.	247,442.							
40	(A) amount, list line 11g expenses on Schedule O.)	1,271,044.	1,020,920.	135,468.	114,656.							
	Advertising and promotion	1,023,931.	822,435.	109,131.	92,365.							
13	Office expenses	51,212.	41,134.	5,458.	4,620.							
14 15	Information technology	0.	,	5,1551								
16	Royalties	1,214,454.	975,466.	129,437.	109,551.							
17	Occupancy Travel	466,554.	374,743.	49,725.	42,086.							
	Payments of travel or entertainment expenses		,	•	·							
.0	for any federal, state, or local public officials	0.										
19	Conferences, conventions, and meetings	61,749.	49,598.	6,581.	5,570.							
20	Interest	2,494,354.	2,003,500.	265,848.	225,006.							
21	Payments to affiliates	0.										
22	Depreciation, depletion, and amortization	6,331,891.	5,085,863.	674,853.	571,175.							
23	Insurance	397,805.	319,523.	42,398.	35,884.							
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	182,000.	182,000.									
-	FINANCIAL EXPENSES	317,135.	254,727.	33,800.	28,608.							
-	SWAP TERMINATION	2,639,000.	2,119,681.	281,265.	238,054.							
d	MISCELLANEOUS EXPENSES	1,293,430.	1,038,901.	137,854.	116,675.							
е	All other expenses											
	Total functional expenses. Add lines 1 through 24e	37,209,931.	28,716,234.	5,289,117.	3,204,580.							
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.										
					E 000 (0047)							

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#### Part X Balance Sheet

та	ונא	Balalloo Olloot					
		Check if Schedule O contains a response of	r not	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			7,303.	1	7,283.
	2	Savings and temporary cash investments			1,371,982.	2	5,630,513.
	3	Pledges and grants receivable, net			3,028,765.	3	10,380,217.
	4	Accounts receivable, net			95,419.	4	91,041.
	5	Loans and other receivables from current and	forme	r officers, directors,			
		trustees, key employees, and highest co	mpei	nsated employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified pers			0.	5	0.
	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B)	ons (as	defined under section			
		and sponsoring organizations of section 501(c)(9) volu	ntary	employees' beneficiary			
S		organizations (see instructions). Complete Part II of Sche	dule L		0.	6	0.
Assets	7	Notes and loans receivable, net			0.	7	0.
As	8	Inventories for sale or use			538,794.	8	540,729.
	9	Prepaid expenses and deferred charges			503,088.	9	534,604.
	10 a	Land, buildings, and equipment: cost or					
			10a	209,865,225.			
	b	Less: accumulated depreciation	10b	114,443,154.	103,137,268.	10c	95,422,071.
	11	Investments - publicly traded securities	105,374,070.	11	89,043,431.		
	12	Investments - other securities. See Part IV, line 11	248,141,560.	12	249,998,388.		
	13	Investments - program-related. See Part IV, line 11	0.	13	0.		
	14	Intangible assets			0.	14	0.
	15	Other assets. See Part IV, line 11			18,606,128.	15	17,703,180.
_	16	Total assets. Add lines 1 through 15 (must equal			480,804,377.	16	469,351,457.
	17	Accounts payable and accrued expenses	2,657,447.	17	2,233,552.		
	18	Grants payable			759,000.	18	730,867.
	19	Deferred revenue	102,277,548.	19	80,471,956.		
	20	Tax-exempt bond liabilities		of Calabadula D	0.	20	0.
	21	Escrow or custodial account liability. Complete Pa			<u> </u>	21	0.
Liabilities	22	Loans and other payables to current and for trustees, key employees, highest compen					
iiq		disqualified persons. Complete Part II of Schedule			0.	22	0.
Lia	23	Secured mortgages and notes payable to unrelate			0.	23	0.
	24	Unsecured notes and loans payable to unrelated			0.	24	0.
	25	Other liabilities (including federal income tax,				27	
	_0	parties, and other liabilities not included on lines					
		of Schedule D		'	2,708,053.	25	1,644,184.
	26	<b>Total liabilities.</b> Add lines 17 through 25			108,402,048.	26	85,080,559.
es		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	checl				
Fund Balances	27	Unrestricted net assets			96,841,464.	27	95,808,239.
3ala	28	Temporarily restricted net assets			128,184,739.	28	138,771,229.
Þ	29	Permanently restricted net assets			147,376,126.	29	149,691,430.
or Fur		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ		it fund		31	
As	32	Retained earnings, endowment, accumulated inco				32	
Net	33				372,402,329.	33	384,270,898.
	34	Total liabilities and net assets/fund balances			480,804,377.	34	469,351,457.

Form 990 (2017) Page **12** 

	(2011)				· u	<u>, , , , , , , , , , , , , , , , , , , </u>		
Part								
	Check if Schedule O contains a response or note to any line in this Part XI					X		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		42,0				
2	Total expenses (must equal Part IX, column (A), line 25)	2 37,209,9						
3	Revenue less expenses. Subtract line 2 from line 1	3			36,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3	72,4				
5	Net unrealized gains (losses) on investments	5		3,7	65,0			
6	Donated services and use of facilities	6				0.		
7	Investment expenses	7				0.		
8	Prior period adjustments	8				0.		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		3,2	67,4	37.		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line							
	33, column (B))							
Part								
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>					
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," 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 cor	npiled	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?			2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a					
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for	oversi	ght					
	of the audit, review, or compilation of its financial statements and selection of an independent acc	ounta	nt?	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain in							
	Schedule O.							
3a	Ba 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-133?							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und		the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits.		3b				

### **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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

INI	IAI	NAPOLIS MUSEUM OF A	RT, INC.				35-08679	55			
Pa	rt I	Reason for Public Cha	rity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions	S.			
Γhe	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)				
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).				
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)				
3		A hospital or a cooperative	hospital service o	rganization described i	n <b>sectio</b>	n 170(b)	(1)(A)(iii).				
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A	)(iii). Enter the			
		hospital's name, city, and st	tate:								
5		An organization operated	for the benefit of	a college or universit	y owned	d or ope	rated by a governme	ental unit described ir			
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fro	om a go	vernmental unit or fr	om the general public			
		described in section 170(b)	(1)(A)(vi). (Compl	ete Part II.)							
8		A community trust describe	ed in section 170(b	o)(1)(A)(vi). (Complete	Part II.)						
9		An agricultural research org	ganization describe	ed in <b>section 170(b)(1</b>	)(A)(ix)	operated	I in conjunction with a	land-grant college			
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the i	name, city, and state o	of the college or			
		university:									
0		An organization that norma	lly receives: (1) m	ore than 331/3 % of its	support	from co	ntributions, members	hip fees, and gross			
		receipts from activities rela support from gross investm	ted to its exempt the sent income and in	unctions - subject to ( nrelated business tax	certain e able incc	exception	s, and (2) no more that s section 511 tax) from	an 331/3 %of its husinesses			
		acquired by the organization	n after June 30, 19	975. See <b>section 509</b> (	(a)(2). (C	Complete	Part III.)				
1	Щ	An organization organized	•	•	-		, , , ,				
2		An organization organized		-	-						
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3)										
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g										
а		<b>Type I</b> . A supporting orga	•	•	•		• , ,				
		the supported organization	. , .	• • • •		ajority of	the directors or truste	ees of the			
		supporting organization.	-								
b		<b>Type II</b> . A supporting org	•								
		control or management of			the sam	e person	is that control or mai	nage the supported			
_		organization(s). You must	-		4 1 !			II late maste ofthe			
С		Type III functionally integ	- ' '					lly integrated with,			
d		its supported organization  Type III non-functionally		· ·				etad arganization(s)			
u		that is not functionally into			•		• • • • • • • • • • • • • • • • • • • •	• , ,			
		requirement (see instruct		•			•	a an attentiveness			
е		Check this box if the orga	,	•		•		II Type III			
Ū		functionally integrated, or						, . , po			
f	En	ter the number of supported									
g		ovide the following information	-								
	(i) N	lame of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of			
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)			
				abovo (oco mondonomo))	Yes	No	motradiono)	motractions)			
A)											
,											
B)											
C)											
D)											
رد.											
E)											
Γota	ıl										

Part II 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)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total				
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,494,452.	7,800,842.	14,690,294.	11,923,971.	16,648,322.	58,557,881.				
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	7,494,452.	7,800,842.	14,690,294.	11,923,971.	16,648,322.	58,557,881.				
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						16,883,071.				
6	shown on line 11, column (f)						41,674,810.				
	tion B. Total Support						±±,0/±,01U.				
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total				
7	Amounts from line 4	7,494,452.	7,800,842.	14,690,294.	11,923,971.	16,648,322.	58,557,881.				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,753,533.	2,872,393.	4,527,358.	5,918,323.	2,669,670.	18,741,277.				
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						77,299,158.				
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	22,426,925.				
13	First five years. If the Form 990 is forganization, check this box and stop here										
	tion C. Computation of Public Sup		_				F2 01 a				
14	Public support percentage for 2017 (lin						53.91 <b>%</b> 52.96 <b>%</b>				
15	Public support percentage from 2016										
16a	331/3% support test - 2017. If the org	=									
<b>L</b>	box and <b>stop here.</b> The organization qu										
Ŋ	331/3% support test - 2016. If the org this box and stop here. The organization										
17a	10%-facts-and-circumstances test - 2	•		•							
1 <i>1</i> u	10% or more, and if the organization										
	Part VI how the organization meets t					-	•				
	organization			_	•						
b	10%-facts-and-circumstances test - 2										
	15 is 10% or more, and if the orga	_									
	Explain in Part VI how the organization						-				
18	supported organization						∴ ▶ □				
	instructions						▶ □				
						ahadula A /Farm 00					

Schedule A (Form 990 or 990-EZ) 2017 Page 3

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

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	(c) 2015	<b>(d)</b> 2016	<b>(e)</b> 2017	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	<u> </u>					
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year						
С 8	Add lines 7a and 7b						
0	•• `						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
_		(4, 20.0	(3) 20	(0) 20 10	(4) 20 . 0	(0) 20	(1) 10101
9 10 a	Amounts from line 6.  Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from similar						
<b>L</b>	Sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
_	acquired after June 30, 1975						
	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.)	<del> </del>					
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is f	· ·	•		•		` ^; ^
	organization, check this box and stop here						<u></u>
	tion C. Computation of Public Sup	•	•				
15	Public support percentage for 2017 (line 8		•	.,,		15	%
16	Public support percentage from 2016 Sche					16	%
Sec	tion D. Computation of Investmen					T T	
17	Investment income percentage for 2017 (li					17	%
18	Investment income percentage from 2016					18	%
19 a	331/3% support tests - 2017. If the organization	ganization did no	ot check the bo	x on line 14, and	d line 15 is mor	e than 331/3%,	and line
	17 is not more than 331/3 %, check th	is box and stop	here. The org	anization qualifies	s as a publicly	supported organ	ization . ►
b	331/3% support tests - 2016. If the orga						
	line 18 is not more than 331/3 %, check	this box and st	t <b>op here.</b> The or	ganization qualifi	es as a publicly	supported organ	ization 🕨 💹
20	Private foundation If the organization	did not check	a hov on line	1/1 10a or 10h	chack this ho	ov and see instr	ructions -

Schedule A (Form 990 or 990-EZ) 2017 Page 4

#### Part IV **Supporting Organizations**

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

## Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain. Did the organization have any supported organization that does not have an IRS determination of status
- under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 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).
- 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).
- 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.
- 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.
- 10a 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.
  - 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.)

Yes No 1 2 3a 3b 3с 4a 4b 4c 5a 5b 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017 Page **5** 

				- 5
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in <b>Part VI.</b>	11b 11c		
	on B. Type I Supporting Organizations	1110		
	71 21 Type I capper and Game attended		Yes	No
	Did the directors trustees or membership of one or more numbered argenizations have the necessity			110
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? If "Yes," explain in Part			
	<b>VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Casti		2		
Section	on C. Type II Supporting Organizations		Yes	No
			162	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).	1		
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of			
	the organization's governing documents in effect on the date of notification, to the extent not previously			
	provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> 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		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structi	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.		,	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions)	
2	Activities Test Anguar (a) and (b) holow		Yes	No
2 a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
а	the supported organization(s) to which the organization was responsive? <i>If "Yes," then in <b>Part VI identify</b></i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <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.	26		
•	-	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers directors or			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	J.		
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2017

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	a trust or	n Nov. 20, 1970 (expla	in in Part VI). See
instructions. All other Type III non-functionally integrated supporting organization	-		•
		•	(B) Current Year
Section A - Adjusted Net Income		(A) Prior 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) Drior Voor	(B) Current Year
Section B - Millimum Asset Amount		(A) Prior 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 <b>Part VI</b> ):			
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-functionally	y integra	ited Type III supporting	g organization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2017

Secti	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	<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 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
;	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
_ C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2013			
b	Excess from 2014			
C	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

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

Schedule of Contributors

OMB No. 1545-0047

2017

**Employer identification number** 

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information.

INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Organization type (check one): Filers of: Section: X 501(c)(3 Form 990 or 990-EZ ) (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**  $\lfloor X \rfloor$  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. Don't 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 isn't covered by the General Rule and/or the Special Rules doesn't 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 doesn't 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) (2017)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

			35-0867955
Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$\$	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		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ \$ 975,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$\$.	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_		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6_		\$	Person  Payroll  Noncash  (Complete Part II for noncash contributions.)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$\$	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
4	PUBLICLY TRADED STOCK		
		\$1,002,095.	03/22/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	PUBLICLY TRADED STOCK		
		\$\$	01/22/2018
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	ARTWORK		
		\$\$	02/28/2018
(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 o	rganization INDIANAPOLIS MUSEUM OF	ART, INC.		Employer identification number			
Part III	Evaluaivalu valiaiaua abaritable eta	contributions to organizat	iono docarib	35-0867955			
Part III	(10) that total more than \$1,000 for the following line entry. For organization contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicate copies of Part III if additional contributions of \$1,000 or less for the Use duplicat	the year from any one cor ons completing Part III, ente e year. (Enter this information	<b>tributor.</b> Cor r the total of	mplete columns (a) through (e) and exclusively 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 gift					
	Transferee's name, address, an	d ZIP + 4	Relationsh	nip 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 gift						
	Transferee's name, address, an	Relationsh	ip 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 gift					
	Transferee's name, address, an	d ZIP + 4	Relationsh	ip of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held			
<u> </u>							
		(a) Tanadan at alte					
	Transferee's name, address, an	(e) Transfer of gift	Relationsh	nip of transferor to transferee			

Schedule B (Form 990, 990-EZ, or 990-PF) (2017)

## 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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. 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 of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. 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, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

Schedule D (Form 990) 2017

▶ \$

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	t III Organizations Maintaini	ng Collections of	Art, Historical T	reasures, o	or Other Simila	ar Assets (con	tinued)	
3	Using the organization's acquisition							
	collection items (check all that apply):							
а	X Public exhibition		d X Loan	or exchange	programs			
b	X Scholarly research		e Other					
С	X Preservation for future gene	erations						
4	Provide a description of the orga	nization's collections	and explain how	they further	the organization's	s exempt purpos	e in Part	
	XIII.							
5	During the year, did the organization	on solicit or receive o	donations of art, hist	orical treasur	es, or other simila	ar		
	assets to be sold to raise funds rat	her than to be mainta	ained as part of the	organization's	s collection?	Yes	X No	
Pai	t IV Escrow and Custodial A							
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form							
	990, Part X, line 21.							
1 a	Is the organization an agent, trust							
	included on Form 990, Part X?					Yes	No	
b	If "Yes," explain the arrangement	in Part XIII and comp	olete the following tal	ble:				
					Aı	mount		
С	Beginning balance							
d	Additions during the year							
е	Distributions during the year							
f	Ending balance							
	Did the organization include an an						No No	
	If "Yes," explain the arrangement	in Part XIII. Check h	ere if the explanation	has been pro	ovided on Part XIII		<u> </u>	
Pai	t V Endowment Funds.	tion anawarad "Var	" on Form 000 D	ort IV/ line 1	0			
	Complete if the organiza			1				
		(a) Current year	<b>(b)</b> Prior year	(c) Two years			years back	
1 a	Beginning of year balance	349,915,000.	343,738,000.	363,386,			76,794.	
b	Contributions	3,433,549.	2,774,506.	9,287,	986. 3,415	5,427. 5,3	882,893	
С	Net investment earnings, gains,	23,399,451.	37,478,494.	-8,646,	006 6 57/	1,267. 56,8	386,351.	
	and losses	23,399,431.	37,470,494.	-0,040,	900. 0,574	1,207. 30,0	000,331.	
d	Grants or scholarships							
е	Other expenditures for facilities	34,861,900.	28,964,600.	17,245,	650. 19,592	500 21 /	122,735.	
	and programs	6,152,100.	5,111,400.				76,997	
f	Administrative expenses	335,734,000.	349,915,000.				146,306.	
g	End of year balance				l .	7,000. 370,4	110,500.	
2	Provide the estimated percentage Board designated or quasi-endowr	of the current year	end balance (line 1g,	, column (a)) I	neld as:			
a b	Permanent endowment ► 42.	3100 o/	<u>_</u> 70					
C	Temporarily restricted endowment	31 2300 %						
C	The percentages on lines 2a, 2b,		100%					
3 a	Are there endowment funds not in	•		are held and	l administered for	the		
Ju	organization by:	the possession of the	ic organization that	are nela ana	administered for		Yes No	
	(i) unrelated organizations						X	
	(ii) related organizations						X	
b	If "Yes" on line 3a(ii), are the relat							
4	Describe in Part XIII the intended	•	•					
	t VI Land, Buildings, and Equ	ipment.						
	Complete if the organiza	ation answered "Ye						
	Description of property	(a) Cost or		or other basis other)	(c) Accumulated depreciation	(d) Book val	ue	
1a	Land			921,861.	аортобіаноп	92	21,861.	
b	Buildings			724,370.	83,455,942.		58,428.	
С	Leasehold improvements			•				
d	Equipment		37,8	304,109.	30,332,143.	7,47	71,966.	
е	Other			114,885.	655,069.		59,816.	
	I. Add lines 1a through 1e. (Columi						22,071.	

Schedule D (Form 990) 2017

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Schedule D (I	990) 2017 Page	. 3

Ochedale B (1 offil 330) 2017			i age v
Part VII Investments - Other Securities.	"Vos" on Form 990	, Part IV, line 11b. See Form 990, Part X, line 12	2
(a) Description of security or category	(b) Book value	(c) Method of valuation:	<u> </u>
(including name of security)	(b) Book value	Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	249,998,388.	FMV	
(B)			
(C) (D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	249,998,388.		
Part VIII Investments - Program Related.  Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990, Part X, line 13	<del></del> 3.
(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)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11d. See Form 990, Part X, line 15	5.
	scription	(b) Book valu	ue
(1)			
(2)			
(3)			
<u>(4)</u> <u>(5)</u>			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) li	ne 15.)	▶	
Part X Other Liabilities.	W	- D - 11/1 - 14 - 14/10 - E - 200 D - 1/1	
line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990, Part X,	,
1. (a) Description of liability	(b) Book value	e	
(1) Federal income taxes	120		
(2) LIABILITY FOR CHARITABLE ANNUI	198,6		
(3) LIABILITY FOR AMOUNTS HELD (4) OTHER LIABILITIES	830,9		
(5)	014,6	J.J.	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,644,1	184.	

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 7E1270 1.000 34379U D310 Schedule D (Form 990) 2017

Schedule D (Form 990) 2017

Ochlodai	C B (1 01111 000) 2017		i agc -
Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	٦.	
1	Total revenue, gains, and other support per audited financial statements	1	48,039,569.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•	
a	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities		
	Recoveries of prior year grants		
C C	2 700 742		
d	Other (Describe in Latt Am.)	2e	7,474,742.
e	Add lines 2a through 2d	3	40,564,827.
3			.,,
4	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		
a	61 EG2		
b	Other (Describe in Part XIII.)	4c	1,481,236.
С 5	Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.)	5	42,046,063.
Part		_	, ,
· air	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	• • • •	
	· •	1	36,171,000.
1	Total expenses and losses per audited financial statements	•	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:  Donated services and use of facilities		
a	Donated Services and use of identities 111111111111111111111111111111111111		
b	Thorycal adjustments 111111111111111111111111111111111111		
C	Other 103363111111111111111111111111111111111		
d	Other (Describe in Latt Ain.)	20	380,742.
	Add lines 2a through 2d	2e 3	35,790,258.
3	Subtract line 2e from line 1	3	33,770,230.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expanses not included on Form 990, Part VIII, line 7b.  4a 1,419,673.		
a	investment expenses not included on Form 990, Fart VIII, line 75		
b	Other (Describe in Late Ain.)	40	1,419,673.
	Add lines 4a and 4b	4c 5	37,209,931.
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	3	37,203,331.
	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	rt V li	ne 4: Part X line
	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		10 4, 1 41174, 11110
SEE	PAGE 5		

Schedule D (Form 990) 2017 JSA

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

ELECTION UNDER SFAS 116:

IF ELECTED UNDER SFAS 116 PROVIDE FOOTNOTE FROM FINANCIAL STATEMENTS

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

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

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

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

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

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

ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'S

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

OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS

DECREASES IN UNRESTRICTED OR TEMPORARILY RESTRICTED NET ASSETS IN THE

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

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

APPROPRIATE NET ASSET CLASS.

SCHEDULE D, PART III, LINE 4

ARTWORK FURTHERING EXEMPT PURPOSE:

THE INDIANAPOLIS MUSEUM OF ART AT NEWFIELDS (IMA) WAS FOUNDED IN 1883 AS
THE ART ASSOCIATION OF INDIANAPOLIS. TODAY, NEWFIELDS IS ONE OF THE TEN
LARGEST AND OLDEST ENCYCLOPEDIC ART MUSEUMS IN THE UNITED STATES.

NEWFIELDS PERMANENT COLLECTION BOASTS MORE THAN 54,000 WORKS OF ART IN
THE AREAS OF AFRICAN ART; AMERICAN PAINTING AND SCULPTURE; ASIAN ART;
CONTEMPORARY ART AFTER 1945; CONTEMPORARY DESIGN; DECORATIVE ARTS;
EUROPEAN PAINTING AND SCULPTURE; PRINTS, DRAWINGS, AND PHOTOGRAPHS;
TEXTILES AND FASHION ARTS. NEWFIELDS HOUSES, EXHIBITS, AND PRESERVES THIS

Schedule D (Form 990) 2017

## Part XIII Supplemental Information (continued)

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

SCHEDULE D, PART V, LINE 4

INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS:

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

SCHEDULE D, PART X

ASC 740 DISCLOSURE:

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

SCHEDULE D, PART XI, LINE 2D

RECONCILIATION OF REVENUE PER AFS:

COST OF GOOD SOLD \$ 380,742

AMORT. OF NET PERIODIC PENSION COSTS 2,984,000

CHANGES IN ACCUM. POSTRETIREMENT BENEFITS 345,000

Schedule D (Form 990) 2017

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Part XIII Supplemental Information (continued)

TOTAL \$ 3,709,742

SCHEDULE D, PART XI, LINE 4B

RECONCILIATION OF REVENUE PER AFS:

CHANGES IN VALUE OF INTEREST RATE SWAP \$ 61,563

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AFS:

COST OF GOODS SOLD \$ 380,742

Schedule D (Form 990) 2017

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## **SCHEDULE F** (Form 990)

# Statement of Activities Outside the United States

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Part I

Employer identification number

35-0867955 INDIANAPOLIS MUSEUM OF ART, INC. General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

	Form 990, Part IV, line 14	b.			-		
1	For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other						
	assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the						
	grants or assistance? Yes N						
2	For grantmakers. Describe in	Part V the or	ganization's pi	ocedures for monitoring	the use of its grants a	and other	
	assistance outside the United Sta	ates.					
3	Activities per Region. (The follow					I	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region	
(1)	EUROPE (INCLUDING ICELAND AND	0.	0.	PASSIVE INVESTMENTS	N/A	6,219,270.	
(2)	CENTRAL AMERICA AND THE CARIBB	0.	0.	PASSIVE INVESTMENTS	N/A	68,039,588.	
(3)	NORTH AMERICA	0.	0.	PASSIVE INVESTMENTS	N/A	1,614,619.	
(4)							
(5)							
(6)							
<b>(-</b> )							
(7)							
(۵)							
(8)							
(9)							
(9)							
(10)							
(,							
(11)							
` '							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
3a						75,873,477.	
b	Total from continuation						
	sheets to Part I						
С	Totals (add lines 3a and 3b)	1				75,873,477.	

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

JSA

7E1274 1.000

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Part II		sistance to Organizatior y recipient who received						d "Yes" on F	orm 990,
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
2 Ente	er total number of recipient he IRS, or for which the gra er total number of other org	ntee or counsel has provide	d a section 501(c)(3)	equivalency lette	r		<b>&gt;</b>	1	

Schedule F (Form 990) 2017

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

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

Page 4 Schedule F (Form 990) 2017

### 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; don't 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; don't file with Form 990)		Yes	X	No

Schedule F (Form 990) 2017

# **SCHEDULE J** (Form 990)

**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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

**Questions Regarding Compensation** 

Employer identification number

35-0867955

			Yes	No
1a	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			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments X Health or social club dues or initiation fees			
	Discretionary spending account  X Personal services (such as, maid, chauffeur, chef)			
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	41	x	
2	explain	1b	Λ	
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 on line			
	1a?	2	X	
•			21	
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 Form 990 of other organizations 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the net earnings of:			37
a	The organization?	6a		X
b	Any related organization?	6b		Λ
_	·			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
J	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" on line 8, did the organization also follow the rebuttable presumption procedure described in			
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHARLES VENABLE	(i)	496,413.	135,000.	126,334.	19,857.	10,114.	787,718.	0.
1 MELVIN & BREN SIMON DIR & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
JEREMIAH WISE	(i)	153,575.	25,000.	0.	6,143.	8,585.	193,303.	0.
<b>2</b> <sup>CFO</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
KIM GATTLE	(i)	181,657.	20,000.	0.	7,266.	10,112.	219,035.	0.
DEPUTY DIR - INSTL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
PRESTON BAUTISTA	(i)	149,074.	20,000.	0.	5,963.	7,299.	182,336.	0.
DEPUTY DIR FOR PUBLIC PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHRYN HAIGH	(i)	150,105.	20,000.	0.	6,004.	8,276.	184,385.	0.
<b>5</b> <sup>COO</sup>	(ii)	0.	0.	0.	0.	0.	0.	0.
GREG SMITH	(i)	134,572.	2,000.	0.	5,383.	13,062.	155,017.	0.
6 SENIOR CONSERVATION SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
_ 7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

### Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

OTHER REPORTABLE COMPENSATION:

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

SCHEDULE J, PART I, LINE 7

NON-FIXED PAYMENTS:

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

Schedule J (Form 990) 2017

### **SCHEDULE K** (Form 990)

Department of the Treasury

# **Supplemental Information on Tax-Exempt Bonds**

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

Name of the organization

► Attach to Form 990.

Open to Public Inspection

Employer identification number

OMB No. 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 **Bond Issues** (i) Pooled (h) On (b) Issuer EIN (c) CUSIP # (d) Date issued (f) Description of purpose (g) Defeased (a) Issuer name (e) Issue price behalf of financing issuer Yes No Yes No Yes No 45506DJM8 A INDIANA FINANCE AUTHORITY 35-1602316 05/08/2013 39,950,000 REFUNDING OF SERIES 2013B BONDS Х Х Х B INDIANA FINANCE AUTHORITY 35-1602316 12/28/2017 26.105.000 REFUNDING OF SERIES 2017C BONDS Х Х C INDIANA FINANCE AUTHORITY 35-1602316 08/01/2017 10,000,000. REFUNDING OF SERIES 2017B BONDS Х Х Х D INDIANA FINACE AUTHORITY 35-1602316 08/01/2017 10,000,000. REFUNDING OF SERIES 2017A BONDS Part II **Proceeds** С Α R D 6,560,000. 50,000 39,950,000. 26,105,000 10,000,000 10,000,000. 6 Proceeds in refunding escrows.................. 381,800. 173,829 55,965 55,965. 25,931,171. 9,944,035 39,568,200. 9,944,035. 2013 2017 2017 2017 Yes No Yes No Yes Nο Yes No 15 Were the bonds issued as part of an advance refunding issue?......... Χ X Χ Χ Х Χ X X 17 Does the organization maintain adequate books and records to support the Χ Χ Χ Χ Part III Private Business Use Α В С D 1 Was the organization a partner in a partnership, or a member of an LLC. No Yes No Yes Nο Yes No Χ Χ Χ Χ 2 Are there any lease arrangements that may result in private business use of X X Χ

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

Schedule K (Form 990) 2017

JSA 7E1295,1000 34379U D310

Schedule K (Form 990) 2017

Pa	rt III Private Business Use (Continued) GR	OUP 1							
			A	ı	В	(	2	[	)
3a	Are there any management or service contracts that may result in private	Yes	No	Yes	No	Yes	No	Yes	No
	business use of bond-financed property?		Х		Х		X		Х
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
C	Are there any research agreements that may result in private business use of								
	bond-financed property?		Х		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,								
	another section 501(c)(3) organization, or a state or local government		%		%		%		%
6	Total of lines 4 and 5		%		%		%		%
7	Does the bond issue meet the private security or payment test?		Х		Х		X		X
8a	Has there been a sale or disposition of any of the bond-financed property to a								
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		X
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or								
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations								
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		Х		X		X	
Pa	rt IV Arbitrage								
		,	4		В				)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х		Х		X		Х
_2_	If "No" to line 1, did the following apply?								
	Rebate not due yet?		Х		Х		X		X
	Exception to rebate?	X			Х		X		Х
c	No rebate due?		Х		Х		X		Х
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed								
	Is the bond issue a variable rate issue?		Х		X		Х		X
4a	Has the organization or the governmental issuer entered into a qualified								
	hedge with respect to the bond issue?		X		X		X		X
	Name of provider								
	Term of hedge.								
	Was the hedge superintegrated?								
e	Was the hedge terminated?	1	1		1				I

Schedule K (Form 990) 2017

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Schedule K (Form 990) 2017

Part IV Arbitrage (Continued)	A			В		C		D
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
b Name of provider								
c Term of GIC								
<b>d</b> 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?		Х		Х		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	Х		X		X		X	
Part V Procedures To Undertake Corrective Action				1				1
		Α		В	1 (			
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?					1			
voluntary closing agreement program if self-remediation isn't available under applicable regulations?	X		X		Х		X	
Part VI Supplemental Information. Provide additional information for responses to		s on Sche		ee instruc				
art vi	940000	10 011 00110	<u> </u>	00 111011 40				

# **SCHEDULE M** (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

► Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Par	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	Method of noncash cont			
1	Art - Works of art	X	104.	1,033,280.	APPRAISAL			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		625.	PURCHASE	COST		
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	61.	2,133,033.	STOCK QUO	TE		
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	2.	11,680.	PURCHASE	COST		
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts		2	65.035	DIID GIII GE	G0.GE		
25	Other ►( EQUIPMENT )	X	3.	•	PURCHASE			
26	Other ►( PLANTS )	X	1.	150.	PURCHASE	COST		
27	Other ►()							
28	Other ►()							
29	Number of Forms 8283 received		•					4.
	which the organization completed I	orm 8283,	Part IV, Donee Acknowledg	ement	29	Τ,	<b>V</b>	
20-	During the year did the argenizat	ion roosius	hu aantribution anu nrana	which appeared in Doubline	a 1 through [		Yes	No
30a	During the year, did the organizat 28, that it must hold for at least the				- 1			
	to be used for exempt purposes for	•				30a		X
h	If "Yes," describe the arrangement i		olding period?			Jua		
	Does the organization have a		tance policy that require	os the review of any	nonstandard			
31	_	-				31	Х	
222	contributions?  Does the organization hire or use					31		
JZa	_	=	<del>-</del>	•		32a		Х
h	contributions?					JEa		
33	If the organization didn't report an	amount in o	column (c) for a type of pro-	nerty for which column (a)	is checked			
	describe in Part II.	amount in t	or a type of pro	porty for willoff column (a,	, io oriconeu,			

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

Schedule M (Form 990) (2017)

# SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. 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. MATTHEW GUTWEIN AND SHERRON ROGERS HAVE A BUSINESS RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS:

THE BYLAWS WERE AMENDED JUNE 1, 2018 TO INCLUDE A NEW BOARD OF GOVERNORS THAT CAN HAVE UP TO 54 MEMBERS.

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

PROCESS TO REVIEW FORM 990:

THE CHIEF FINANCIAL OFFICER AS WELL AS AN INDEPENDENT ACCOUNTING FIRM

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

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

FORM 990 BEFORE IT IS FILED.

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

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

NEWFIELDS 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

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number
35-0867955

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, LINES 15A & 15B

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

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

MARKET DATA, INCLUDING THE ASSOCIATION OF ART MUSEUM DIRECTORS SURVEY AND

PROVIDES IT TO THE COMPENSATION COMMITTEE TO REVIEW AND USE IN

DETERMINING THE CEO'S AND KEY EMPLOYEES' SALARIES. THE CEO'S LAST

COMPENSATION REVIEW TOOK PLACE IN MARCH OF 2016 BY OPPENHEIM AND

ASSOCIATES. KEY EMPLOYEE COMPENSATION WAS LAST DISCUSSED BY THE BOARD AND

THE CONSULTANTS IN 2018.

FORM 990, PART VI, SECTION C, LINE 19

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

NEWFIELDS 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 9

OTHER CHANGES IN NET ASSETS OR FUND BALANCE:

CHANGE IN VALUE OF INTEREST RATE SWAP (\$ 61,563)

CHANGE IN ACCUM. POSTRETIREMENT BENEFITS 345,000

AMORT. OF NET PERIODIC PENSION COSTS 2,984,000

TOTAL \$ 3,267,437

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

35-0867955

ATTACHMENT 1

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

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

NEWFIELDS MISSION IS TO ENRICH LIVES THROUGH EXCEPTIONAL EXPERIENCES WITH ART AND NATURE. NEWFIELDS SERVES THE CREATIVE INTERESTS OF ITS COMMUNITY BY FOSTERING EXPLORATION OF ART, GARDENS, AND THE NATURAL ENVIRONMENT.

NEWFIELDS PROMOTES THESE INTERESTS THROUGH THE COLLECTION,

PRESENTATION, INTERPRETATION AND CONSERVATION OF ITS ARTISTIC,

HISTORIC, NATURE-RELATED, AND ENVIRONMENTAL ASSETS.

NEWFIELDS HAS A COLLECTION OF OVER 50,000 WORKS OF ART FROM A VARIETY OF CULTURES AND PERIODS IN ART HISTORY. THE GARDEN AT NEWFIELDS PROVIDES YEAR-ROUND ACCESS TO GARDEN-BASED PROGRAMMING, HIGHLIGHTING THE MANY VARIETIES OF PLANTS, FLOWERS, AND TREES WITHIN ITS COLLECTION.

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

		ATTACHMENT 2	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVI	CES		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
MUSEUM STORE		2,089,338.	1,109,119.
TOTALS		2,089,338.	1,109,119.

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

State of the organization number and state organization number and state of the organization number and state of the organization number and state of the organization number

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

BKD LLP ACCOUNTING SERVICES
201 N ILLINOIS ST STE 700
INDIANAPOLIS, IN 46201

34379U D310

106,605.

### SCHEDULE R (Form 990)

# **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2017
Open to Public Inspection

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

	(a) Name, address, and EIN (if applicable) of disregarded entity			(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OLDFIELDS, LLC						
4000 MICHIGAN ROAD	INDIANAPOLIS, IN 46208	REAL ESTATE	IN	125.	19,365.	N/A
(2)						
(3)						
•						
(4)						
(5)						
<u>, , , , , , , , , , , , , , , , , , , </u>						
(6)						

Part II 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.

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

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

Schedule R (Form 990) 2017

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

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

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(1: controlle entity?
								Yes No
(1) CHARITABLE REMAINDER TRUSTS (2)								
	TRUST	IN	N/A	TRUST				
(2)	_							
(3)								
(4)								
(5)								
(6)								
(7)								

34379U D310

Schedule R (Form 990) 2017

Yes No

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

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a	X
b	Gift, grant, or capital contribution to related organization(s)				1b	X
С	Gift, grant, or capital contribution from related organization(s)				1c	X
d	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	X
·	Estatio of loan guarantous by rolation organization (b)					
f	Dividends from related organization(s)				1f	Х
ď	Sale of assets to related organization(s)				1g	X
h	Purchase of assets from related organization(s)				1h	X
i	Exchange of assets with related organization(s).				1i	X
i	Lease of facilities, equipment, or other assets to related organization(s).				1j	X
,	25000 of facilities, equipment, or early according to a facilities of game and (0).					
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	Х
	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
	Performance of services or membership or fundraising solicitations by related organization(s).				1m	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
	Sharing of paid employees with related organization(s)				10	X
·	or para empreyees with related enganization (e), [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [					
n	Reimbursement paid to related organization(s) for expenses				1p	Х
	Reimbursement paid by related organization(s) for expenses				1q	X
٦						
r	Other transfer of cash or property to related organization(s)				1r	Х
	Other transfer of cash or property from related organization(s).				1s	X
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this	is line, including cove	red relationships and transa	action thres	sholds.	
	(a)	(b)	(c)		(d)	
	Name of related organization	Transaction type (a-s)	Amount involved	Method	of determ nt involve	
		type (a 3)		amou	iit iiivoiv	cu
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
SΔ			Sch	edule R (F	orm 99	0) 2017

Schedule R (Form 990) 2017

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec	e) partners ction (c)(3) zations?	(f) Share of total income	(g) Share of end-of-year assets	Dispro	(h) portionate cations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene man	(j) eral or aging iner?	(k) Percentage ownership
			sections 512-514)		No			Yes	No		Yes	No	
(1)	-												
(2)	_												
(3)	_												
(4)	_												
(5)													
(6)	_												
(7)													
(8)	_												
(9)	_												
(10)	_												
(11)	_												
(12)													
(13)													
(14)													
(15)													
(16)													

JSA Schedule R (Form 990) 2017

Schedule R (Form 990) 2017 Page 5

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

Schedule R (Form 990) 2017

# Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-1709

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

Automatic	c 6-Month Extension of Time. Only subm	it original	(no copies needed).				
-	tions required to file an income tax return othe		•	-C filers), partnerships,	RE	MICs,	and trusts
must use F	form 7004 to request an extension of time to f	ile income	tax returns.				
	Name of exempt organization or other filer, see in	etructions		Enter filer's identifyin Employer identification nu			
Type or	Name of exempt organization of other mer, see if	isti uctions.		Employer identification nu	IIIDE	er (EIIN)	) Of
print	INDIANAPOLIS MUSEUM OF ART, I	NC.		35-086795	5		
File by the	Number, street, and room or suite no. If a P.O. bo		ctions.	Social security number (S			
due date for filing your	4000 MICHIGAN ROAD	,		oodan oodaniy nambor (o	J. 1)		
return. See	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.				
instructions.	INDIANAPOLIS, IN 46208						
Enter the R	Return Code for the return that this application	is for (file	a separate application for	r each return)			0 1
	tetam code for the retain that this application	011) 101 01	a deparate application to	caomiciani)		,	
Application	n	Return	Application				Return
Is For		Code	Is For				Code
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation	on)			07
Form 990-E		02	Form 1041-A				08
	(individual)	03	Form 4720 (other than	individual)			09
Form 990-F		04	Form 5227				10
	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
. The best	JEREMIAH WISE	OND TND:		10			
• The boo	ks are in the care of $\triangleright$ 4000 MICHIGAN R	OAD IND.	TANAPOLIS IN 4020				
Tolonho	ne No. ▶ 317 923-1331		Fax No. ▶				
	ganization does not have an office or place of			this hov			
• If this is	for a Group Return, enter the organization's fo	ur digit Gra	oup Exemption Number (	SEN)	• •		this is
	ole group, check this box					_ · ·· and a	
	he names and EINs of all members the extens		are or the group, encountry			ana a	ittaon
1 I requ	est an automatic 6-month extension of time u	ntil	05/15 ,201	9 , to file the exempt	ord	aniza	tion return
	organization named above. The extension is					,	
		J					
▶	calendar year 20 or						
X	calendar year 20 or tax year beginning 07/0	1_, 20 1	7 _, and ending	06/30_,	20	18	
	tax year entered in line 1 is for less than 12 m	onths, ched	ck reason: Initial re	turn Final returr	n		
	Change in accounting period						
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the t	entative tax, less any			_
	fundable credits. See instructions.				3a	\$	0.
	s application is for Forms 990-PF, 990-T,		· · · · · · · · · · · · · · · · · · ·	undable credits and			•
	ated tax payments made. Include any prior yea				3b	\$	0.
	trania Fodoral Tax Payment System). See instru		ieni with this form, if req	uirea, by using EF1PS			0
	tronic Federal Tax Payment System). See instru		it)ith this E 0000	Form 0450 50	3c		0.
•	ou are going to make an electronic funds withdrawa	ı (airect aeb	II) WITH THIS FORM 8868, SEE	e Form 8453-EO and Form	ı 88	/9-EO	ior payment
instructions.	Act and Panerwork Reduction Act Notice see inst	otiono			F	. 006	<b>8</b> (Pay 1-2017)

JSA 7F8054 1.000

34379U D310 PAGE 1 Form **8865** 

Department of the Treasury

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

► Attach to your tax return.

2017

OMB No. 1545-1668

Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year eginning 01/01/2017, and ending 12/31/2017

Attachment

beginning 01/01/2017, and ending Internal Revenue Service Sequence No. 118 Filer's identifying number Name of person filing this return INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Filer's address (if you are not filing this form with your tax return) Category of filer (see Categories of Filers in the instructions and check applicable box(es)): Χ 07/01/2017 06/30/2018 B Filer's tax year beginning and ending Other \$ Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ D If filer is a member of a consolidated group but not the parent, enter the following information about the parent: Name **EIN** Address Check if any excepted specified foreign financial assets are reported on this form (see instructions) Information about certain other partners (see instructions) (4) Check applicable box(es) (1) Name (2) Address (3) Identifying number Constructive Category 1 Category 2 owner G1 Name and address of foreign partnership 2(a) EIN (if any) AXIOM ASIA PRIVATE CAPITAL FUND III, LP 98-1044657 CRICKET SQUARE, HUTCHINS DRIVE, P.O. BOX 2681 2(b) Reference ID number (see instr.) GEORGE TOWN, GRAND CAYMAN CJ, KY1-1111 3 Country under whose laws organized CJ Date of 5 Principal place of 6 Principal business Principal business 8a Functional currency 8b Exchange rate organization businėss activity code number (see instr.) US DOLLAR INVESTMENT 10/05/2012 CJ 523900 Provide the following information for the foreign partnership's tax year: Name, address, and identifying number of agent (if any) in the 2 Check if the foreign partnership must file: **United States** Form 1042 X | Form 1065 or 1065-B Form 8804 Service Center where Form 1065 or 1065-B is filed: OGDEN 3 Name and address of foreign partnership's agent in country of 4 Name and address of person(s) with custody of the books and organization, if any records of the foreign partnership, and the location of such books and records if different
STATE STREET FUND SERVICES (HONG KONG) LTD. C/O CODAN TRUST COMPANY (CAYMAN) LIMITED CRICKET SOUARE, HUTCHINS DRIVE, P.O. BOX 2681 8 FINANCE STREET GEORGE TOWN, GRAND CAYMAN CENTRAL, HONG KONG C.T. KY1-1111 Χ No 5 Were any special allocations made by the foreign partnership? Enter the number of Forms 8858. Information Return of U.S. Persons With Respect To Foreign Disregarded Entities. attached to this return (see instructions) How is this partnership classified under the law of the country in which it is organized? . . . .  $\blacktriangleright$  <u>EXEMPTED LIMITED PARTNERSHIP</u> 8a Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that is a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 8b. . . Yes No b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss as defined in Reg. 1.1503(d)-1(b)(5)(ii)? . . . No Does this partnership meet both of the following requirements? The partnership's total receipts for the tax year were less than \$250,000 and X No Yes The value of the partnership's total assets at the end of the tax year was less than \$1 million. If "Yes, do not complete Schedules L, M-1, and M-2. Sign Here Only If You Are Filing This Form Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge. Date Signature of general partner or limited liability company member Print/Type preparer's name Preparer's signature Date Check if PTIN **Paid** self-employed Preparer Firm's name Firm's EIN ▶ **Use Only** Firm's address Phone no

Name Address Identifying number (if any) Chesk if Chesk i	Sc	hedule A	Constructive Owner box b, enter the n interest you constru	ership of Partnership Interest. Che ame, address, and U.S. taxpayer ide actively own. See instructions.	ck the boxes the entifying numbe	k the boxes that apply to the filer. If you cheontifying number (if any) of the person(s) whos						
Schedule A-1   Certain Partners of Foreign Partnership (see instructions)   Schedule A-2   Certain Partners of Foreign Partnership (see instructions)												
Name Address Identifying number (if any) Check if foreign person  Address Identifying number (if any) Check if foreign person  Address Identifying number (if any) Check if foreign person  Affiliation Schedule List all partnerships (foreign or domestic) in which the foreign partnership owns at 10% interest.  Name Address EIN (if any) Total ordinary income or loss of the in			Name	Address	Address Identifying number (if any)			direct				
Name Address Identifying number (if any) Check if foreign person  Address Identifying number (if any) Check if foreign person  Address Identifying number (if any) Check if foreign person  Affiliation Schedule List all partnerships (foreign or domestic) in which the foreign partnership owns at 10% interest.  Name Address EIN (if any) Total ordinary income or loss of the in	_											
Name Address Identifying number (if any) Check if foreign person  Address Identifying number (if any) Check if foreign person  Address Identifying number (if any) Check if foreign person  Affiliation Schedule List all partnerships (foreign or domestic) in which the foreign partnership owns at 10% interest.  Name Address EIN (if any) Total ordinary income or loss of the in												
Does the partnership have any other foreign person as a direct partner?.    X   Yes   No   No   No   No   No   No   No   N	Sc	hedule A-1			ĺ	ing number (i	if any)	foreign				
Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.    Name	_							person				
Address (if any) Total ordinary income or loss of foreign partnership.  ATTACHMENT 1  Schedule B Income Statement - Trade or Business Income  Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.  1a Gross receipts or sales. 1b Less returns and allowances. 2 Cost of goods sold. 3 Gross profit. Subtract line 2 from line 1c. 4 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement). 5 Net farm profit (loss) (attach Schedule F (Form 1040)). 6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 7 Other income (loss) (attach statement). 7 Total ordinary income (loss) (attach statement). 8 Total income (loss). Combine lines 3 through 7. 8 Total income (loss). Combine lines 3 through 7. 9 Salaries and wages (other than to partners) (less employment credits). 9 Guaranteed payments to partners. 10 Usuaranteed payments to partners. 11 Repairs and maintenance. 11 Repairs and maintenance. 11 Repairs and maintenance. 11 Taxes and licenses. 12 Usuaranteed payments to partners. 13 Rent. 14 Taxes and licenses. 15 Interest. 16 Depreciation (if required, attach Form 4562). 16a Depreciation (if required, attach Form 4562). 16a Less depreciation reported elsewhere on return.	Doe	es the partne	ership have any other for	reign person as a direct partner?			. X Yes	No				
Address (if any) income or loss partnership  ATTACHMENT 1  Schedule B Income Statement - Trade or Business Income  Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.  1a Gross receipts or sales.  1	Sc	hedule A-2			omestic) in whic	h the fore	ign partnersh	•				
Schedule B Income Statement - Trade or Business Income  Caution: Include only trade or business income and expenses on lines 1a through 22 below. See the instructions for more information.    1a Gross receipts or sales .		TT A CLIMENT		Address		)		foreign				
Ta Gross receipts or sales.  b Less returns and allowances.  Cost of goods sold.  7 Ordinary income (loss) from other partnerships, estates, and trusts (attach statement).  8 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797).  7 Other income (loss). Combine lines 3 through 7.  8 Total income (loss). Combine lines 3 through 7.  8 Salaries and wages (other than to partners) (less employment credits).  9 Salaries and wages (other than to partners).  10 Guaranteed payments to partners.  11 Repairs and maintenance.  12 Bad debts.  13 Rent  14 Taxes and licenses.  15 Interest.  16 Depreciation (if required, attach Form 4562).  16 Depreciation (required, attach Form 4562).  16 Depreciation reported elsewhere on return.  18 Interest.  19 Less depreciation reported elsewhere on return.	A	I I ACHMEN	1 1									
Ta Gross receipts or sales.  b Less returns and allowances.  Cost of goods sold.  Cost of goo	_											
1a Gross receipts or sales.   1a   1b   1c   1b   1c   1c   2   2   2   2   2   2   2   2   2												
b Less returns and allowances. 1b 1c 2 Cost of goods sold. 2 3 Gross profit. Subtract line 2 from line 1c	Сац	<b>ition:</b> Include	e <b>only</b> trade or business	income and expenses on lines 1a throug	h 22 below. See t	he instruction	ons for more in	formation.				
Cost of goods sold		1a Gross	receipts or sales									
Georgian Subtract line 2 from line 1c			- · · · · · · · · · · · · · · · · · · ·									
6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 7 Other income (loss) (attach statement)  8 Total income (loss). Combine lines 3 through 7  9 Salaries and wages (other than to partners) (less employment credits)  10 Guaranteed payments to partners  11 Repairs and maintenance  12 Bad debts  13 Rent  14 Taxes and licenses  15 Interest  16a Depreciation (if required, attach Form 4562)  16b Less depreciation reported elsewhere on return  16 7	<u>je</u>											
6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 7 Other income (loss) (attach statement)  8 Total income (loss). Combine lines 3 through 7  9 Salaries and wages (other than to partners) (less employment credits)  10 Guaranteed payments to partners  11 Repairs and maintenance  12 Bad debts  13 Rent  14 Taxes and licenses  15 Interest  16a Depreciation (if required, attach Form 4562)  16b Less depreciation reported elsewhere on return  16 7	ő		•		4	4						
6 Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797) 7 Other income (loss) (attach statement)  8 Total income (loss). Combine lines 3 through 7  9 Salaries and wages (other than to partners) (less employment credits)  10 Guaranteed payments to partners  11 Repairs and maintenance  12 Bad debts  13 Rent  14 Taxes and licenses  15 Interest  16a Depreciation (if required, attach Form 4562)  16 b Less depreciation reported elsewhere on return  16 Total income (loss) (attach statement)  1	<u>=</u>		• • •	·	•	5						
8 Total income (loss). Combine lines 3 through 7		6 Net g	ain (loss) from Form 479	97, Part II, line 17 (attach Form 4797)								
10   Guaranteed payments to partners   10   11   12   13   14   15   16a   16a   b   Less depreciation reported elsewhere on return   16b   16c   10   10   10   10   10   10   10   1						8						
To Guaranteed payments to partners.  10 Guaranteed payments to partners.  11 Repairs and maintenance.  12 Bad debts.  13 Rent  14 Taxes and licenses.  15 Interest.  16a Depreciation (if required, attach Form 4562).  16a Depletion (Do not deduct oil and gas depletion.)  17 Depletion (Do not deduct oil and gas depletion.)  18 Retirement plans, etc.  19 Employee benefit programs.  20 Other deductions (attach statement)		9 Salari	ies and wages (other tha	an to partners) (less employment credits).								
The state of the s	ions)											
12 Bad debts. 13 Rent 13	nitat					-						
Taxes and licenses.  14 Taxes and licenses.  15 Interest.  16a Depreciation (if required, attach Form 4562).  17 Depletion (Do not deduct oil and gas depletion.).  18 Retirement plans, etc.  19 Employee benefit programs.  20 Other deductions (attach statement).	or Fi					-						
Interest.  15 Interest.  16a Depreciation (if required, attach Form 4562).  17 Depletion (Do not deduct oil and gas depletion.).  18 Retirement plans, etc.  19 Employee benefit programs.  20 Other deductions (attach statement).	ons 1											
16a Depreciation (if required, attach Form 4562)	ructi											
b Less depreciation reported elsewhere on return	inst											
The position (Do not deduct oil and gas depletion.).  17 Depletion (Do not deduct oil and gas depletion.).  18 Retirement plans, etc	ees)											
18   Retirement plans, etc.   18   19   Employee benefit programs   20   Other deductions (attach statement)   20	ns	17 Deple	etion ( <b>Do not</b> deduct oil a	and gas depletion.)								
The proof of the p	ij											
Other deductions (attach statement)	gr											
	De		·									
21 Total deductions. Add the amounts shown in the far right column for lines 9 through 20 21  22 Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8 22				-								

Form 8865 (2017) Page **3** 

Sched	lule K	Partners' Distributive Share Items	Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1
	2	Net rental real estate income (loss) (attach Form 8825)	2
	3a	Other gross rental income (loss)	
	b	Expenses from other rental activities (attach statement) 3b	
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c
(S	4	Guaranteed payments	4
Income (Loss)	5	Interest income	
<b>–</b>	6	Dividends: a Ordinary dividends	
me		<b>b</b> Qualified dividends 6b	
<u>0</u>	7	Royalties	7
드	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b	Collectibles (28%) gain (loss) 9b	
	С	Unrecaptured section 1250 gain (attach statement) 9c	
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
ns	12	Section 179 deduction (attach Form 4562)	12
Deductions	13 a	Contributions	
nc	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 승드	14 a	Net earnings (loss) from self-employment	
Self- Employ- ment	b	Gross farming or fishing income	
	С	Gross nonfarm income	
	15 a	Low-income housing credit (section $42(j)(5)$ )	
S	b	Low-income housing credit (other)	
Credits	С		
Ç	d	Other rental real estate credits (see instructions) Type	15d
	e	Other rental credits (see instructions)  Type	15e
	f	Other credits (see instructions)  Type ▶	15f
		Name of country or U.S. possession ▶	405
S	b	Gross income from all sources	
ion	С	·	16c
ransactions	al	Foreign gross income sourced at partnership level  Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f
nSí	d	Passive category   e General category   f Other (attach statement)  Deductions allocated and apportioned at partner level	101
ra	~	Interest commons by the Others	16h
n T	g	Deductions allocated and apportioned at partnership level to foreign source income	1011
Foreign	i	Passive category ► j General category ► k Other (attach statement) ►	16k
젼	i	Total foreign taxes (check one): ▶ Paid Accrued	161
	m	Reduction in taxes available for credit (attach statement)	16m
	n	Other foreign tax information (attach statement)	
×	17a	Post-1986 depreciation adjustment	17a
ve Tay	b	Adjusted gain or loss	17b
ım Ite	С	Depletion (other than oil and gas)	17c
terr 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
Ĕ	18 a	Tax-exempt interest income	18a
atio	b	Other tax-exempt income	18b
Other Information	С	Nondeductible expenses	18c
for	19 a	Distributions of cash and marketable securities	19a
u	b	Distributions of other property	19b
her	20 a	Investment income.	20a
<del>5</del>	b	Investment expenses	20b
	С	Other items and amounts (attach statement)	

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Schedule L Balance Sheets per	Books. (Not required	if Item H9, page 1, is a	answered "Yes.")	T age 4
	Beginning	of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
<b>1</b> Cash				
2a 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				

Page 5 Form 8865 (2017)

Scl	nedule M Balance Sheets for Interest A	Allocation		
			(a) Beginning of	(b) End of
			tax year	tax year
1	Total U.S. assets			
2	Total foreign assets:			
	Passive category			
	General category			
С	Other (attach statement)			
Scl	nedule M-1 Reconciliation of Income (Lo	ss) per Books With	Income (Loss) per Return. (I	Not required if Item H9, page
	1, is answered "Yes.")			
		6 In	come recorded on books this	
1	Net income (loss) per books	Ve	ear not included on Schedule K,	
2	Income included on Schedule K.	•	nes 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		ax-exempt interest \$	
	and 11 not recorded on books		2λ σλοπητ πιστουτ ψ <u></u>	
	this year (itemize):	7 D	eductions included on Schedule	
3	Guaranteed payments (other		lines 1 through 13d, and 16l not	
•	than health insurance)		arged against book income this	
4	Expenses recorded on books			
4	•		ar (itemize):	
	this year not included on	a D	epreciation \$	
	Schedule K, lines 1 through	_		
	13d, and 16l (itemize):	_		
	Depreciation \$	_		
b	Travel and entertainment \$		dd lines 6 and 7	
_			come (loss). Subtract line 8	
5	Add lines 1 through 4		om line 5	1 1137 113
Sci	nedule M-2 Analysis of Partners' Capital	`   ·		wered "Yes.")
1	Balance at beginning of year	6 D	istributions: a Cash	
2	Capital contributed:		<b>b</b> Property	
	a Cash	<b>7</b> O	ther decreases (itemize):	
	<b>b</b> Property			
3	Net income (loss) per books			
4	Other increases (itemize):	_		
		8 A	dd lines 6 and 7	
			alance at end of year. Subtract	
5	Add lines 1 through 4		ne 8 from line 5	

Form 8865 (2017) Page 6

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

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

	nsaction that occurred between th  Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
•	(patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.).				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or like services				
14	Commissions paid				
15					
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				
- 1	maximum loan balance				
	during the year). See				
_	instructions				
					Form <b>8865</b> (2017

# SCHEDULE O

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

(Form 8865)
Department of the Treasury
Internal Revenue Service

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

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

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 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section Χ No Yes If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property?.... Yes No Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any X No time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Transfers Reportable Under Section 6038B Part I (c) (d) (e) (f) Type of property Date of Number of items Fair market value Cost or other Section 704(c) Gain recognized transfer transferred on date of transfer hasis allocation method on transfer VAR 125,000. Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals .170 .170 Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation (b) (d) (a) (c) (e) (g) Depreciation Date of Date of Manner of Gain recognized Gain allocated Type of recapture recapture allocated recognized original transfer disposition by partnership property disposition to partner to partner by partnership Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or Χ Yes No

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

Schedule O (Form 8865) 2017

SCHEDULE A-2 - AFFILIATION SCHEDULE NAME	ADDRESS	ID NUMBER	TOTAL ORDINARY	FOR PSHP
ANCHOR EQUITY PARTNERS FUND I, L.P.	PO BOX 309 UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1069005		Х
CHINA CONSUMER CAPITAL FUND II, L.P.	2003A, TOWER 3, CHINA CENTRAL PLACE 77 JIANGUO ROAD, CHAOYANG DISTRICT BEIJING CH 100025	98-1229680		X
CID GREATER CHINA FUND IV, L.P.	190 ELGIN AVENUE GEORGE TOWN GRAND CAYMAN CJ KY1-9005	FOREIGNUS		X
INDIA BUSINESS EXCELLENCE FUND - IIA	IFS COURT TWENTYEIGHT CYBERCITY EBENE MP	98-1015504		Х
KAIWU WALDEN CAPITAL, L.P. MAPLES CORPORATE SERVICES LIMITED	P.O. BOX 309  UGLAND HOUSE  GRAND CAYMAN  CJ  KY1-1104	98-1169198		Х

SCHEDULE A-2 - AFFILIATION SCHEDULE				TOTAL ORDINARY	FOR
NAME	ADDRESS		ID NUMBER	INCOME OR LOSS	PSHP
MAGICAPTIAL FUND (PARALLEL), L.P. C/O HARNEYS SERVICE (CAYMAN) LIMITED	4TH FLOOR, 103 SOUTH CHURCH STREED BOX 10240 HARBOUR PLACE GRAND CAYMAN CJ KY1-1002	EET	FOREIGNUS		Х
SOUTHERN CAPITAL FUND, III L.P. C/O M&C CORPORATE SERVICES LIMITED	PO BOX 309  UGLAND HOUSE GRAND CAYMAN CJ KY1-1104		98-1087919		Х
ASCENDENT CAPITAL PARTNERS I, L.P. ASCENDENT CAPITAL PARTNERS (ASIA) LTD	SUITE 1609, 16F, JARDINE HOUSE 1 CONNAUGHT PLACE CENTRAL HONG KONG HK		98-1019637		X
CDH VENTURE PARTNERS III, L.P. CDH VENTURE MANAGEMENT III COMPANY LIMITED	PO BOX 309  UGLAND HOUSE GRAND CAYMAN CJ KY1-1104		98-1060764		X
DCM VENTURES CHINA FUND (DCM VII) L.P.	2420 SAND HILL ROAD SUITE 200 MENLO PARK	CA 94025	98-1119396		X

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

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

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

SCHEDULE A-2 - AFFILIATION SCHEDULE  NAME	ADDRESS	ID NUMBER	TOTAL ORDINARY INCOME OR LOSS	FOR PSHP
GLOBIS FUND V LP	PO BOX 309, UGLAND HOUSE GRAND CAYMAN CJ KY1-1104	98-1349437		Х
BANYAN INVEST MANAGEMENT CO., LTD C/O BANYAN GROUP GLOBAL LIMITED	SUITE 1109, 11/F, CHAMPION TOWER 3 GARDEN ROAD CENTRAL HK	98-1225434		х
BANYAN CAPITAL HOLDING CO., LTD C/O BANYAN GROUP GLOBAL LIMITED	SUITE 1109, 11/F, CHAMPION TOWER 3 GARDEN ROAD CENTRAL HK	98-1225595		Х
BANYAN PARTNERS FUND II, L.P. C/O BANYAN GROUP GLOBAL LIMITED	SUITE 1109, 11/F, CHAMPION TOWER 3 GARDEN ROAD CENTRAL HK	FOREIGNUS		Х

Form **8865** 

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2017, and ending 12/31/2017

Attachment Sequence No. 118

Name of person filing this return				Filer's identifying number								
INDIANAPOLIS MUSEUM OF ART, INC.					35-0867955							
Filer's address (if you are not filing this form with your tax return)  A Category of filer (see Categories of Filers in the instructions and check applications)							k applicable	box(e	es)):			
1				2		3	X	4				
				B Filer's tax	year beginn	ing	07/01	/2017	, and ending	06/	30/	2018
C Filer's	C Filer's share of liabilities: Nonrecourse \$ Qualified nonrecourse financing \$ Other \$											
D If filer is a member of a consolidated group but not the parent, enter the following information about the parent:												
Name						EIN						
Address	S											
E Check	if any exce	pted specified fore	ign financial ass	ets are reported	on this forn	n (se	ee instruction	s)				
F Informa	ation about	certain other partn	ers (see instruction	ons)								
	(1) Nar	me		(2) Address			(3) Identifyi	na number		eck applicat		
	(1)1101			(2) / (0000			( <b>b)</b> raditily		Category 1	Categor	y 2	Constructive owner
			1.2						0( ) FIN (''			
		s of foreign partner	•						<b>2(a)</b> EIN (if an	• /		
		TAL FUND VI							98-109		<u></u>	!
DENVER,		H STREET, SU	11E 200						2(b) Referen	ce ID num	ber (s	see instr.)
DENVER,	CO 80	0202							3 Country un	dor whose		c organized
									CJ	dei wiiosi	5 law	s organized
4 Date of		5 Principal place of	of 6 Princip	oal business	7 Prin	cipa	l business	8a Funct	ional currency	8b Exc	hanc	ie rate
organiz		business	activity	code number	activ	vity			JSD		e insti	
02/21	/2013	CJ	523	3900	TIVV	ES.	ring					
H Provide	the follow	ring information for	the foreign partr	nership's tax year	r:							
1 Name,	address, a	and identifying num	ber of agent (if an	ny) in the	2 Che	ck i	f the foreign	partnership	must file:			
United		J.C				Fo	orm 1042	Fori	m 8804	X Form	106	5 or 1065-B
		T, SUITE 200			Serv	ice (	Center where	 Form 1065 o	r 1065-B is filed:			
DENVER, CO	80202 98-	1091392			00	GDE	EN					
		s of foreign partne	rship's agent in c	ountry of	4 Nam	ne a	nd address o	of person(s)	with custody o	f the book	s and	1
organiz	ation, if an	у			reco	ras r <u>eç</u>	or the foreig ords, if different PITAL FUND V	n partnersr şņt	nip, and the loca	ation of su	cn bc	OOKS
							TH STREET,					
					DENVER,	CO 8	30202					T T
	, .	al allocations made	,	•					▶	Ye	s	X No
		er of Forms 8858, I				spec	t To Foreign	Disregarded	Entities,			
		return (see instructi	,									TD GIIT D
	•	nership classified u		•		•			PTED LIMIT	TED PA	RIN	ERSHIP
		an interest in the fore	•				• .	•		П.,		X No
	•	503(d)-1(b)(4) or part separate unit or comb	•			, ,	,,,,,			Ye		A No
	*	rship meet <b>both</b> of	•		dated loss as	s dell	ned in Reg. 1.	1503(a)-1(b)(	D)(II)?	re	5	NO
● The	e partnersh	nip's total receipts f	or the tax year w	ere less than \$2				)	_	Ye		X No
		he partnership's to omplete Schedules			ear was les	s tha	an \$1 million.	ſ · · · · ·			3	
Sign Here	Under pen	alties of perjury, I ded	clare that I have ex	amined this return,								vledge
Only If You Are Filing This Form		it is true, correct, and of which preparer ha		ration of preparer (	other than g	ener	aı partner or lim	nted fiability o	ompany member)	is based or	ı all	
Separately and Not With							1					
Your Tax Return.	Signat	ture of general partne	er or limited liability of	company member				Date				
	Print/Type	preparer's name		Preparer's signa	ature			Date	Check	if PT	IN	
Paid									self-emp	oloyed		
Preparer	Firm's nam	e <b>&gt;</b>							Firm's E	IN ►		
Use Only	Firm's addr	ess ►							Phone n	0.		

Page 2

Sc	hedule A	box b, enter the interest you constructive a X Owns a directive Owns	nership of Partnership Interest. Che name, address, and U.S. taxpayer id ructively own. See instructions. ct interest	eck len b	the boxes that tifying number			filer. If y e person	ou check (s) whose
_		Name	Address		Identifying nu			Check if foreign person	Check if direct partner
Sc	hedule A-1	Certain Partners o	of Foreign Partnership (see instruction	ns)					
		Name	Address		Identifyi	ing numbei	r (if any)		Check if foreign person
	es the partne hedule A-2	Affiliation Schedu	preign person as a direct partner?  Ile. List all partnerships (foreign or condirectly owns a 10% interest.					Yes partnersh	No ip owns a
		Name	Address		EIN (if any	)		al ordinary me or loss	Check if foreign partnership
Scl	nedule B	Income Statemer	t - Trade or Business Income						
			s income and expenses on lines 1a throu	gh:	22 below. See t	he instruc	tions fo	or more info	ormation.
Income	<ul><li>b Less</li><li>2 Cost of</li><li>3 Gross</li><li>4 Ordin</li><li>5 Net fa</li><li>6 Net g</li></ul>	returns and allowances of goods sold	from line 1c	ach	n statement)*	1c 2 3 4 5 6 7			
<b>Deductions</b> (see instructions for limitations)	9 Salari 10 Guara 11 Repa 12 Bad d 13 Rent 14 Taxes 15 Intere 16a Depre b Less 17 Deple 18 Retire 19 Emple	les and wages (other thanteed payments to partirs and maintenance lebts.  Is and licenses.  Is and lic	e lines 3 through 7			9 10 11 12 13 14 15 16c 17 18			
	21 Total	deductions. Add the am	ounts shown in the far right column for lines S	) thr	rough 20	21			
	22 Ordina	arv business income (loss	a) from trade or business activities. Subtract line	e 21	1 from line 8	22			

Form 8865 (2017) Page **3** 

Schedule K		Partners' Distributive Share Items	Total amount			
	1	Ordinary business income (loss) (page 2, line 22)	1			
Income (Loss)	2	Net rental real estate income (loss) (attach Form 8825)	2			
	3a	Other gross rental income (loss)				
	b	Expenses from other rental activities (attach statement) 3b				
	С	Other net rental income (loss). Subtract line 3b from line 3a	3с			
	4	Guaranteed payments	4			
	5	Interest income	5			
	6	Dividends: a Ordinary dividends	6a			
Ĕ		b Qualified dividends 6b				
20	7	Royalties	7			
=	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8			
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a			
	b	Collectibles (28%) gain (loss) 9b	-			
	С	Unrecaptured section 1250 gain (attach statement) 9c				
	10	Net section 1231 gain (loss) (attach Form 4797)				
	11	Other income (loss) (see instructions) Type ▶	11			
Suc	12	Section 179 deduction (attach Form 4562)	12			
χįς	13a	Contributions				
gr	b	Investment interest expense.	13b			
Deductions	C .	Section 59(e)(2) expenditures: (1) Type ►(2) Amount ►				
	d	Other deductions (see instructions) Type   National (see instructions) Type	13d			
Self- Employ- ment			14a			
Seme	b	Gross farming or fishing income.				
	с 15 а	Gross nonfarm income				
		Low-income housing credit (section 42(J)(5))				
its	C		15c			
Credits	d	Other manufactured and the form that the second sec	15d			
Ö	e	Other rental gradity (see instructions)	15e			
	f	Other gradity (see instructions)	15f			
	16a	Name of country or U.S. possession ►	10.			
	b	Gross income from all sources.	16b			
ns		Gross income sourced at partner level	16c			
ţi		Foreign gross income sourced at partnership level				
ransactions	d	Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f			
ans		Deductions allocated and apportioned at partner level				
Ë	g	Interest expense ▶ h Other	16h			
ign		Deductions allocated and apportioned at partnership level to foreign source income				
Foreign T	i	Passive category ▶ j General category ▶ k Other (attach statement) ▶	16k			
Ŗ	I	Total foreign taxes (check one): ▶ Paid Accrued	161			
		,	16m			
	n	Other foreign tax information (attach statement)	4-			
Alternative Minimum Tax (AMT) Items	17a	Post-1986 depreciation adjustment	17a			
n T terr		Adjusted gain or loss	17b			
rna nun I) II	C	Depletion (other than oil and gas)	17c			
nin MT	d e	Oil, gas, and geothermal properties - deductions	17d 17e			
<b>√</b> <u>≅</u>	f	Other AMT items (attach statement)	17e			
	18a	Tax-exempt interest income	171 18a			
Other Information	b	Other tax-exempt income	18b			
nat	C	Nondeductible expenses	18c			
orn	19a	Distributions of cash and marketable securities.	19a			
Infe	b	Distributions of other property	19b			
er	20 a	Investment income	20a			
th	b	Investment expenses	20b			
J	С	Other items and amounts (attach statement)				

Form 8865 (2017) Page 4

Schedule L Balance Sheets per	Books. (Not required	if Item H9, page 1, is a	answered "Yes.")	T age 4
	Beginning	of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
<b>1</b> Cash				
2a 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				

Form 8865 (2017) Page **5** 

Scl	hedule M Balance Sheets for Interest Alloca	tion		
			(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			
	Other (attach statement)			
Scl	hedule M-1 Reconciliation of Income (Loss) pe	er Books Wit	h Income (Loss) per Return. (	Not required if Item H9, page
	1, is answered "Yes.")			
		6	Income recorded on books this	
1	Net income (loss) per books		year not included on Schedule K,	
2	Income included on Schedule K.		lines 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	а	Tax-exempt interest \$	
	and 11 not recorded on books	"	- αλ ολοιπρι πιστοσί φ <u></u>	
	this year (itemize):	7	Deductions included on Schedule	
3	Guaranteed payments (other	•	K, lines 1 through 13d, and 16l not	
3	than health insurance)			
4	Expenses recorded on books		charged against book income this	
4	•		year (itemize):	
	this year not included on	a	Depreciation \$	
	Schedule K, lines 1 through			
	13d, and 16I (itemize):			
	Depreciation \$			
b	Travel and entertainment \$	8	Add lines 6 and 7	
		9	Income (loss). Subtract line 8	
5	Add lines 1 through 4	1 (2)	from line 5	1 1127
Sc	hedule M-2 Analysis of Partners' Capital Acco	unts. (Not red	quired if Item H9, page 1, is ans	swered "Yes.")
1	Balance at beginning of year	6	Distributions: a Cash	
2	Capital contributed:		<b>b</b> Property	
	a Cash · · · · ·	7	Other decreases (itemize):	
	<b>b</b> Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
	, ,	8	Add lines 6 and 7	
		9	Balance at end of year. Subtract	
5	Add lines 1 through 4		line 8 from line 5	

Form 8865 (2017) 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).

trar	transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).								
_	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)				
1	Sales of inventory								
2	Sales of property rights (patents, trademarks, etc.)								
3	Compensation received for technical, managerial, engineering, construction, or like services								
4	Commissions received								
5	Rents, royalties, and license fees received								
6 7	Distributions received Interest received								
8	Other								
9	Add lines 1 through 8								
10	Purchases of inventory								
11	Purchases of tangible property other than inventory								
12	Purchases of property rights (patents, trademarks, etc.)								
13	Compensation paid for technical, managerial, engineering, construction, or like services								
14	Commissions paid								
15	Rents, royalties, and license fees paid								
16	Distributions paid								
17	Interest paid								
18	Other								
19	Add lines 10 through 18								
20	Amounts borrowed (enter								
	the maximum loan balance during the year). See								
21	instructions								
	instructions				Form <b>8865</b> (2017)				
					Form <b>8865</b> (2017)				

## SCHEDULE O

## Transfer of Property to a Foreign Partnership

OMB No. 1545-1668

(under section 6038B) (Form 8865) ► Attach to Form 8865. See Instructions for Form 8865. Department of the Treasury ▶ Go to www.irs.gov/Form8865 for instructions and the latest information. 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) RESOURCE CAPITAL FUND VI L.P. 98-1091392 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section Χ No Yes If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property?.... Yes No Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any X No time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes **Transfers Reportable Under Section 6038B** Part I (c) (d) (e) (f) Type of property Date of Number of items Fair market value Cost or other Section 704(c) Gain recognized transfer transferred on date of transfer basis allocation method on transfer 426,471. VAR Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals .147 .147 Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation (b) (d) (a) (c) (e) (g) Depreciation Date of Date of Manner of Gain recognized Gain allocated Type of recapture recapture allocated recognized original transfer disposition by partnership property disposition to partner to partner by partnership

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

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

Schedule O (Form 8865) 2017

Yes

Χ

No

Form **8865** 

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 04/18/2017, and ending 12/31/2017

Attachment Sequence No. 118

Name of persor	n filing this return					Filer's identifying number						
INDIANAP	OLIS MUSEUM OF	ART,	INC.			35-0867955						
Filer's address	(if you are not filing this forn	n with your t	ax return)	A Category	of filer (see	Cate	gories of Filer	s in the instr	uctions and	check appl	icable box	(es)):
				1	2		3	X	4			
				B Filer's tax	year beginn	ing	07/01	/2017	, and er	nding	06/30	/2018
C Filer's sh	nare of liabilities: Nonreco	ourse \$		Qualified no	nrecourse	fina	ncing \$		Oth	er\$		
D If filer is	a member of a consolid	lated grou	p but not the	parent, enter	the follow	ing i	nformation al	oout the pare	ent:			
Name						EIN						
Address												
E Check if	any excepted specified	foreign fir	nancial asset	s are reported	on this forn	n (se	ee instruction	3)				
F Informat	ion about certain other p	oartners (s	ee instructior	ıs)								
	(1) Nama			(2) Addross			(2) Identifui	ag numbor	(4	I) Check ap	plicable b	
	(1) Name			(2) Address			(3) Identifyi	ig number	Categor	y 1 Ca	tegory 2	Constructive owner
G1 Name ar	nd address of foreign par	tnership							2(a) EIN	(if any)		
HELLMAN	& FRIEDMAN CAP	ITAL PA	ARTNERS	VIII, L.I	2				98-	118686	3	
ONE MARI	TIME PLAZA, 127	TH FLOO	)R						<b>2(b)</b> Ref	erence ID	number	(see instr.)
SAN FRAN	CISCO, CA 9411	L1										
									3 Counti	ry under v	hose la	ws organized
			1					1	CJ			
4 Date of organiza	5 Principal pla	ace of	6 Principal	l business code number	7 Prin		ll business		ctional currency 8b Exchange (see instr.)			
· ·			_				MENTS	Ü	JSD		(000)	,
04/18/			5239									
	the following information			<u> </u>								
1 Name, a United S	ddress, and identifying i	number of	agent (if any)	) in the	2 Che	1	f the foreign					
Office C	naics					_	orm 1042		m 8804		orm 106	65 or 1065-B
							Center where	orm 1065 or	r 1065-B is i	filed:		
0 No	- d - dd					FII		f(-\			l l	
	nd address of foreign pa tion, if any	rtnersnips	agent in cou	intry oi	reco	rds	nd address of of the foreig	n partnersh	nip, and th	e location	of such b	ooks
	RIEDMAN INVESTORS VIII	, L.P.			and records, if different JUDD SHER, C/O HELLMAN & FRIEDMAN, LLC							
	PORATE LIMITED, CAYMAN	CORP. CI	NTR,		ONE MARITIME PLAZA, 12TH FLOOR							
GEORGE TOWN, CJ, KY1-9008	GRAND CAYMAN				CAN EDAM	атаа	CO, CA 94111					
										<b>▶</b> X	.,	<del></del>
	ny special allocations m							 Siana mandad			Yes	No
	ne number of Forms 885					spec	t To Foreign	Jisregarded	Entities,	_		
	ed to this return (see inst	,				• •			TED PAF		UTD	
	this partnership classific			•	_	•				CINERSI	ILP	
	e filer have an interest in the	•	• •		,		• .	• •	•		v	X No
	er Reg. 1.1503(d)-1(b)(4) or				•	, ,	, , , , ,				Yes	H ''
	does the separate unit or only nis partnership meet <b>both</b>		•		iated loss as	з аеп	ned in Reg. 1.1	503(a)-1(b)(5	o)(II)?• • •	<b>▶</b> ∟	Yes	No
	partnership's total recei				50,000 and	t	)	1				X No
	value of the partnership			nd of the tax ye	ar was les	s tha	an \$1 million.			<b>▶</b> ∟	Yes	X No
	' <b>do not</b> complete Sched Under penalties of perjury,		<u>,                                      </u>	nined this return.	including ac	ccom	panving sched	ules and state	ements, and	to the best	of my kno	 wledge
Only If You	and belief, it is true, correct	t, and comp	olete. Declarat									
Information of which preparer has any knowledge.  Separately												
and Not With Your Tax Signature of general partner or limited liability company member												
Return.	Print/Type preparer's name	- ***		Preparer's signa	ture			Date	Ch	eck if	PTIN	
Paid	13po proparor o name			opaioi o oigila						f-employed	'"	
Preparer	Firm's name									m's EIN ►		
Lico Only	Firm's address									one no.		
-   '									' ''			

Page 2

Sc	hedule A	Constructive Owner box b, enter the ninterest you construct a X Owns a direct				you check n(s) whose		
_		Name	Address	b	Identifying nu		Check if foreign person	Check if direct partner
Sc	hedule A-1	Certain Partners of	Foreign Partnership (see	e instructions	5)			
_		Name	Address		Identify	ing number (i	if any)	Check if foreign person
_								
	es the partn hedule A-2	Affiliation Schedul	l reign person as a direct partno e. List all partnerships (fo directly owns a 10% intere	oreign or do				No nip owns a
		Name	Address		EIN (if any	)	Total ordinary income or loss	
_								
	nedule B		- Trade or Business Inco income and expenses on lin		22 helow. See t	he instructio	ons for more in	formation
Income	1a Gross b Less 2 Cost 3 Gross 4 Ordir 5 Net fi 6 Net g	s receipts or sales returns and allowances. of goods sold s profit. Subtract line 2 fr eary income (loss) from carm profit (loss) (attach sein) (loss) from Form 475		1a   1b   1b   1d   1d   1d   1d   1d   1d	ch statement)*	1c 2 3 4 5 6 7		
Deductions (see instructions for limitations)	9 Salar 10 Guar 11 Repa 12 Bad of 13 Rent 14 Taxe 15 Intere 16a Depr b Less 17 Deple 18 Retir 19 Empl	ies and wages (other that anteed payments to partruirs and maintenance debts and licenses and licenses dest depreciation (if required, attached depreciation reported election (Do not deduct oil attached depreciations, etc. oyee benefit programs.	lines 3 through 7	nent credits) .		8 9 10 11 12 13 14 15 16c 17 18 19 20		
	21 Total	deductions. Add the amo	unts shown in the far right colu	mn for lines 9 t	hrough 20	21		
	22 Ordin	ary business income (loss)	from trade or business activities	s. Subtract line	21 from line 8	22		

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Schedule K		Partners' Distributive Share Items	Total amount		
	1	Ordinary business income (loss) (page 2, line 22)	1		
	2	Net rental real estate income (loss) (attach Form 8825)	2		
	3a	Other gross rental income (loss)			
	b	Expenses from other rental activities (attach statement) 3b			
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c		
ô	4	Guaranteed payments	4		
Income (Loss)	5	Interest income.	5		
j	6	Dividends: a Ordinary dividends	6a		
ne		b Qualified dividends 6b			
5	7	Royalties	7		
ء	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))			
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))			
	b	Collectibles (28%) gain (loss) 9b			
	С	Unrecaptured section 1250 gain (attach statement) 9c			
	10	Net section 1231 gain (loss) (attach Form 4797)	10		
	11	Other income (loss) (see instructions) Type ▶	11		
Si	12	Section 179 deduction (attach Form 4562)	12		
Ö	13 a	Contributions	13a		
걸	b	Investment interest expense	13b		
Deductions	С	Section 59(e)(2) expenditures: <b>(1)</b> Type ▶ <b>(2)</b> Amount ▶			
	d	Other deductions (see instructions) Type ▶	13d		
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a		
Self- mploy ment	b	Gross farming or fishing income	14b		
S II I	С	Gross nonfarm income	14c		
	15 a	Low-income housing credit (section 42(j)(5))	15a		
w	b	Low-income housing credit (other)	15b		
di:	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c		
Credits	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 ▶			
	b				
ou l	С	Gross income sourced at partner level	16c		
ansactions		Foreign gross income sourced at partnership level			
sa	d	Passive category Passive category Georgia Category Fassive category for Other (attach statement)	16f		
		Deductions allocated and apportioned at partner level			
Ē	g	· ————	16h		
Foreign Tı		Deductions allocated and apportioned at partnership level to foreign source income			
ore	i	Passive category   j General category   k Other (attach statement)  Total forcing to the place of the place o	16k		
ш	l m	Total foreign taxes (check one):   Paid	16l		
	m	, , , , , , , , , , , , , , , , , , , ,	16m		
	<u>n</u> 17a	Other foreign tax information (attach statement)  Post-1986 depreciation adjustment	17a		
Alternative Minimum Tax (AMT) Items	i/a b	Adjusted gain or loss			
n T ten	C	Depletion (other than oil and gas)			
in (T	d	Oil, gas, and geothermal properties - gross income.			
Ni i	e	Oil, gas, and geothermal properties - deductions			
753	f	Other AMT items (attach statement)			
	<u>'</u> 18a				
Ö	b	Other tax-exempt income			
nat	C	Nondeductible expenses			
J. n	19a	Distributions of cash and marketable securities			
nfc	b	Distributions of other property			
e l	20 a	Investment income			
Other Information	b	Investment expenses.			
0	C	Other items and amounts (attach statement)			
$\overline{}$		, ,			

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Schedule L Balance Sheets	per Books. (Not required if	Item H9, page 1, is a	answered "Yes.")	T ago 🕂
	Beginning o	f tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
<b>1</b> Cash				
2a Trade notes and accounts receivable	e			
<b>b</b> Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach stateme	ent)			
7a Loans to partners (or persons relate	d to			
partners)				
<b>b</b> Mortgage and real estate loans				
8 Other investments (attach statemen	t)			
9 a Buildings and other depreciable ass	ets			
<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 statem	ent)			
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partners	ners)			
<b>b</b> Mortgages, notes, bonds payable in 1 year or m	ore			
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

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Scl	hedule M Balance Sheets for Interest Allocatio	n		
			(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			
	Other (attach statement)			
Scl	hedule M-1 Reconciliation of Income (Loss) per I	Books Wit	h Income (Loss) per Return. (	Not required if Item H9, page
	1, is answered "Yes.")			
		6	Income recorded on books this	
1	Net income (loss) per books		year not included on Schedule K,	
2	Income included on Schedule K.		lines 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a	Tax-exempt interest \$	
	and 11 not recorded on books	-	- 1 αλ σλοιτιρε πεσισσε φ	
	this year (itemize):	7	Deductions included on Schedule	
3	Guaranteed payments (other		K, lines 1 through 13d, and 16l not	
•	than health insurance)		charged against book income this	
4	Expenses recorded on books		year (itemize):	
•	this year not included on	a	Depreciation \$	
	Schedule K, lines 1 through	, u	Depreciation \$\psi\$	
	13d, and 16l (itemize):			
9	Depreciation \$			
	Travel and entertainment \$	8	Add lines 6 and 7	
	Traver and entertainment \$\psi	9	Income (loss). Subtract line 8	
5	Add lines 1 through 4		from line 5 · · · · · · · · ·	
	hedule M-2 Analysis of Partners' Capital Account	ts. (Not re		swered "Yes.")
1	Balance at beginning of year	6	Distributions: a Cash	,
2	Capital contributed:		<b>b</b> Property	
2	a Cash · · · · ·	7	Other decreases (itemize):	
			Other decreases (itemize).	
2	1 9			
3	Net income (loss) per books			
4	Other increases (itemize):		Add lines 6 and 7	
		8		
5	Add lines 1 through 4	9	Balance at end of year. Subtract line 8 from line 5	
<u> </u>	Add inico i dilougii Ti i i i i i			2005

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

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

	Saction 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.)				
	Compensation received for technical, managerial, engineering, construction, or like services				
	Commissions received				
5	Rents, royalties, and license fees received				
	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				
20	Amounts borrowed (enter the maximum loan balance during the year). See				
	instructions				
	instructions				Form <b>8865</b> (2017

## SCHEDULE O

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

(Form 8865)

Department of the Treasury

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

Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Internal Revenue Service Filer's identifying number Name of transferor INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Name of foreign partnership EIN (if any) Reference ID number (see instructions) HELLMAN & FRIEDMAN CAPITAL PARTNERS VIII 98-1186863 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section Χ Yes No If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property?.... Yes No Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any X No time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes Transfers Reportable Under Section 6038B Part I (c) (d) (e) (f) Type of property Date of Number of items Fair market value Cost or other Section 704(c) Gain recognized transfer transferred on date of transfer basis allocation method on transfer 840,078. VAR Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals .028 .027 Enter the transferor's percentage interest in the partnership: (a) Before the transfer % (b) After the transfer Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation (b) (d) (a) (c) (e) (g) Depreciation Date of Date of Manner of Gain recognized Gain allocated Type of recapture recapture allocated recognized original transfer disposition by partnership property disposition to partner to partner by partnership Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or

Yes

No

Χ

Form **8865** 

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 01/01/2017, and ending 12/31/2017

Attachment Sequence No. **118** 

Name of person filing this return				Fi	Filer's identifying number				
INDIANAPO	LIS MUSEUM OF AR	RT, INC.			35-0867955				
Filer's address (i	f you are not filing this form wit	th your tax return)	A Category	of filer (see Ca	e Categories of Filers in the instructions and check applicable box(es)):				
			1 [	2	3	X	4		
			R Filer's tay	year beginning	07/01	/2017	, and ending	06/3	0/2018
C Filer's sha	are of liabilities: Nonrecourse	e \$		nrecourse fir			Other \$		
	member of a consolidated	· · · · · · · · · · · · · · · · · · ·				hout the par			
Name	mombor or a componidation	a group but not th	paront, onto		N	bout the pur	0110.		
Address									
71441 000									
E Check if a	ny excepted specified fore	aign financial asse	ats are reported	on this form (	see instruction	e)			
	n about certain other partr		•	on this form (	300 manachon	3)			
1 momand	in about certain other parti		113)				(4) Cho	eck applicable	hov(os)
	(1) Name		(2) Address		(3) Identifyi	ng number	Category 1	Category 2	Constructive
							Category	— Category 2	owner
C1 Nome one	Laddraga of foreign partner	rohin					<b>2(a)</b> EIN (if ar		
	l address of foreign partner ODAY EVERGREEN F	•					98-121	• /	
	CORPORATE SERVI	•	יווסוו מואג די	מי חט מי	OX 200				or (ago ingtr )
•		CES LID, O	JUND HOU!	SE, PO E	OX 309		2(b) Reference	e iD numbe	r (see instr.)
GRAND CAY							2 Country un		lavva araanimad
CJ, KY1-1	104						1	der whose i	laws organized
4 Date of	E Dringing place	of C Dringin	al business	7 Dringi	oal business	On Funct	CJ tional currency	Oh Evolu	
organizati	5 Principal place business		code number	activit	У		(see instr		
10/01/0	0014	E 2 E	990	INVES	TMENT	05 1	OOLLAR	JLAR	
10/21/2									
	e following information for	<u> </u>	· · ·	1			. (1)		
1 Name, add	dress, and identifying num	iber of agent (if an	y) in the		if the foreign	· — ·		$\neg$	
Office Oil	1100				Form 1042		m 8804	Form 10	065 or 1065-B
				Service	e Center where	Form 1065 o	r 1065-B is filed:		
		111		4.11			\ 'd		
organizati	l address of foreign partne	ersnip's agent in co	ountry of	record	s of the foreign	in nartnarel	) with custody of hip, and the loca	tne books ation of such	and า books
	ATE SERVICES LIMITED			and re	cords, if differ	ent	• *		
PO BOX 309, U	GLAND HOUSE			LEVEL 19, TWO INT'L FINANCE CENTER, 8 FINANCE					
GRAND CAYMAN				, CENTRAL					
CJ, KY1-1104				HK				T 77	
	y special allocations made	, , ,	•				▶	X Yes	No
6 Enter the	number of Forms 8858,	Information Returr	of U.S. Person	ns With Respe	ect To Foreign	Disregarded	l Entities,		
	to this return (see instructi	,					▶		
7 How is the	nis partnership classified υ	under the law of the	ne country in wh	nich it is orgar	nized?	EXEMI	B.I.ED LIMI.I	ED PAR	INERSHIP_
8a Does the f	iler have an interest in the fore	eign partnership, or	an interest indire	ctly through the	e foreign partner	ship, that is a	a separate		77
unit under	Reg. 1.1503(d)-1(b)(4) or part	t of a combined sepa	arate unit under R	eg. 1.1503(d)-	1(b)(4)(ii)? If "No	," skip questi	on 8b.	Yes	X No
	oes the separate unit or comb	•		dated loss as d	efined in Reg. 1.	1503(d)-1(b)(	5)(ii)?	Yes	No
	s partnership meet <b>both</b> of artnership's total receipts t			50 000 and		<b>,</b>			[]
	alue of the partnership's to				han \$1 million.	}	• • • • • ▶	Yes	X No
	lo not complete Schedules	<u> </u>				,			
Only If You ar	nder penalties of perjury, I de ad belief, it is true, correct, an	d complete. Declar							
This Form in	formation of which preparer ha			•		•	,		
Separately and Not With Your Tax	·	p							
Return.	Signature of general partner	er or limited liability c				Date			
	int/Type preparer's name		Preparer's signa	ature		Date	Check	if PTIN	
Paid Proporer							self-emp	loyed	
	rm's name						Firm's EI	N <b>&gt;</b>	
Use Only Fi	rm's address						Phone no	).	
[							1		

Scl	hedule A	box b, enter the n interest you constru	ership of Partnership Interest ame, address, and U.S. taxpa uctively own. See instructions.	st. Checl ayer idei b				filer. If y e person	ou check (s) whose
		Name				Owns a constructive interest  Identifying number (if any)			Check if direct partner
								person	partitel
Scl	hedule A-1	Certain Partners of	Foreign Partnership (see inst	tructions	)				
_		Name	Address		Identify	ing number (i	f any)		Check if foreign person
	es the partner		reign person as a direct partner?.					Yes	No
<u>SU</u>	nedule A-Z		e. List all partnerships (foreig directly owns a 10% interest.	n or ao	,	n the fore	· ·		Check if
		Name	Address		EIN (if any	)		l ordinary me or loss	foreign partnership
_									
Cal	andria D	In a come Ctata manual	Trada ar Duaireas Irearra						
	nedule B ution: Include		- Trade or Business Income income and expenses on lines 1	a through	n 22 below. See t	he instruction	ns fo	r more info	ormation.
		receipts or sales eturns and allowances				1c			
ø						2			
Income			om line 1c			3 4			
luc			other partnerships, estates, and tru Schedule F (Form 1040)).			5			
			97, Part II, line 17 (attach Form 47			6			
	7 Other	income (loss) (attach st	atement)			7			
	8 Total i	ncome (loss). Combine	lines 3 through 7			8			
_		_ :	an to partners) (less employment o			10			
ations			ners			11			
limita	_					12			
s for						13			
ıction						15			
nstr		Interest							
see			sewhere on return 16b			16c			
us (			and gas depletion.)			17			
Deductions (see instructions for limitations)		•				18			
grc	· ·					20			
De	20 Other	deductions (attach state	ement)						
_	21 Total o	deductions. Add the amo	unts shown in the far right column fo	or lines 9 th	nrough 20	21			
	22 Ordina	ry husiness income (lose)	from trade or husiness activities. Sul	otract line 3	21 from line 8	22			

Form 8865 (2017) Page **3** 

Sched	lule K	Partners' Distributive Share Items	Total amount
	1	Ordinary business income (loss) (page 2, line 22)	1
	2	Net rental real estate income (loss) (attach Form 8825)	2
	3a	Other gross rental income (loss)	
	b	Expenses from other rental activities (attach statement) 3b	
	С	Other net rental income (loss). Subtract line 3b from line 3a	3c
(S	4	Guaranteed payments	4
Income (Loss)	5	Interest income	
<b>–</b>	6	Dividends: a Ordinary dividends	
me		<b>b</b> Qualified dividends 6b	
<u>0</u>	7	Royalties	7
드	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8
	9a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a
	b	Collectibles (28%) gain (loss) 9b	
	С	Unrecaptured section 1250 gain (attach statement) 9c	
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
ns	12	Section 179 deduction (attach Form 4562)	12
Deductions	13 a	Contributions	
nc	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 승드	14 a	Net earnings (loss) from self-employment	
Self- Employ- ment	b	Gross farming or fishing income	
	С	Gross nonfarm income	
	15 a	Low-income housing credit (section $42(j)(5)$ )	
S	b	Low-income housing credit (other)	
Credits	С		
Ç	d	Other rental real estate credits (see instructions) Type	15d
	e	Other rental credits (see instructions)  Type	15e
	f	Other credits (see instructions)  Type ▶	15f
		Name of country or U.S. possession ▶	405
S	b	Gross income from all sources	
ion	С	·	16c
ransactions	al	Foreign gross income sourced at partnership level  Passive category ▶ e General category ▶ f Other (attach statement) ▶	16f
nSí	d	Passive category   e General category   f Other (attach statement)  Deductions allocated and apportioned at partner level	101
ra	~	Interest commons by the Others	16h
n T	g	Deductions allocated and apportioned at partnership level to foreign source income	1011
Foreign	i	Passive category ► j General category ► k Other (attach statement) ►	16k
Ŋ.	i	Total foreign taxes (check one): ▶ Paid Accrued	161
	m	Reduction in taxes available for credit (attach statement)	16m
	n	Other foreign tax information (attach statement)	
×	17a	Post-1986 depreciation adjustment	17a
ve Tay	b	Adjusted gain or loss	17b
ım Ite	С	Depletion (other than oil and gas)	17c
terr 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
Ĕ	18 a	Tax-exempt interest income	18a
atio	b	Other tax-exempt income	18b
Other Information	С	Nondeductible expenses	18c
for	19 a	Distributions of cash and marketable securities	19a
u	b	Distributions of other property	19b
her	20 a	Investment income.	20a
<del>5</del>	b	Investment expenses	20b
	С	Other items and amounts (attach statement)	

Form 8865 (2017) Page 4

Schedule L Balance Sheets	per Books. (Not required if	Item H9, page 1, is a	answered "Yes.")	T ago 🕂
	Beginning o	f tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
<b>1</b> Cash				
2a Trade notes and accounts receivable	e			
<b>b</b> Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach stateme	ent)			
7a Loans to partners (or persons relate	d to			
partners)				
<b>b</b> Mortgage and real estate loans				
8 Other investments (attach statemen	t)			
9 a Buildings and other depreciable ass	ets			
<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 statem	ent)			
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partners	ners)			
<b>b</b> Mortgages, notes, bonds payable in 1 year or m	ore			
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Page 5 Form 8865 (2017)

Sc	hedule M Balance Sheets for Interest Allocat	ion		
			(a) Beginning of tax year	(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) pe	r Books Wit	h Income (Loss) per Return. (	Not required if Item H9, page
	1, is answered "Yes.")			
		6	Income recorded on books this	
1	Net income (loss) per books		year not included on Schedule K,	
2	Income included on Schedule K.		lines 1 through 11 (itemize):	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	9	Tax-exempt interest \$	
	and 11 not recorded on books	a	rax-exempt interest \$	
		7	Deductions included on Schedule	
•	this year (itemize):			
3	Guaranteed payments (other		K, lines 1 through 13d, and 16l not	l .
	than health insurance)		charged against book income this	
4	Expenses recorded on books		year (itemize):	
	this year not included on	а	Depreciation \$	
	Schedule K, lines 1 through			
	13d, and 16I (itemize):			
	Depreciation \$			
b	Travel and entertainment \$	8	Add lines 6 and 7	
		9	Income (loss). Subtract line 8	
5	Add lines 1 through 4		from line 5	
Sc	hedule M-2 Analysis of Partners' Capital Accou	ınts. (Not red	quired if Item H9, page 1, is ans	wered "Yes.")
1	Balance at beginning of year	6	Distributions: a Cash	
2	Capital contributed:		<b>b</b> Property	
	a Cash	7	Other decreases (itemize):	
	<b>b</b> Property			
3	Net income (loss) per books			
4	Other increases (itemize):			
-		8	Add lines 6 and 7	
		9	Balance at end of year. Subtract	
5	Add lines 1 through 4	9	line 8 from line 5	

Form 8865 (2017) 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).

trar	transaction that occurred between the foreign partnership and the persons listed in columns (a) through (d).						
_	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)		
1	Sales of inventory						
2	Sales of property rights (patents, trademarks, etc.)						
3	Compensation received for technical, managerial, engineering, construction, or like services						
4	Commissions received						
5	Rents, royalties, and license fees received						
6 7	Distributions received Interest received						
8	Other						
9	Add lines 1 through 8						
10	Purchases of inventory						
11	Purchases of tangible property other than inventory						
12	Purchases of property rights (patents, trademarks, etc.)						
13	Compensation paid for technical, managerial, engineering, construction, or like services						
14	Commissions paid						
15	Rents, royalties, and license fees paid						
16	Distributions paid						
17	Interest paid						
18	Other						
19	Add lines 10 through 18						
20	Amounts borrowed (enter						
	the maximum loan balance during the year). See						
21	instructions						
	instructions				Form <b>8865</b> (2017)		
					Form <b>8865</b> (2017)		

## SCHEDULE O

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

(Form 8865) Department of the Treasury

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

OMB No. 1545-1668

▶ Go to www.irs.gov/Form8865 for instructions and the latest information. Internal Revenue Service Name of transferor Filer's identifying number INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Name of foreign partnership EIN (if any) Reference ID number (see instructions) CAPITAL TODAY EVERGREEN FUND, LP 98-1217842 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section Χ No Yes If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? . . . . Yes No Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any X No time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes **Transfers Reportable Under Section 6038B** Part I (c) (d) (e) (f) Type of property Date of Number of items Fair market value Cost or other Section 704(c) Gain recognized transfer transferred on date of transfer basis allocation method on transfer VAR 690,000. Cash Stock, notes receivable and payable, and other securities Inventory Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, other than intangible property described in section 197(f)(9) Other property Totals .458 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .481 % (b) After the transfer Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (f) Depreciation (b) (d) (a) (c) (e) (g) Depreciation Date of Date of Manner of Gain recognized Gain allocated Type of recapture recapture allocated recognized original transfer disposition by partnership property disposition to partner to partner by partnership Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or

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

Schedule O (Form 8865) 2017

Yes

No

Χ

Department of the Treasury

Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

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

OMB No. 1545-0026

Attachment Sequence No. **128** 

U.S. Transferor information (see instructions)	
Name of transferor INDIANAPOLIS MUSEUM OF ART, I	
	35-0867955
1 If the transferor was a corporation, complete questions 1a throu	
a If the transfer was a section 361(a) or (b) transfer, was the tran	
or fewer domestic corporations?	
<b>b</b> Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying num	nber(s).
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing corporation? If not, list the name and employer identification number (EIN) of	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes No
<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 of partnership
HELLMAN & FRIEDMAN CAP PTNRS VIII LP	98-1186863
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer	
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership	
securities market?	Yes X No
Part II Transferee Foreign Corporation Information (see in:	structions)
3 Name of transferee (foreign corporation)	4a Identifying number, if any
LHC1 LIMITED	98-1360329
5 Address (including country)	4b Reference ID number
FIRST NAMES (JERSEY) LIMITED 3RD FLOO	R (see instructions)
37 ESPLANADE ST HELIER JE JE2 3QA	
6 Country code of country of incorporation or organization (see in	structions)
JE	
7 Foreign law characterization (see instructions)	
CORPORATION	
8 Is the transferee foreign corporation a controlled foreign corpora	ntion? X Yes No
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017)

1 01111 320 (IXCV. 12 20					r age <b>=</b>
Part III Infor	mation Regarding Tra	insfer of Property (s	see instructions)		
Section A - Cas	h, Stock, and Securition	es	·		
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash	ATTACHMENT 1				
Stock and securities (other han those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))					
If "Yes," ski	ne only property transferred? p the remainder of Part III an sferor transfer stock or sec	d go to Part IV.	367(a) with respect to which	a gain	X Yes No
	agreement was filed?				Yes No
Section B - Prope	erty qualifying for Active				
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	<b>(e)</b> Gain recognized on transfer*
Tangible property (not listed under another category)					
Working interest in bil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be eased (see Regs. sec. 1.367(a)-2(e))					
<del>-</del>					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

34379U D310 PAGE 111

Form **926** (Rev. 12-2017)

Form 926 (Rev. 12-2017)

Section C - Property not qualifying for Active Trade or Rusiness exception (other than intendible property subject to section

Type of property	(a) Date o		(b) Description of	Fair mar	(c) ket value on		(d) Cost or other		Gain	(e) recogniz		า
Inventory	transfe	r	property	date o	of transfer		basis	_		transfer		
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))												
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)- 2(c)(3))												
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))												
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))												
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)												
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)												
Totals												
11 Did the tran 12 Indicate wh sections 1.3	nsferor transfer ether the trans 867(a)-2 through	assets that sferor was n 1.367(a	depreciation recapture or at qualify for the trades required to recogn )-7 for any of the follo	e or business ize income u wing.	s exception u	nder nd Te	section 367(a)(3) mporary Regulat	tions		Yes		No
<ul><li>b Depreciatio</li><li>c Branch loss</li><li>d If the answer</li></ul>	n recapture recapture (see er to 12c is "Yes	instructio s," enter t	on 367(a)(1) gain reconstruction  ns)	branch loss re	ecapture ▶ \$	· · · · · · §				Yes Yes Yes		No No No
If the answe	er to line 12a, 1 mental Part III In	2b, 12c, of formation	or 12e is "Yes," see ir Required To Be Repo	nstructions fo rted section b	r information							
Section D - Intan	gible property	under Re	egs. sec. 1.367(a)-1(d)	(5)			<u> </u>					
Type of property	(a) Date of transfer		(b) Description of property	(c) Useful life	(d) Arm's length on date of tra		(e) Cost or other basis	s	for	(f) come ind year of t ee instrud	transfe	er
Property described in sec. 936(h)(3)(B)												
Property subject to sec. 367(d) pursuant to Regs. sec. 1.367(a)-1(b)(5)												
Totals								$\pm$				

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)?	es	No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367		
D	(d), if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
112	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section		
14 a		es	No
b	1.557 (a) 1(5)(b).	_	
D	(d), if any, for the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
_	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied		
С		es	No
٦	If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under	<b>.</b>	
d	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the		
	transfer > \$		
15 a			
ısa		es	No
b	v.	es	No
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section	<b>.</b>	
С		es	No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost	_	
u	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond		
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii)  \$\bigs \$  \text{\$\left(\text{se}\) beyond \$\left(\text{the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) } \bigs \$  \text{\$\left(\text{se}\) beyond		
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
10		es	No
	time thereafter, a platform contribution as defined in regulations section 1.402 7(6)(1):111111111111111111111111111111111	_	
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Supp	lemental Part III Information Required To Be Reported (see instructions)		
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Supp	lemental Part III Information Required To Be Reported (see instructions)		
Supp	lemental Part III Information Required To Be Reported (see instructions)		
Supp	lemental Part III Information Required To Be Reported (see instructions)		
Supp	lemental Part III Information Required To Be Reported (see instructions)		
Supp	lemental Part III Information Required To Be Reported (see instructions)		
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Part			
	IV Additional Information Regarding Transfer of Property (see instructions)		
Part	Additional Information Regarding Transfer of Property (see instructions)  Enter the transferor's interest in the foreign transferee corporation before and after the transfer.		
Part	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) After009361 %		
Part 17	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 .009361 %  Type of nonrecognition transaction (see instructions) IRC SECTION 351		
Part 17 18 19	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 .009361 %  Type of nonrecognition transaction (see instructions)  IRC SECTION 351  Indicate whether any transfer reported in Part III is subject to any of the following.	es	X No.
Part 17 18 19 a	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	_	X No X No
Part 17 18 19 a b	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) After009361 %  Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3)	es	X No
Part 17 18 19 a b c	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	es es	X X No
17 18 19 a b c	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	es es es	X No X No X No
Part 17 18 19 a b c d 20	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	es es es	X No X No X No X No
17 18 19 a b c	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	es es es	X No X No X No
Part  17  18  19  a b c d 20 21a	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	es es es	X No X No X No X No
Part  17  18  19  a b c d 20 21a b	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	es es es	X No X No X No X No
Part  17  18  19  a b c d 20 21a	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	es es es	X No X No X No X No

Form **926** (Rev. 12-2017)

Department of the Treasury

Internal Revenue Service

# Return by a U.S. Transferor of Property to a Foreign Corporation • Go to www.irs.gov/Form926 for instructions and the latest information.

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

OMB No. 1545-0026

Attachment Sequence No. **128** 

U.S. Transferor information (see instructions)	
Name of transferor INDIANAPOLIS MUSEUM OF ART, II	
	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 trans	
or fewer domestic corporations?	
<b>b</b> Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying num	ber(s).
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing	a consolidated return, was it the parent
corporation?  If not, list the name and employer identification number (EIN) of t	Yes No
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(5) been made?	Yes
<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	CINI of northorobin
Name of partnership	EIN of partnership
	00 1202060
SETTLEMENT SHARECO LP	98-1392068
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer of	
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	
Part II Transferee Foreign Corporation Information (see ins	Yes X No
• • • • • • • • • • • • • • • • • • • •	<u> </u>
3 Name of transferee (foreign corporation)	4a Identifying number, if any
DOMMO ENERGIA SA  5 Address (including country)	FOREIGNUS
	4b Reference ID number (see instructions)
RUA LAURO MULLER 116 38TH ANDAR	DOMMO
SALAS 3802 BOTAFOGO BR RJ 22290-160	
6 Country code of country of incorporation or organization (see ins BR	รแนะแบทธ)
7 Foreign law characterization (see instructions)	
,	
CORPORATION  8 Is the transferee foreign corporation a controlled foreign corpora	ation? Yes X No
For Paperwork Reduction Act Notice, see separate instructions.	Form <b>926</b> (Rev. 12-2017)
i or i aportiora neutroni net itenee, dee deparate illoutuenen.	1 01111 <b>2 2 0</b> (Nev. 12-2017)

Part III Infor	mation Regarding Tra	ansfer of Property (	see instructions)		
Section A - Cas	h, Stock, and Securiti				
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					
Stock and securities (other han those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))	ATTACHMENT 2				
If "Yes," ski	ne only property transferred? p the remainder of Part III ar sferor transfer stock or sec agreement was filed?	nd go to Part IV.	367(a) with respect to which	a gain	Yes X N
Section B - Prope	erty qualifying for Active	e Trade or Business e	exception under Regs. se	c. 1.367(a)-2(a)(2)(i) and	l (ii)
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*
Fangible property not listed under another category)					
Working interest in bil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be eased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

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367(d))							4.0			
Type of property	(a) Date o transfe		(b) Description of property	Fair mar	(c) ket value on of transfer	Cos	(d) st or other basis	(e) Gain recognized on transfer*		
Inventory										
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))										
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)- 2(c)(3))										
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))										
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))										
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)										
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)										
Totals										
12 Indicate wh sections 1.3 a Transfer of b Depreciation c Branch loss d If the answe e Any other in If the answe the Supplen	esferor transfer ether the trans 67(a)-2 through property subject in recapture recapture (see er to 12c is "Yest come recogniti er to line 12a, 1 mental Part III In	assets that questeror was required to section 36 instructions). In provision control of the section of the sect	alify for the trade united to recognize any of the follo (a)(1) gain recognized from the follo (b) and the follo (c)	e or business ize income using.  ognition	ecapture   graph   gra	nder sect	orary Regulation	ons	Yes Yes Yes Yes Yes	X No X No X No X No
Section D - Intan		under Regs. s						$\overline{}$	(f)	
Type of property	(a) Date of transfer		(b) ription of operty	(c) Useful life	(d) Arm's length on date of tra		(e) ost or other basis	for	year of t	ransfer
Property described in sec. 936(h)(3)(B)										
Property subject to sec. 367(d) – pursuant to Regs. sec. 1.367(a)-1(b)(5)										
Totals										

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)?	X No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the	
	transfer > \$	
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)?	X No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the transfer ▶ \$	
С	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not?	X No
d		
15 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed twenty years?	X No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes	X No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section  1.367(d)-1(c)(3)(ii) for any intendible property?  Yes	X No
d	1.367(d)-1(c)(3)(ii) for any intangible property?	A NO
u	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond	
	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$	
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	X No
Supp	Iemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp		
Part	Additional Information Regarding Transfer of Property (see instructions)	
	Additional Information Regarding Transfer of Property (see instructions)  Enter the transferor's interest in the foreign transferee corporation before and after the transfer.	
Part	Additional Information Regarding Transfer of Property (see instructions)  Enter the transferor's interest in the foreign transferee corporation before and after the transfer.	
Part	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 NONE %  Type of nonrecognition transaction (see instructions) IRC SECTION 354  Indicate whether any transfer reported in Part III is subject to any of the following.	
Part 17 18 19 a	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	X No
Part 17 18 19 a b	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 NONE %  Type of nonrecognition transaction (see instructions) IRC SECTION 354  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3) Yes  Gain recognition under section 904(f)(5)(F) Yes	X No
Part 17 18 19 a b c	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	X No
Part 17 18 19 a b	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 NONE %  Type of nonrecognition transaction (see instructions) IRC SECTION 354  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3) Yes  Gain recognition under section 904(f)(5)(F) Yes  Recapture under section 1503(d) Yes  Exchange gain under section 987	X No
17 18 19 a b c	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 NONE %  Type of nonrecognition transaction (see instructions) IRC SECTION 354  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3) Yes  Gain recognition under section 904(f)(5)(F) Yes  Recapture under section 1503(d) Yes  Exchange gain under section 987	X No X No X No
Part 17 18 19 a b c d 20	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	X No X No X No X No
Part  17  18  19  a b c d 20 21a b	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 NONE %  Type of nonrecognition transaction (see instructions) IRC SECTION 354  Indicate whether any transfer reported in Part III is subject to any of the following.  Gain recognition under section 904(f)(3) Yes  Gain recognition under section 904(f)(5)(F) Yes  Recapture under section 1503(d) Yes  Exchange gain under section 987  Did this transfer result from a change in entity classification? Yes  Did a domestic corporation make a distribution of property covered by section 367(e)(2) (see instructions)? Yes  If "Yes," complete lines 21b and 21c.  Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)   \$\Bigsim \text{ Yes} \text	X No X No X No X No
Part  17  18  19  a b c d 20 21a	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	X No X No X No X No

Form **926** (Rev. 12-2017)

(Rev. December 2017)

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

• Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No. **128** 

Part I U.S. Transferor Information (see instructions)	•	•
Name of transferor INDIANAPOLIS MUSEUM OF ART, $$ I		mber (see instructions)
	68-086	57955
1 If the transferor was a corporation, complete questions 1a thro	ıgh 1d.	
a If the transfer was a section 361(a) or (b) transfer, was the transfer		
or fewer domestic corporations?		Yes No
<b>b</b> Did the transferor remain in existence after the transfer?		Yes No
If not, list the controlling shareholder(s) and their identifying nur	nber(s).	
	1	
Controlling shareholder	Identifying numb	per
c If the transferor was a member of an affiliated group filing	a consolidated return, was it the pare	nt
corporation?		Yes No
corporation?  If not, list the name and employer identification number (EIN) of	the parent corporation.	
Name of parent corporation	EIN of parent corpo	ration
<b>d</b> 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.	dottal transferor (but to flot trouted do	odon under occiton cor,
a List the name and EIN of the transferor's partnership.		
Name of partnership	EIN of partnersh	nip
SAMBA CAYCO LTD	FOREIGNUS	
<b>b</b> Did the partner pick up its pro rata share of gain on the transfer		
c Is the partner disposing of its entire interest in the partnership?		Yes X No
d Is the partner disposing of an interest in a limited partnership	that is regularly traded on an established	
securities market?		Yes X No
Part II Transferee Foreign Corporation Information (see in	structions)	
3 Name of transferee (foreign corporation)	4a Identify	ring number, if any
SAMBA DUTCHCO BV	FORE	EIGNUS
5 Address (including country)		nce ID number
STRAWINSKYLAAN 3127 8TH FLOOR	(see instru	ictions)
AMSTERDAM THE NETHERLANDS NL 1077 ZX	SAMBA	
6 Country code of country of incorporation or organization (see in	structions)	
NL		
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. 12-2017)

Part    Infor	mation Regarding Tra	nsfer of Property (s	see instructions)		
Section A - Cas	h, Stock, and Securiti				
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	<b>(e)</b> Gain recognized on transfer
Cash					
Stock and securities (other han those that qualify as eligible property under Regs. sec. 1.367(a)-2(b)(3))	ATTACHMENT 3				
If "Yes," ski	ne only property transferred? p the remainder of Part III an sferor transfer stock or sec agreement was filed?	d go to Part IV. urities subject to section	367(a) with respect to which	a gain	Yes X N
Section B - Prope	erty qualifying for Active	e Trade or Business e	exception under Regs. se	c. 1.367(a)-2(a)(2)(i) and	l (ii)
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*
Fangible property not listed under another category)					
Working interest in bil and gas property (as described in Regs. sec. 1.367(a)-2(b)(2) and (f))					
Financial asset (as described in Regs. sec. 1.367(a)-2(b)(3))					
Certain tangible property to be eased (see Regs. sec. 1.367(a)-2(e))					
Totals					

\* If property listed in this section is subject to depreciation recapture or branch loss recapture, see instructions.

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367(d))							4.0			
Type of property	(a) Date o transfe		(b) Description of property	Fair mar	(c) ket value on of transfer	Cos	(d) st or other basis	Gair	(e) n recogniz transfer	
Inventory										
Installment obligations, etc. (as described in Regs. sec. 1.367(a)-2(c)(2))										
Nonfunctional currency, etc. (as described in Regs. sec. 1.367(a)- 2(c)(3))										
Certain leased tangible property (as described in Regs. sec. 1.367(a)-2(c)(4))										
Certain property to be retransferred (see Regs. sec. 1.367(a)-2(g))										
Property described in Regs. sec. 1.6038B-1(c)(4)(iv)										
Property described in Regs. sec. 1.6038B-1(c)(4)(vii)										
Totals										
12 Indicate wh sections 1.3 a Transfer of b Depreciation c Branch loss d If the answe e Any other in If the answe the Supplen	esferor transfer ether the trans 67(a)-2 through property subject in recapture recapture (see er to 12c is "Yest come recogniti er to line 12a, 1 mental Part III In	assets that quasiferor was required as 1.367(a)-7 foot to section 36 foot to sections). Instructions as," enter the auton provision could be section 126, 12c, or 126 formation Required	alify for the trade quired to recogni- or any of the follo 57(a)(1) gain reco mount of foreign ontained in the a e is "Yes," see in irred To Be Repo	e or business ize income uswing.  ognition	ecapture \$\infty\$  sexception u  inder final ar  ecapture \$\infty\$  ged regulatio  r information	nder sect	orary Regulation	ons	Yes Yes Yes Yes Yes	X No X No X No X No
Section D - Intan		unaer Regs. s						$\overline{}$	(f)	
Type of property	(a) Date of transfer		(b) cription of operty	(c) Useful life	(d) Arm's length on date of trai		(e) ost or other basis	for	year of t	ransfer
Property described in sec. 936(h)(3)(B)										
Property subject to sec. 367(d) – pursuant to Regs. sec. 1.367(a)-1(b)(5)										
Totals										

13 a	Did the transferor transfer property described in section 936(h)(3)(B) (not including section 1221(a)(3) property or a working interest in oil and gas property)?	X No
b	If the answer to line 13a is "Yes," enter the total amount included in income under section 367 (d), if any, for the transfer of all such property on the income tax return for the year of the	
	transfer > \$	
14 a	Did the transferor apply section 367(d) to a transfer of any property pursuant to Regulations section 1.367(a)-1(b)(5)?	X No
b	If the answer to line 14a is "Yes," enter the total amount included in income under section 367	
	(d), if any, for the transfer of all such property on the income tax return for the year of the transfer ▶ \$	
С	If the answer to line 14a is "No," did the transferor transfer any property for which it could have applied	V.
ام	section 367(d) pursuant to Regulations section 1.367(a)-1(b)(5) but did not? Yes  If the answer to line 14c is "Yes," enter the total amount of gain recognized, if any, under	X No
d	section 367(a)(1) on the transfer of all such property on the income tax return for the year of the transfer   \$\bigsim \\$ \]  \$\bigsim \]	
15 a	Did the transfer transfer any intangible property that, at the time of the transfer, had a useful life	
	reasonably anticipated to exceed twenty years? Yes	X No
	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Large Yes	X No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property?	X No
d	If the answer to line 15c is "Yes," enter the total estimated anticipated income or cost	
	reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond	
4.0	the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii)   \$\blacktriangle* \blacktriangle* \blacktriangle*  to a point to proper to the property transfer and considered as a principal to be a set the time of the transfer as at the constant to the property transfer as at the time of the	
16	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	X No
_		
Supp	Iemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Supp	lemental Part III Information Required To Be Reported (see instructions)	
Part		
	Additional Information Regarding Transfer of Property (see instructions)  Enter the transferor's interest in the foreign transferee corporation before and after the transfer.	
Part	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 NONE  %	
Part 17	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	
Part 17 18 19	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	X No.
Part 17	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	X   No   X   No
Part 17 18 19 a	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	X No X No X No X No
Part 17 18 19 a b	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	X No X No X No
Part 17 18 19 a b c d 20	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	X No X No X No X No
17 18 19 a b c	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	X No X No X No
Part 17 18 19 a b c d 20	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	X No X No X No X No
Part  17  18  19  a b c d 20 21a	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	X No X No X No X No
Part  17  18  19  a b c d 20 21a b	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	X No X No X No X No

Form **926** (Rev. 12-2017)

ATTACHMENT 1

CASH

11/21/2017

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER 149,175.

ATTACHMENT 2

STOCK AND SECURITIES (OTHER THAN THOSE THAT QUALIFY AS ELIGIBLE PROPERTY UNDER REGS. SEC. 1.367(A)-2(B)(3))

DATE OF TRANSFER DESCRIPTION FMV COST OR OTHER GAIN RECOGNIZED 12/26/2017 STOCK/SECU 4,900. 53,775.

ATTACHMENT 3

STOCK AND SECURITIES (OTHER THAN THOSE THAT QUALIFY AS ELIGIBLE PROPERTY UNDER REGS. SEC. 1.367(A)-2(B)(3))

DATE OF TRANSFER DESCRIPTION FMV COST OR OTHER GAIN RECOGNIZED

01/31/2017 STOCK/SECU 17,319. 17,319.

Form **990-T** 

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

OMB No. 1545-0687

		For cale	ndar year 2017 or other tax year begin	ning _	, 2017, aı	nd endir	ig06/30	_ , 20 <u>_        </u>	•	<b>2</b> (0) <b>1</b>		
	tment of the Treasury		► Go to www.irs.gov/Form990						Open	to Public Inspection for		
ntern	al Revenue Service	▶ Do	not enter SSN numbers on this form a		· · · · · ·			· · · · ·	501(c)(3) Organizations Only			
A _	Check box if address changed		Name of organization ( Check bo	ox if nar	ne changed and see ins		D Employer identification number (Employees' trust, see instructions.)					
D F		-	TNDTANADOLIC MUCEUM	OE.	ADEL TATO							
_	empt under section	Print	INDIANAPOLIS MUSEUM						08679!	E E		
	501( C )( 3 )	or	Number, street, and room or suite no. I		Unrelated business activity codes							
	408(e) 220(e)	i ype	4000 MICHIGAN ROAD		(See instructions.)							
	408A530(a)		City or town, state or province, country	_								
 G Bo	529(a) ok value of all assets	722	100	453220								
	end of year	F Gro	INDIANAPOLIS, IN 462 up exemption number (See instructi		<b>&gt;</b>							
4	69,351,457.		· · · · · · · · · · · · · · · · · · ·		rporation	501(c)	trust	401(:	a) trust	Other trust		
			rimary unrelated business activity.	· /			ENT 1		2) 11401	Other trust		
			corporation a subsidiary in an affili					?		Yes X No		
	-		identifying number of the parent co	_			J					
			JEREMIAH WISE			lephon	e number 🕨	317-92	3-1331			
Pa	rt I Unrelated	Trade o	or Business Income		(A) Income			penses		(C) Net		
1 a	Gross receipts or	sales	356,119.									
b	Less returns and allowa	ances	<b>c</b> Balance ▶	1 c	356,1	19.						
2	Cost of goods sol	ld (Sched	ule A, line 7)	2	171,4	74.						
3	Gross profit. Sub	tract line	2 from line 1c	3	184,6	45.				184,645.		
4a	Capital gain net in	ncome (a	ttach Schedule D)	4a	342,1	94.				342,194.		
b	Net gain (loss) (Fo	orm 4797,	Part II, line 17) (attach Form 4797)	4b								
С	Capital loss dedu	ction for t	rusts	4c								
5			os and S corporations (attach statement)	5	-246,0	15.	ATCH	2		-246,015.		
6				6	120.4	0.0		200 001	_	150 055		
7			come (Schedule E)	7	130,4	20.		309,27	· .	-178,855.		
8			nts from controlled organizations (Schedule F)	8								
9			1(c)(7), (9), or (17) organization (Schedule G)									
10		-	ncome (Schedule I)	10								
11			dule J)	11	104,1	9.4	ATCH	2		104,194.		
12			ctions; attach schedule)	12	515,4			<u> </u>	5	206,163.		
13 Pai			Taken Elsewhere (See instr									
ıα			be directly connected with t					) (LXCCP	101 001	Titilbutions,		
14			directors, and trustees (Schedule K)					1	4			
15										258,818.		
16	_									7,122.		
17												
18									8	26,050.		
19	Taxes and license	s						1	9	7,330.		
20			See instructions for limitation rules)		1			2	0			
21			4562)				58,	906.				
22			on Schedule A and elsewhere on re					22	!b	58,906.		
23									3			
24			compensation plans					I .		66 500		
25			8							66,599.		
26			Schedule I).									
27			chedule J)							125,455.		
28 20			chedule)							550,280.		
29 30			s 14 through 28							-344,117.		
31			on (limited to the amount on line 30							,,		
32			e income before specific deduction							-344,117.		
33			ally \$1,000, but see line 33 instruc							1,000.		
34			<b>ble income.</b> Subtract line 33 fr						-	<del>-</del>		
enter the smaller of zero or line 32										-344.117.		

	990-T (20	,				Р	Page 2
		Tax Computation					
35	_	zations Taxable as Corporations. See instructions for tax computation	. Controlled group				
		rs (sections 1561 and 1563) check here  See instructions and:					
	(1) \$	our share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets  (2) (3) (5)	(in that order):				
b	Enter or	rganization's share of: (1) Additional 5% tax (not more than \$11,750)\$					
	<b>(2)</b> Addi	tional 3% tax (not more than \$100,000)					
С	Income	tax on the amount on line 34					
36	Trusts	Taxable at Trust Rates. See instructions for tax computation.					
		ount on line 34 from: Tax rate schedule or Schedule D (Form 1041).					
37	Proxy ta	ax. See instructions		▶ 37			
38		tive minimum tax					
39		Non-Compliant Facility Income. See instructions					
40		dd lines 37, 38 and 39 to line 35c or 36, whichever applies		. 40			
		Tax and Payments					
	-	tax credit (corporations attach Form 1118; trusts attach Form 1116)		_			
		redits (see instructions)					
C	General	I business credit. Attach Form 3800 (see instructions)					
		or prior year minimum tax (attach Form 8801 or 8827)					
		redits. Add lines 41a through 41d					
42		t line 41e from line 40					
43			Other (attach schedule)				0.
44		x. Add lines 42 and 43.		. 44			
		nts: A 2016 overpayment credited to 2017					
		stimated tax payments					
		osited with Form 8868		_			
		organizations: Tax paid or withheld at source (see instructions)		_			
e	-	withholding (see instructions)		_			
l ~				_			
9		redits and payments:					
46		ayments. Add lines 45a through 45g		46			
40 47		ed tax penalty (see instructions). Check if Form 2220 is attached		47			
48		ed tax penalty (see instructions). Oneck if 1 offi 2220 is attached.  If line 46 is less than the total of lines 44 and 47, enter amount owed		_			
49		yment. If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	·				
50		e amount of line 49 you want: Credited to 2018 estimated tax	Refunded				
Par		Statements Regarding Certain Activities and Other Informat					
51		time during the 2017 calendar year, did the organization have an interest	,		authority	Yes	No
-	-	financial account (bank, securities, or other) in a foreign country? If YES,	•		. –		
		Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter	-				
	here >			-			Х
52	During t	the tax year, did the organization receive a distribution from, or was it the grantor of,	or transferor to, a for	eian trust	?		Х
	_	see instructions for other forms the organization may have to file.		5			
53		ne amount of tax-exempt interest received or accrued during the tax year > \$					
	Ur	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules ar		best of my	/ knowledge an	nd belie	ef, it is
Sigr	ı 📗 trı	ue, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which prepare		May the I	RS discuss t	thic =	oturn
Her		05/15/2019 CFO	,	vith the	preparer sho	wn b	
		ignature of officer Date Title			ns)? X Yes		No
		Print/Type preparer's name Preparer's signature Date	te Chi	eck if	PTIN		
Paid		NICOLE B FISHBACK 0	5/15/2019 sel	f-employed	P0127		5
•	arer	Firm's name ▶ BKD , LLP	Firr	n's EIN ▶4	4-01602	60	
USE	Only	Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS, IN	ne no. 3	317.383.	400	0	

Form **990-T** (2017)

Form 990-T (2017)								Pa	age 3
Schedule A - Cost of Go	oods Sold. Er	ter metho	d of invent	ory valuation	<b>&gt;</b>				
1 Inventory at beginning of y						ar	6		
2 Purchases	2					ld. Subtract line			
3 Cost of labor				6 from	line 5. En	ter here and in			
4a Additional section 263A co	osts			Part I, line	2		7		
(attach schedule)	4a					section 263A (w	ith respect to	O Yes	No
<b>b</b> Other costs (attach schedu				property	produced	or acquired for	resale) apply	y	
5 Total. Add lines 1 through				to the org	anization?	<u> </u>		. X	
Schedule C - Rent Income	(From Real P	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions)									
Description of property									
(1)									
(2)									
(4)									
	2. Rent recei	ved or accru	ed						
(a) From personal property (if the	percentage of rent	(b) F	rom real and	d personal property	(if the	3(a) Deductions di	rectly connected w	ith the incor	me
for personal property is more th	an 10% but not	percent	age of rent for	or personal property	a) and 2(b) (attach				
more than 50%)		50% o	r if the rent is	s based on profit or	income)				
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of co	olumns 2(a) and 2(	b). Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6	, column (A)	▶				Part I, line 6, colun			
Schedule E - Unrelated D	ebt-Financed I	<b>ncome</b> (se	ee instruct	ions)					
				income from or	3. [	Deductions directly con debt-finance		cable to	
1. Description of deb	ot-financed property			allocable to debt-financed property		nt line depreciation	(b) Other deductions		
				property		ch schedule)	(attach schedule)		
(1) ATTACHMENT 6									
(2)									
(3)									
(4)	<b>5</b> A								
<ol> <li>Amount of average acquisition debt on or</li> </ol>	<ol><li>Average adjust of or alloca</li></ol>			. Column	7. Gross	income reportable	8. Allocable		
allocable to debt-financed	debt-financed			divided column 5		n 2 x column 6)	(column 6 x tot 3(a) and		ıs
property (attach schedule)	(attach sche	edule)	- 5,				O(u) und		
(1)				%					
(2)				%					
(3)				%					
(4)				%	F				
						re and on page 1, ne 7, column (A).	Enter here and Part I, line 7, o		
Totals					130	0,420.	309,2	75.	
Total dividends received deduct	ione included in a	olumn 0							

Form 990-T (2017) Page 4

Schedule F - Interest, Annu	uities, Royalties	s, and Re	ents F	rom Contro	lled Or	ganizat	ions (see	instruction	ons)	
	· •			Controlled Org			,			
Name of controlled organization	2. Employer identification numb	Jei		related income e instructions)		of specified ents made				6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
	8. Net unrelated in	ncome	9	. Total of specifie	ed		rt of column			. Deductions directly
7. Taxable Income	(loss) (see instruc	ctions)		payments made			led in the co zation's gros		con	nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals			 4 ( - ) (7)		<u> </u>	Enter Part	columns 5 a here and on I, line 8, colu	page 1, mn (A).	Ent	Id columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
Schedule G - Investment II	ncome of a Sec	ction 50°	1(C)(7	), (9), Or (17 3. Deduc		nization				5. Total deductions
1. Description of income	2. Amount o	f income		directly cor (attach sch	nected			et-asides schedule)		and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)	· · · ·									
Totals ▶ Schedule I - Exploited Exc	Enter here and Part I, line 9, c	column (A).	other T	<sup>-</sup> han ∆dverti	sina Ir	ncome (	see instru	uctions)		Enter here and on page 1, Part I, line 9, column (B).
Description of exploited activity	2. Gross unrelated business income from trade or business	<b>3.</b> Exp	enses ectly ted with etion of lated	4. Net inconfrom unrelator business 2 minus coll f a gain, cocols. 5 thro	ne (loss) ed trade (column umn 3). ompute	5. Gros from ac is not	es income ctivity that unrelated es income	6. Expe	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter her page 1, line 10,	, Part I,							Enter here and on page 1, Part II, line 26.
Schedule J - Advertising Ir	ncome (see instr	uctions)								
Part I Income From Per			Cons	olidated Bas	sis					
										7 5
1. Name of periodical	2. Gross advertising income	<b>3.</b> Di advertisi		4. Adverting gain or (los 2 minus con a gain, con cols. 5 thro	ss) (col. ol. 3). If mpute		culation come	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2017)

Form 990-T (2017) Page 5

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

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

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

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

Form **990-T** (2017)

### 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 FR 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	-91. 4,416. 21,16875,5674,9881,43479. 2584,172168,3073,6503,017294,581. 1,3745,8182,524. 39,20415,2589,931. 41,136. 45,286. 3,5193,933. 2,114. 52,91143,802824. 523,3012128,96785,696.
LEGP II AIV (NB), LP DENHAM OIL & GAS FUND, LP HELLMAN & FRIEDMAN CAPITAL PARTNERS VIII, LP LEVEL EQUITY GROWTH PARTNERS I, LP	-85,696. 18,434. -13,217. -3,745.
LEVEL EQUITY III AIV (NB)  INCOME (LOSS) FROM PARTNERSHIPS	-12,744. -246,015.

### PART I - LINE 12 - OTHER INCOME

CATERING AND EVENT REVENUE

104,194.

PART I - LINE 12 - OTHER INCOME

104,194.

3 mm 3 GTT3 4 D 3 T M		
ATTACHMENT	4	

FORM 990T - PART II - LINE 18 - INTEREST

PART II - LINE 18 - INTEREST

26,050.

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

### DOMESTIC PRODUCTION ACTIVITIES DEDUCTION UNDER SECTION 199

SUPPLIES	7,040.
PURCHASED SERVICES	4,992.
INSURANCE	7,471.
UTILITIES	29,928.
ACCOUNTING FEES	5,740.
RENT EXPENSE	4,650.
MISCELLANEOUS EXPENSES	48,789.
INVESTMENT FEES	16,845.

PART II - LINE 28 - OTHER DEDUCTIONS 125,455.

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	ATTACHMENT 6

	_			<del></del>				
				4.	5.		7.	8.
		3.		AVERAGE	AVERAGE	6.	GROSS INCOME	ALLOCABLE
1.	2.	DEDUCTIONS DIRECTL	Y CONNECTED	ACQUISITION	ADJUSTED	% 4 IS	REPORTABLE	DEDUCTIONS
DESCRIPTION OF DEBT-FINANCED PROPERTY	GROSS INCOME	<u>(3A)</u>	<u>(3B)</u>	DEBT	BASIS	<u>OF 5</u>	(2 X 6)	6 * (3A + 3B)
DEER ZINK PAVILION & SUTPHIN FOUNTAIN ROOM	144,603.	232,610.	110,297.	91,374,752.	101,311,459.	90.192	130,420.	309,275.
				TOTALS			130,420.	309,275.

### 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.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2017

Employer identification number 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 (sales price) (or other basis) 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 with Box B checked Totals for all transactions reported on Form(s) 8949 with Box C checked 3,284. 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 3,284. 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) whole dollars column (g) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 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 58,766. Enter gain from Form 4797, line 7 or 9 280,144. 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) 14 338,910. Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 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) 3,284. 16 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 338,910. 17 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV 342,194. Note: If losses exceed gains, see Capital losses in the instructions.

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

Schedule D (Form 1120) 2017

### Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.

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.

` '				
TNDTANADOLTS	MITGETIM	OF	ΔPT	TNC

Social security number or taxpayer identification number

35-0867955

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

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

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

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

2	(B) Short-term transactions (C) Short-term transactions	•		-	wasn't reporte	ed to the IRS	ŕ	
1 (a)		(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if a If you enter an a enter a coo See the sepa	(h) Gain or (loss). Subtract column (e)	
	Description of property (Example: 100 sh. XYZ Co.)	Date acquired (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)
AM	BERBROOK IV, LLC							2
BA	UPOST VALUE PARTNERS,LP IV							2,257
FR	XI							26
FR	XI-E ONSHORE AIV, LP							977
PAI	RK STREET C.P.E.F. VII							34
TH	E VARDE FUND X(B) (FEEDER)							-12
2	Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above the schedule D, line 2 (if Box C)	al here and inc e is checked), <b>lin</b> e	lude on your e 2 (if Box B					3,284

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** (2017)

Form 8949 (2017) 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 wasn't reported to the IRS
Х	(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	Proceeds	(e) Cost or other basis. See the <b>Note</b> below	Adjustment, if a If you enter an a enter a co See the sepa	Gain or (loss). Subtract column (e) from column (d) and		
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)	
AMBERBROOK IV, LLC							-1.	
AMBERBROOK VI, LLC							-379.	
BAUPOST VALUE PARTNERS, LP IV							81,855.	
FR XI							-3,149.	
FR XI-E ONSHORE AIV, LP							-17,490.	
METRO REAL ESTATE PTNS INTL II							-79.	
METRO REAL ESTATE PTNS V							-1,077.	
PARK STREET C.P.E.F. VII							-1,213.	
PARK STREET C.P.E.F. VIII							-7,294.	
POMONA CAPITAL VII							-9,813.	
SPECIAL OPPORTUNITIES FUND IV							13,844.	
TIFF REAL ESTATE PARNTERS II							-469.	
THE VARDE FUND X(B) (FEEDER)							4,031.	
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box D).	here and including is checked), <b>line</b>	de on your • 9 (if Box E necked) ▶					58,766.	

**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.

Form **8949** (2017)

JSA 7X2616 2.000

34379U D310 PAGE 68

Form **4797** 

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

► Attach to your tax return.

OMB No. 1545-0184

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

► Go to www.irs.gov/Form4797 for instructions and the latest information.

Sequence No. 27

Identifying number 35-0867955

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	re Than 1 Year	r (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							280,144.
3	Gain, if any, from Form 4684, line 3	9					3	
4	Section 1231 gain from installment	sales from Form	n 6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like	-					5	
6	Gain, if any, from line 32, from other	er than casualty or	theft				6	
7	Combine lines 2 through 6. Enter t	he gain or (loss)	here and on the	appropriate line as f	ollows:		7	280,144.
	Partnerships (except electing large							
	instructions for Form 1065, Schedu Individuals, partners, S corporatio		,	,				
	line 7 on line 11 below and skip li losses, or they were recaptured in Schedule D filed with your return ar	nes 8 and 9. If I an earlier year,	ine 7 is a gain a enter the gain	and you didn't hav from line 7 as a	e any prior year sec	tion 1231		
8	Nonrecaptured net section 1231 lo	•					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	line 7 on line 12 be	low. If line		
•	9 is more than zero, enter the amo			-				
	capital gain on the Schedule D filed	with your return.	See instructions				9	
Pa	rt II Ordinary Gains and Lo	sses (see ins	structions)					
10	Ordinary gains and losses not inclu	ided on lines 11	through 16 (inclu	ide property held 1	year or less):			
	Loss, if any, from line 7						11	( )
	Gain, if any, from line 7 or amount						12	
13	Gain, if any, from line 31						13	
14	,						14	
	Ordinary gain from installment sale						15	
	Ordinary gain or (loss) from like-kin						16	
	Combine lines 10 through 16						17	
18	For all except individual returns, en			ne appropriate line	of your return and s	kip lines a		
	and b below. For individual returns,	•		# N # N # N # N # N # N # N # N # N # N				
а	If the loss on line 11 includes a loss part of the loss from income-produ			( ) ( ) /	•			
	property used as an employee or							l
_	See instructions						18a	
	Redetermine the gain or (loss) on lin			n line 18a. Enter h	ere and on Form 104	10, line 14	18b	Form <b>4797</b> (2017)
- Or	PRODUMENT REQUIETION ACT NOTICE S	an congrate inetr	uctions					Form # / 4 / (2017)

35-0867955 Form 4797 (2017) Page 2

Pa	rt III Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252,	, 12	54, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:			(b) Date acquired	(c) Date sold (mo.,
			ppy.			(mo., day, yr.)	day, yr.)
	,						
	These columns relate to the properties on lines 19A through 19I	). <b>&gt;</b>	Property A	Property B		Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20					
	Cost or other basis plus expense of sale	21					
	Depreciation (or depletion) allowed or allowable.	22					
	Adjusted basis. Subtract line 22 from line 21.	23					
	Trajuntos sacio. Castract inio 22 nom inio 27 1 1 1						
24	Total gain. Subtract line 23 from line 20	24					
	If section 1245 property:						
	Depreciation allowed or allowable from line 22	25a					
	Enter the <b>smaller</b> of line 24 or 25a	25b					
	If section 1250 property: If straight line depreciation was						
	used, enter -0- on line 26g, except for a corporation subject to section 291.						
а	Additional depreciation after 1975. See instructions	26a					
	Applicable percentage multiplied by the <b>smaller</b> of						
	line 24 or line 26a. See instructions	26b					
c	Subtract line 26a from line 24. If residential rental property						
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c					
c	Additional depreciation after 1969 and before 1976.	26d					
e	Enter the smaller of line 26c or 26d	26e					
f	Section 291 amount (corporations only)	26f					
ç	Add lines 26b, 26e, and 26f.	26g					
27	If section 1252 property: Skip this section if you didn't						
	dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).						
а	Soil, water, and land clearing expenses	27a					
k	Line 27a multiplied by applicable percentage. See instructions .	27b					
C	Enter the smaller of line 24 or 27b	27c					
	If section 1254 property:						
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits,						
	mining exploration costs, and depletion. See instructions	28a					
k	Enter the smaller of line 24 or 28a	28b					
29	If section 1255 property:						
а	Applicable percentage of payments excluded from						
	income under section 126. See instructions						
	Enter the smaller of line 24 or 29a. See instructions						
Su	mmary of Part III Gains. Complete propert	ty cc	olumns A through	D through line	29b	before going to I	ine 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		•				
) a	other than casualty or theft on Form 4797, line 6 t IV Recapture Amounts Under Section		70 and 200E/b\/2\	When Busins		32   Iso Drone to 50°	
a	**Recapture Amounts Under Section (see instructions)	15 1	79 and 2007(D)(2)	Wileli Busille	:55 (	use Drops to 507	o OI Less
	( <del>-</del> /					(a) Section	(b) Section
						179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	/ahle	in prior vears	]	33		
	Recomputed depreciation. See instructions				34		
	Recapture amount. Subtract line 34 from line 33. Se				35		
<i></i>	The state of the s					I	Form <b>1707</b> (2017)

	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			726.	-726.
AMBERBROOK VI ,LLC	VAR	VAR			702.	-702.
BAUPOST VALUE PTNRS	VAR	VAR	128,750.			128,750.
CHARLESBANK EQTY VII	VAR	VAR			1,670.	-1,670.
CHARLESBANK EQ. VIII	VAR	VAR			65.	-65.
CROW HLDNGS IV-A LP	VAR	VAR	11,091.			11,091.
CROW HOLDINGS V-A LP	VAR	VAR	243.			243.
DUNE PARALLEL AIV II	VAR	VAR			186.	-186.
DUNE R.E.P. FUND II	VAR	VAR	102,532.			102,532.
FR XI	VAR	VAR	18,402.			18,402.
METRO. R.E.P. II	VAR	VAR	4,125.			4,125.
METRO. R.E.P. IV-B	VAR	VAR	5,603.			5,603.
METRO. R.E.P. V	VAR	VAR	4,275.			4,275.
PARK ST NFR III AIV	VAR	VAR	6.			6.
PARK ST C.P.E.F. VII	VAR	VAR	529.			529.
PARK ST C.P.E.F VIII	VAR	VAR	10,749.			10,749.
TIFF R.E.P. II, LLC	VAR	VAR	13,155.			13,155.
THE VARDE FUND X(B)	VAR	VAR	131.			131.
WAYZATA O.F.O. II	VAR	VAR			16,098.	-16,098.
Totals						280,144.

### Form **4562**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

### **Depreciation and Amortization**

(Including Information on Listed Property)

► Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

Attachment Sequence No. **179** 

Identifying number

INDIANAPOLIS MUSEUM OF ART, INC.

Business or activity to which this form relates

35-0867955

G	ENERAL DEPRECIATION	N							
Pa	Int I Election To Expense C Note: If you have any list				vou comi	olete Part I.			
1	Maximum amount (see instructions)		-					1	
2								2	
3	Threshold cost of section 179 prope		3						
4	Reduction in limitation. Subtract line							4	
5	Dollar limitation for tax year. Subtract line 4 fror separately, see instructions	m line 1. If zero or less, enter	-0 If married filing					5	
6	(a) Description				siness use on		ed cost		
_	(7)	- 1 -1 - 7		(-, (		37			-
									-
7	Listed property. Enter the amount fro	om line 20			7				_
8	Total elected cost of section 179 pro							8	
9	Tentative deduction. Enter the <b>small</b>							9	
10	Carryover of disallowed deduction fr								
	Business income limitation. Enter th							10	
11								11 12	
12	Carryover of disallowed deduction to							12	
13 Not	e: Don't use Part II or Part III below for			12	13	<b>P</b>			
	art II Special Depreciation A	<u> </u>		ation (D	on't includ	a lieted proper	tv.) (S	oo in	netructions \
								ee iii	istructions.)
14	Special depreciation allowance for		,						
	during the tax year (see instructions)							14	
15	Property subject to section 168(f)(1)  Other depreciation (including ACRS)							15	
16	. ,							16	
Ρá	art    MACRS Depreciation (	Don t include listed	Secti		Clions.)				
	MAGRO I I C. C. I I							17	58,906
17	MACRS deductions for assets place	•						17	30,300
18	If you are electing to group any	•	-	-		- 1	al		
	asset accounts, check here Section B - Assets						rociati	on S	votom
	Section B - Assets	(b) Month and year	(c) Basis for d			 	Eciatio	011 3	ystein
	(a) Classification of property	placed in service	(business/inve only - see ins	stment use	(d) Recovery period	(e) Convention	(f) Met	thod	(g) Depreciation deduction
19a	3-year property								
t	5-year property								
	7-year property								
C	d 10-year property								
e	a 15-year property								
f	20-year property								
ç	g 25-year property				25 yrs.		S/I	L	
r	n Residential rental				27.5 yrs.	MM	S/I	L	
_	property				27.5 yrs.	MM	S/I	L	
i	Nonresidential real				39 yrs.	MM	S/I		
	property					MM	S/I	L	
	Section C - Assets F	Placed in Service D	Ouring 2017 1	ax Year	Using the	Alternative De	precia	tion	System
20a	Class life				_		S/I		
k	<b>1</b> 2-year				12 yrs.		S/I	L	
	40-year				40 yrs.	ММ	S/I	L	
Pa	art IV Summary (See instruct	ions.)				•			
	Listed property. Enter amount from li	<u> </u>						21	
	Total. Add amounts from line 12,			I 20 in co	olumn (g), a	nd line 21. Ent	er		
=	here and on the appropriate lines of y	our return. Partnershi	ps and S corpo	rations - s	ee instructio			22	58,906
23	•		g the current	year, ent	er the				
	portion of the basis attributable to se	ection 263A costs			23	3			

_	4500 (0047)											35	5-0867	955	5 6
_	m 4562 (2017)  art V Listed Pro	perty (Include a	automobile	s. ce	rtain o	ther \	ehicles	s. cer	rtain air	craft. d	ertain	comp	uters.	and c	Page 2
1 6		tertainment, recr					01110100	,	tani an	oran, c	, or tall i	901116	, a.to. 0,	and p	тороп
	Note: For a	ny vehicle for wh	ich you are	e using	the s	tandard	milea	ge rat	e or ded	ducting	lease (	expense	e, comp	lete o	<b>nly</b> 24a
		s (a) through (c) of Depreciation and											.to	۰۰۱	
2/15	a Do you have evidence								24b If "						X No
240		Ι	(c)	lent use	cialifieu	<u>'                                    </u>	(e)	NO		1				Yes	
	(a) Type of property (list	(b) Date placed	Business/		(d)		sis for depr	eciation	(f) Recovery	1	<b>g)</b> hod/		( <b>h)</b> eciation	I .	<b>(i)</b> section 179
	vehicles first)	in service	investment us percentage	se Cost	or other b	asis (b	usiness/inve use only		period		ention		uction	l .	ost
25	Special depreciation	n allowance for		tod pr	oporty	nlacod			uring						
23	the tax year and us										. 25				
26	Property used mor					200) 00		,			.   20				
	-1 - 7			%											
				%											
				%											
27	Property used 50%	or less in a qualifi	ed business	use:											
				%						S/L -					
				%						S/L -					
				%						S/L -					
28	Add amounts in co	lumn (h), lines 25	through 27.	Enter	here ar	nd on li	ne 21, p	age 1			. 28				
29	Add amounts in co	lumn (i), line 26. E	nter here a	nd on l	line 7, p	age 1							. 29		
			Section	n B -	Inform	ation (	on Use	of Ve	ehicles						
	mplete this section for your employees, first an													rovided	vehicle
				•	(a)	1	(b)		(c)		d)		(e)		(f)
30	Total business/inve	estment miles driv	en during	Veh	icle 1	Vel	nicle 2	Ve	ehicle 3	Veh	icle 4	Ver	nicle 5	Veh	icle 6
	the year (don't incl														
31	Total commuting m	niles driven during	the year .												
32	Total other p	ersonal (nonco	mmuting)												
	miles driven														
33	Total miles drive	n during the y	ear. Add												
	lines 30 through 32				T		1		1		1		1		
34	Was the vehicle			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	use during off-duty														
35	Was the vehicle	. , ,													
	than 5% owner or r														
36	ls another vehic														
	use?	ction C - Questic		nlovo	ro Wha	Drov	ida Val	hiolog	for Ho	by Th	oir Em	nlovo	•		
۸۵۸	swer these question													who	ron!t
	re than 5% owners o				ерион	io con	ipieting	Secui	וטו ט וטו	verilicie.	s useu	by em	pioyees	WIIO &	ii eii t
	Do you maintain	-			ohihito	all nor	conol u	so of	vohiolog	inclus	lina oc	mmutir	ag by	Yes	No
31	your employees?											mmuli	ig, by		
38	Do you maintain	a written policy s	statement t	hat pr	ohibits	persor	nal use	of ve	hicles, e	except o	commu	ting, b	y your		
	employees? See th			•		•									
39	Do wou troot all was	a af wabialaa bu am	مم مممیرمام		0										
40						s, obta	ain info	rmatio	n from	your er	nploye	es abo	ut the		
	use of the vehicles,														
41	. ,					e demo	onstratio	n use'	? (See ins	struction	າຣ.)				
	Note: If your answ		0, or 41 is	"Yes," (	don't co	mplete	Section	n B for	the cover	ered vel	nicles.				
Pa	art VI Amortizat	ion			T						1				
	(a)		(b)			(c)	)		(d)		Amorti			(f)	
	Description of	of costs	Date amort begins		An		e amount		Code se		perio	od or	Amortiza	ation for t	his year
											perce	паде			

42 Amortization of costs that begins during your 2017 tax year (see instructions):

43 Amortization of costs that began before your 2017 tax year

**Total.** Add amounts in column (f). See the instructions for where to report

Form **4562** (2017)

44

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

Taxpayer Name: INDIANAPOLIS MUSEUM OF ART, INC.

Taxpayer Address: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208

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

Year-End: 06/30/2018

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: 35-0867955

Year-End: 06/30/2018

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: 6/30/2018

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: 319

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

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 4,867

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

FIRST RESERVE FUND XI, LP EIN: 20-5069838

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 114,916

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

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 16,272

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

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 28,536

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

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 6,233

DENHAM OIL & GAS FUND, LP EIN: 47-3010122

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 20,365

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### Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

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

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

Automatic	6-Month Extension of Time. Only subm	it original	(no copies needed).				
All corporat	ions required to file an income tax return othe	er than Fori	m 990-T (including 1120-C	filers), partnerships,	REMICs,	and trusts	
must use Fo	orm 7004 to request an extension of time to t	file income	tax returns.				
				Enter filer's identifying	g number,	see instructions	
Type or	Name of exempt organization or other filer, see in	nstructions.	En	nployer identification nu	mber (EIN	) or	
print		25 2255					
	INDIANAPOLIS MUSEUM OF ART, I	35-0867955	<b></b>				
File by the due date for	Number, street, and room or suite no. If a P.O. bo	ox, see instru	ctions. So	cial security number (SS	SN)		
iling your	4000 MICHIGAN ROAD						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	r a foreign ad	dress, see instructions.				
	INDIANAPOLIS, IN 46208						
Enter the Re	eturn Code for the return that this application	is for (file	a separate application for e	ach return)		0 7	
Application		Return	Application			Return	
s For		Code	Is For			Code	
orm 990 o	r Form 990-EZ	01	Form 990-T (corporation)			07	
orm 990-B	L	02	Form 1041-A			08	
Form 4720	(individual)	03	Form 4720 (other than in	ndividual)		09	
Form 990-P	F	04 Form 5227 1					
orm 990-T	(sec. 401(a) or 408(a) trust)	05	05 Form 6069				
orm 990-T	(trust other than above)	06	Form 8870			12	
	JEREMIAH WISE						
<ul><li>The book</li></ul>	is are in the care of $\blacktriangleright$ 4000 MICHIGAN R	OAD IND	IANAPOLIS IN 46208				
	ne No. ▶ 317 923-1331		Fax No. ▶				
If the org	anization does not have an office or place of	business ir	the United States, check t	his box		▶ 🔲	
If this is f	or a Group Return, enter the organization's fo	ur digit Gro	oup Exemption Number (GE	N)	If	this is	
	le group, check this box    . I						
a list with th	e names and EINs of all members the extens	ion is for.					
1 I reque	est an automatic 6-month extension of time u	ntil	05/15 , 20 19	_, to file the exempt	organiza	tion return	
	organization named above. The extension is			_			
▶	calendar year 20 or						
<b>▶</b> X	tax year beginning07/	01, 201	$^7$ $_$ , and ending $_{-}$	06/30_,	20 18		
2 If the t	ax year entered in line 1 is for less than 12 m	nonths, ched	ck reason: 🔲 Initial retu	rn Final return	ı		
	Change in accounting period						
3a If this	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	), or 6069, enter the ten	tative tax, less any			
nonref	undable credits. See instructions.				3a \$	0.	
<b>b</b> If this	application is for Forms 990-PF, 990-T	, 4720, o	r 6069, enter any refur	ndable credits and			
estima	ated tax payments made. Include any prior yea	ar overpayn	nent allowed as a credit.		3b \$	0.	
c Baland	ce due. Subtract line 3b from line 3a. Include	your paym	ent with this form, if requi	red, by using EFTPS			
(Electi	ronic Federal Tax Payment System). See instru	uctions.			3c \$	0.	
Caution. If yo	ou are going to make an electronic funds withdrawa	al (direct deb	it) with this Form 8868, see F	orm 8453-EO and Form	8879-EO	for payment	
nstructions.							
or Privacy	Act and Paperwork Reduction Act Notice, see inst	ructions.			Form <b>886</b>	8 (Rev. 1-2017)	

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### INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2018

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

YEAR END	GENERATED	UTILIZED	BALANCE
12/31/2006	75,398	-	75,398
12/31/2007	93,238	-	168,636
6/30/2008	34,796	-	203,432
6/30/2009	440,090	-	643,522
6/30/2010	443,314	-	1,086,836
6/30/2011	148,545	-	1,235,381
6/30/2012	920,780	-	2,156,161
6/30/2013	-	58,772	2,097,389
6/30/2014	-	417,695	1,679,694
6/30/2015	-	544,300	1,135,394
6/30/2016	-	73,868	1,061,526
6/30/2017	616,817		1,678,343
6/30/2018	344,117	-	2,022,460

### INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2018

### FORM 990-T, Schedule E Line 3B Detail

Salaries & wages	79,699
Employee benefit programs	15,962
Rent expense	6,453
Supplies	44
Other miscellaneous expense	8,139
Total other deductions	110,297

### INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2018 CHARITABLE CONTRIBUTIONS

YEAR END	GENERATED	UTILIZED	BALANCE
			_
6/30/2016	4,400	-	4,400
6/30/2017	-	-	4,400
6/30/2018	-	-	4,400