Department of the Treasury

Return of Organization Exempt From Income Tax

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

▶ 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.

OMB No. 1545-0047

Inter	nal Reve	enue Service	▶ (30 to www	.irs.gov/Fo		instruction			form	ation.			Inspec	tion
ΑΙ	For the	the 2018 calendar year, or tax year beginning 07/01, 2018, and ending											6/30, 2		
_		C Name of organization									D Employer id	dentific	cation num	ber	
B (Check if a	applicable: INDIANAPOLIS MUSEUM OF ART, INC.									35-0867955				
	Addre		ng business as NEWFI	ELDS											
	7		mber and street (or P.O. be		not delivered to	street add	Iress)	Roo	om/suite		E Telephone number				
	Initial	return 40	4000 MIGHIGAN DOAD										1331		
	Final termin	return/ City	or town, state or province	e, country, a	nd ZIP or fore	ign postal d	ode	-							
	Amen	nded TN	DIANAPOLIS, IN	1 46208	}					- 1	G Gross recei	pts\$	491	,509	,497.
	Applic pendi	cation F Nar	me and address of principa	al officer:	CHARLI	ES VEN	ABLE				H(a) Is this a g		turn for	Yes	X No
	pendi		000 MICHIGAN RO	DAD, IN	DIANAPO	LIS,	IN 46208				subordina H(b) Are all sub		included?	Yes	□ Nc
$\overline{}$	Tax-ex	empt status:	X 501(c)(3)	501(c) () 《 (ins	sert no.)	4947(a)(1) or	527		` '		a list. (see ins		
J			.DISCOVERNEWFI	.,.	, , ,	,	1 10 11 (0)(.,	1 1		H(c) Group exe	emption	number >		
K		of organization	T T		Association	Other	•		L Year of fo		on: 1883 N				IN
	art I	Summa	 		iooooiaiioi.	0 1.101						0	0 0oga. a.		
			ribe the organization's	mission or	moet eignifi	cant activ	ties TO E	NRIC	H LIVES	S WI	TH EXCE	PTI	ONAL		
Φ			NCES WITH ART			cant activ									
Š															
Governance	2	Check this b	ooy if the orga	nization di	econtinued	ite operat	ions or dispo	seed of	more than '	25%	of ite not see	ote			
ŏ	3					•						1			29.
			oting members of the												28.
es	4		ndependent voting mer												486.
Ϋ́	5		er of individuals employ												,140.
Activities &	6		er of volunteers (estimat												•
`	ı a		ted business revenue fr												,974. 0.
	d	Net unrelate	ed business taxable inco	ome from F	orm 990-1,	line 38						7b			
	_								_	- 1	Prior Year	222		rent Y	
ne	8		is and grants (Part VIII,								6,648,3				<u>,965.</u>
le n	9		rvice revenue (Part VIII,								3,552,5				,457.
Revenue	10		income (Part VIII, colun							,	21,591,5		4.7		,239.
	11		ue (Part VIII, column (A								253,6			,671.	
	12	Total revenu	ue - add lines 8 through	n 11 (must	equal Part V	III, colum	n (A), line 12) <u>.</u>		4	12,046,0		77	,005	,332.
	13	Grants and	similar amounts paid (P	art IX, colu	mn (A), lines	s 1-3)						0.			0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)										0.			0.
Se	15	Salaries, oth	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)									15,199,844.			,742.
Expenses	16 a	Professiona	I fundraising fees (Part I	IX, column	(A), line 11e	e)								0.	
ž	b	Total fundra	ising expenses (Part IX,	, column (E	D), line 25)	·	2,910,38	3.							
Ш	17	Other exper	ses (Part IX, column (A	A), lines 11a	a-11d, 11f-2	4e)					22,010,087.			21,128,279.	
	18	Total expens	ses. Add lines 13-17 (m	nust equal	Part IX, colu	mn (A), lii	ne 25)			3	37,209,9	31.	36	,434	,021.
	19	Revenue les	ss expenses. Subtract li	ne 18 from	line 12						4,836,1	32.	40	,571	,311.
or									В	eginn	ing of Curren	t Year	En	d of Yea	ar
Net Assets or Fund Balances	20	Total assets	(Part X, line 16)							46	59,351,4	157.	475	,988	,844.
ASS	21		es (Part X, line 26)							8	35,080,5	559.	81	,240	,635.
E E	22		or fund balances. Subtr						[38	34,270,8	398.	394	,748	,209.
	art II	Signatu	re Block						•						
Un	der per	nalties of perju	ry, I declare that I have ex	xamined this	s return, inclu	iding acco	mpanying sch	edules	and statemen	nts, an	d to the best	of my	knowledge	and be	elief, it is
tru	e, corre	ect, and comple	ete. Declaration of preparer	(other than	officer) is bas	sed on all ir	nformation of v	hich p	reparer has a	ny kno	owledge.				
											05/	15/	2020		
Sig	jn 💮	Signat	ure of officer								Date				
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			r print name and title												
		Print/Type preparer's name Preparer's signature Date Check if PTIN													
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ror	rape	rwork Kedu	ction Act Notice, see th	ie separate	: instruction	າວ.							For	m yyl	0 (2018)

Page 2 Form 990 (2018)

Pa	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	Х
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.	No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth the total expenses, and revenue, if any, for each program service reported.	
	(Code:) (Expenses \$10,379,598. including grants of \$) (Revenue \$1,885,290) CURATORIAL - THE STUDY, PRESERVATION AND COLLECTION OF ART FOR THE ENJOYMENT OF FUTURE GENERATIONS.	
4h	(Code:) (Expenses \$ 9,889,480. including grants of \$) (Revenue \$ 1,796,269.)	_
	EDUCATIONAL - TO COMMUNICATE AND DEVELOP KNOWLEDGE ABOUT THE ART COLLECTED, TO MEMBERS OF THE GENERAL PUBLIC.	
		_
	(Code:) (Expenses \$3,335,521. including grants of \$) (Revenue \$605,845.) HORTICULTURAL - NEWFIELDS FOSTERS EXPLORATION NOT ONLY OF THE ART IN ITS MUSEUM COLLECTIONS, BUT ALSO OF THE NATURAL ENVIRONMENT AND	
	THEHISTORIC PROPERTIES FOR WHICH NEWFIELDS HAS BEEN GIVEN STEWARDSHIP.	
4d	Other program services (Describe in Schedule O.) ATTACHMENT 2 (Expenses \$ 3,624,146. including grants of \$) (Revenue \$ 658,269.)	
46	Total program service expenses > 27,228,745.	

Part IV **Checklist of Required Schedules** Yes No 1 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 election in effect during the tax year? If "Yes," complete Schedule C, Part II 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, Part III 5 Χ 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 "Yes," complete Schedule D, Part I. 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 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 complete Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or Χ debt negotiation services? If "Yes," complete Schedule D, Part IV 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 Χ 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," complete Schedule D, Part VI 11a Χ 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 c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII........... Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets Χ 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f 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 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 13 Χ 14a Did the organization maintain an office, employees, or agents outside of the United States?..... **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 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Χ 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Χ Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)........... 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Χ Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? Χ 19 Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or Χ domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Part	V Checklist of Required Schedules (continued)			
			Yes	No
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	
24 a	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	Х	
b	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			
	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		X
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	230		
20	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	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):			
а	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)			7.7
	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? <i>If "Yes," complete Schedule M</i>	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20	х	
31	conservation contributions? <i>If "Yes," complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	30 31	71	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes,"	31		
02	complete Schedule N, Part II.	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	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		Х
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			37
o-	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			Х
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	37		
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	
Part		JU		
- and	Check if Schedule O contains a response or note to any line in this Part V			
	Chester Sollowing & Committee a respective of flotte to diffy into in this fact vi, i, i, i, i, i, i, i, i, i, i		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 166			
	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		
JSA		Form	990	(2018)

JSA

Part	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 486			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3 <i>a</i>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization			
	solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year			3.7
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	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	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
•	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	30		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. 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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			37
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	4.0		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Λ
	If "Yes," complete Form 4720, Schedule O.	Гани	990	(2046

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		• • •	
	<u> </u>		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	9		
	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	8		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			
	one or more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	ion B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code		
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	Х	_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Λ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-	Х	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Λ	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	426	Х	
	rise to conflicts?	12b		_
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	120	Х	
	describe in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	14	X	-
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	Х	
a	The organization's CEO, Executive Director, or top management official	15b	X	
b	Other officers or key employees of the organization			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iva	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
D	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sect	ion C. Disclosure	•		•
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup^{ ext{IN}}$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	Γ (Sec	tion 5	01(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 Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of in	terest	policy	, and
	financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ds ▶		

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.

	Check this box if neither	the organization nor a	any related organization	n compensated any current office	cer, director, or trustee.
_			,		,

(A) Name and Title	(B) Average hours per week (list any	box,	unles	Pos neck s pe	rson	e than c is both tor/trust	an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1)CHARLES VENABLE	70.00										
MELVIN & BREN SIMON DIR & CEO	0.	Х		Х				753,687.	0.	30,935.	
(2)KATHRYN BETLEY	2.00										
CHAIRWOMAN (BEG. 7/18)	0.	Х		Х				0.	0.	0.	
(3)MICHAEL KUBACKI	2.00										
VICE CHAIR/TRSRER (BEG. 7/18)	0.	Х		Х				0.	0.	0.	
(4)DARIANNE CHRISTIAN	2.00										
SECRETARY (BEG. 7/18)	0.	Х		Χ				0.	0.	0.	
(5)DAVID BARRETT	2.00										
FIRST VICE CHAIR (BEG. 7/18)	0.	Х		Χ				0.	0.	0.	
(6)GARY BUTKUS	2.00										
CHAIR-BRD OF GVNRS (BEG. 7/18)	0.	Х		Χ				0.	0.	0.	
(7)DANIEL SKOVRONSKY	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(8)DAVID ESKENAZI	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(9)DORIT PAUL	2.00										
BOARD MEMBER	0.	X						0.	0.	0.	
(10)HOWARD SCHROTT	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(11)IAN RUPERT	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(12)KAY KOCH	2.00										
BOARD MEMBER	0.	Х						0.	0.	0.	
(13)KENT HAWRYLUK	2.00									_	
BOARD MEMBER	0.	Х						0.	0.	0.	
(14)MATTHEW GUTWEIN	2.00										
BOARD MEMBER	0.	X						0.	0.	0.	

JSA.

Part VII Section A. Officers, Directors	, Trustees, Ke	y En	nplo	oye	es,	and F	lig	hest Compensat	sated Employees (continued)				
(A)	(B)			((C)			(D)	(E)	(F)			
Name and title	Average	Position						Reportable	Reportable	Estimated			
	hours per					e than o is both		compensation	compensation from	amount of			
	week (list any hours for					tor/trust		from the	related organizations	other compensation			
	related	or	Ins	9	.ej	Hig	Foi	organization	(W-2/1099-MISC)	from the			
	organizations	lividu	titut	Officer	/ em	hes	Former	(W-2/1099-MISC)	`	organization			
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee	t cor				and related organizations			
		uste.	Ę		ee	npei				· ·			
		ě	stee			Highest compensated employee							
15) MICHAEL ROBERTSON	2.00												
BOARD MEMBER	0.	X						0.	0.	0 .			
16) SHIRLEY MUELLER	2.00												
BOARD MEMBER	0.	X						0.	0.	0 .			
17) SUSANNE MCALISTER	2.00												
BOARD MEMBER	0.	X						0.	0.	0 .			
18) TONI BADER	2.00												
BOARD MEMBER	0.	Х						0.	0.	0 .			
19) RACHEL SIMON	2.00												
BOARD MEMBER	0.	X						0.	0.	0.			
20) TOM PENCE	2.00												
BOARD MEMBER	0.	X						0.	0.	0.			
21) MYRTA PULLIAM	2.00												
BOARD MEMBER	0.	X						0.	0.	0 .			
22) SHERRON ROGERS	2.00												
BOARD MEMBER	0.	X						0.	0.	0 .			
23) GARY SCHAHET	2.00												
BOARD MEMBER	0.	X						0.	0.	0 .			
24) C. DANIEL YATES	2.00												
BOARD MEMBER	0.	X						0.	0.	0 .			
25) GARY HIRSCHBERG	2.00												
BOARD MEMBER (BEG. 7/18)	0.	X						0.	0.	0 .			
1b Sub-total								753,687.	0.	30,935.			
c Total from continuation sheets to Part V	II, Section A						\triangleright	1,111,279.	0.	108,199.			
d Total (add lines 1b and 1c)							>	1,864,966.	0.	139,134.			
2 Total number of individuals (including but		hose	liste	d a	bov	e) who	o re	eceived more than	\$100,000 of				
reportable compensation from the organiz	ation >	9	9										
										Yes No			
3 Did the organization list any former													
employee on line 1a? If "Yes," complete So	chedule J for su	ch ina	livid	ual						3 X			
4 For any individual listed on line 1a is t	the sum of rer	ortah	ole d	com	ner	neation	าลเ	nd other compen	sation from the				

3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated	2		Х
	employee on line 1a? If "Yes," complete Schedule J for such individual	3		Λ
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		Х

Section B. Independent Contractors

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

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 3

Part VII Section A. Officers, Directors, Tru	Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)									
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos neck ss pe	more	e is both cor/trust en is or/trust en is or/trust en is or/trust en is or/trust en is or/trust en is or/trust	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
26) TINA PASQUINELLI	2.00									
BOARD MEMBER (BEG. 7/18)	0.	Х						0.	0.	0.
27) THOMAS HIATT	2.00									
BOARD MEMBER (BEG. 7/18)	0.	Х						0.	0.	0.
28) PETER MORSE	2.00									
BOARD MEMBER (BEG. 7/18)	0.	Х						0.	0.	0.
29) MARYA ROSE	2.00									
BOARD MEMBER (BEG. 7/18)	0.	Х						0.	0.	0.
30) JEREMIAH WISE	60.00									
CFO	0.			Χ				186,734.	0.	15,371.
31) KATHRYN HAIGH	60.00									
COO	0.			Χ				183,434.	0.	16,362.
32) KIM GATTLE	50.00									
DEPUTY DIR - INSTL ADVANCEMENT	0.					Х		201,442.	0.	17,650.
33) PRESTON BAUTISTA	50.00									
DEPUTY DIR FOR PUBLIC PROGRAMS	0.					X		168,961.	0.	13,637.
34) JONATHAN WRIGHT	50.00									
DEPUTY DIR - HORTICULTURE	0.					X		126,144.	0.	11,682.
35) LAURA MCGREW	50.00									
SENIOR DIR GUEST EXPERIENCE/HR	0.					Х		105,859.	0.	14,492.
36) GREG SMITH	50.00									
SENIOR CONSERVATION SCIENTIST	0.					Х		138,705.	0.	19,005.
1b Sub-total c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 9										
 3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched 4 For any individual listed on line 1a, is the organization and related organizations graindividual. 5 Did any person listed on line 1a receive or 	er, directoule J for suc sum of repeater than	ch ind oortab \$15	lividu le c 50,0	<i>ual</i> com 00?	pen If	satior "Yes	n aı s,"	nd other compens	sation from the le J for such	Yes No
for services rendered to the organization? If "Y										5 X

Section B. Independent Contractors

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

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

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 VIII Statement of Revenue

					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from ta under sections 512-514
nts	1a	Federated campaigns	1a					
and Other Similar Amounts	b	Membership dues	1b	1,068,568.				
٦	С	Fundraising events	1c					
اآھ	d	Related organizations	1d					
Sil	е	Government grants (contribu	tions) 1e	336,206.				
Je.	f	All other contributions, gifts,	•					
<u></u>		and similar amounts not included		22,862,191.				
anc	g	Noncash contributions included i	•	4,343,111.	24,266,965.			
- 1	h	Total. Add lines 1a-1f	<u> </u>	Business Code	24,200,905.			
	2-	ADMISSION FEES		900099	2,687,877.	2,687,877.		
9 '	2a b	PROJECT INCOME		900099	45,362.	45,362.		
3	D	RESTAURANT AND CATERING I	NCOME	722511	627,642.	559,657.	67,985.	
	d	RENTAL INCOME		531190	482,805.	482,805.		
	e	OTHER INCOME		900099	618,771.	618,771.		
8	f	All other program service rev	enue					
<u>: </u>	g	Total. Add lines 2a-2f		▶	4,462,457.			
;	3	Investment income (inc	cluding dividen	ds, interest,				
		and other similar amounts).		▶	2,504,079.		-291,556.	2,795,63
•	4	Income from investment of	tax-exempt bond	proceeds . ►	0.			
!	5	Royalties			0.			
			(i) Real	(ii) Personal				
	6a	Gross rents	193,841.					
	b	Less: rental expenses	357,367.					
	C	Rental income or (loss)	-163,526.		162 526		162 526	
	d 7a	Net rental income or (loss). Gross amount from sales of	(i) Securities	(ii) Other	-163,526.		-163,526.	
	ı a	assets other than inventory	458,939,823.	286,831.				
	L	•	13073377023.	20070311				
	b	Less: cost or other basis and sales expenses	413,741,494.	0.				
	С	Gain or (loss)	45,198,329.	286,831.				
	d	Net gain or (loss)		▶	45,485,160.	286,831.	68,296.	45,130,03
,	8a	Gross income from fundra						
		events (not including \$						
		of contributions reported on	line 1c).					
ַ		See Part IV, line 18	а					
5		Less: direct expenses						
		Net income or (loss) from fu	_		0.			
!	9a	Gross income from gaming		0.				
		See Part IV, line 19						
		Less: direct expenses Net income or (loss) from g		-	0.			
		· · · · · · · · · · · · · · · · · · ·	-		0.			
10	0a	Gross sales of inventor	a	855,501. 405,304.				
	b c	Less: cost of goods sold Net income or (loss) from sal	les of inventory		450,197.	264,370.	185,827.	
		Miscellaneous Revenu		Business Code	133,137.	201/3/0.	103,027.	
1.	1a							
'	ıa b							
	C							
	d	All other revenue						
	e	Total. Add lines 11a-11d			0.			
٠,١,	2	Total revenue. See instruction			77,005,332.	4,945,673.	-132,974.	47,925,66

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	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B)	(C)	(D) Fundraising		
8b,	9b, and 10b of Part VIII.	rotai expenses	Program service expenses	Management and general expenses	expenses		
1	Grants and other assistance to domestic organizations						
	and domestic governments. See Part IV, line 21	0.					
2	Grants and other assistance to domestic						
	individuals. See Part IV, line 22	0.					
3	Grants and other assistance to foreign						
_	organizations, foreign governments, and foreign						
	individuals. See Part IV, lines 15 and 16	0.					
4	Benefits paid to or for members	0.					
5	Compensation of current officers, directors,						
	trustees, and key employees	1,186,521.	296,630.	593,261.	296,630.		
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	11,529,458.	10,011,565.	748,747.	769,146.		
	Pension plan accruals and contributions (include						
Ū	section 401(k) and 403(b) employer contributions)	347,855.	119,332.	128,029.	100,494.		
9	Other employee benefits	1,348,665.	1,149,883.	84,016.	114,766.		
10	Payroll taxes	893,243.	737,214.	65,947.	90,082.		
11	•						
	Management	0.					
	Legal	8,848.	7,119.	936.	793.		
	Accounting	57,901.		57,901.			
	Lobbying	0.					
	Professional fundraising services. See Part IV, line 17	0.			_		
	Investment management fees	2,798,325.		2,798,325.	_		
	Other. (If line 11g amount exceeds 10% of line 25, column						
3	(A) amount, list line 11g expenses on Schedule O.).	2,326,887.	1,872,156.	246,284.	208,447.		
12	Advertising and promotion	909,475.	731,741.	96,261.	81,473.		
13		1,174,940.	945,328.	124,359.	105,253.		
14	Information technology	31,803.	25,588.	3,366.	2,849.		
15	Royalties	0.					
16	Occupancy	1,250,040.	1,005,751.	132,308.	111,981.		
17	Travel	391,733.	315,179.	41,462.	35,092.		
	Payments of travel or entertainment expenses						
	for any federal, state, or local public officials	0.					
19	Conferences, conventions, and meetings	53,536.	43,074.	5,666.	4,796.		
20	Interest	2,715,634.	2,184,932.	287,430.	243,272.		
21	Payments to affiliates	0.					
22	Depreciation, depletion, and amortization	6,644,153.	5,345,722.	703,235.	595,196.		
23	Insurance	606,675.	488,116.	64,212.	54,347.		
	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.)						
а	FINANCIAL EXPENSES	161,290.	129,770.	17,071.	14,449.		
b	PURCHASES OF ART	684,000.	684,000.				
c	MISCELLANEOUS EXPENSES	1,313,039.	1,135,645.	96,077.	81,317.		
d							
е	All other expenses						
	Total functional expenses. Add lines 1 through 24e	36,434,021.	27,228,745.	6,294,893.	2,910,383.		
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						
	following SOP 98-2 (ASC 958-720)	0.					
					Form 990 (2018)		

Part X Balance Sheet

	ILA	Objects & Octobridge Occupations and the second of the sec	V		
		Check if Schedule O contains a response or note to any line in this P			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,283.	1	7,283.
	2	Savings and temporary cash investments	5,630,513.	2	3,185,244.
	3	Pledges and grants receivable, net	10,380,217.	3	14,381,026.
	4	Accounts receivable, net	91,041.	4	350,559.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.			
			0.	5	0.
	6	Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary			
		organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
Assets	7	Notes and loans receivable, net	0.	7	0.
SS	8	Inventories for sale or use	540,729.	8	410,233.
⋖	9	Prepaid expenses and deferred charges	534,604.	9	425,078.
	_	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 212,061,760.			
	b	Less: accumulated depreciation	95,422,071.	10c	90,974,453.
	11	Investments - publicly traded securities	89,043,431.	11	69,906,179.
	12	Investments - other securities. See Part IV, line 11	249,998,388.	12	277,643,167.
	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	17,703,180.	15	18,705,622.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	469,351,457.	16	475,988,844.
	17	Accounts payable and accrued expenses	2,233,552.	17	1,562,481.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	730,867.	19	785,645.
	20	Tax-exempt bond liabilities	80,471,956.	20	77,213,852.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
abil		disqualified persons. Complete Part II of Schedule L	0.	22	0.
Ï	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,644,184.	25	1,678,657.
	26	Total liabilities. Add lines 17 through 25	85,080,559.	26	81,240,635.
es		Organizations that follow SFAS 117 (ASC 958), check here X and complete lines 27 through 29, and lines 33 and 34.			
ŭ	27	Unrestricted net assets	95,808,239.	27	92,833,710.
ala	28	Temporarily restricted net assets	138,771,229.	28	142,685,347.
Р	29	Permanently restricted net assets	149,691,430.	29	159,229,152.
r Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.			
s or	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	32	Retained earnings, endowment, accumulated income, or other funds		31	
Net Assets	33	Total net assets or fund halances	384,270,898.	32	394,748,209.
Z	34	Total net assets or fund balances Total liabilities and net assets/fund balances	469,351,457.	34	475,988,844.
	54	ו טימו וומאווונופט מווע וופג מטטפנט/ועווע אמומווטפט	107,331,437.	54	Form 990 (2018)

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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		77,0			
2	Total expenses (must equal Part IX, column (A), line 25)	2		36,4			
3	Revenue less expenses. Subtract line 2 from line 1	3		40,5			
4	et assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				384,270,898		
5					-30,094,000		
6	Donated services and use of facilities	6				0.	
7	Investment expenses	7				0.	
8	Prior period adjustments	8				0.	
9	Other changes in net assets or fund balances (explain in Schedule O)					0.	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	33, column (B))				48,2	209.	
Part							
	Check if Schedule O contains a response or note to any line in this Part XII						
					Yes	No	
1	Accounting method used to prepare the Form 990: CashX Accrual Other						
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplai	n 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	npile	d 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	X		
	If "Yes," check a box below to indicate whether the financial statements for the year were aud						
	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	overs	sight				
	of the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit, review, or compilation of its financial statements and selection of an independent according to the audit according t	count	ant?	2c	X		
	If the organization changed either its oversight process or selection process during the tax year, e						
	Schedule O.	-					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t fort	h in				
	the Single Audit Act and OMB Circular A-133?			3a		Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	ıdits.		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 M	MUSEUM OF A	RT, INC.				35-08679	55	
Pa	rt I	Reason f	for Public Cha	rity Status (All o	organizations must o	complete	e this pa	art.) See instructions		
The	orga	anization is n	not a private fou	ndation because i	t is: (For lines 1 through	gh 12, ch	eck only	one box.)		
1		A church, co	onvention of ch	urches, or associa	tion of churches desc	ribed in s	ection 1	70(b)(1)(A)(i).		
2		A school de	scribed in secti	ction 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)						
3					rganization described					
4				•	=			section 170(b)(1)(A)	(iii). Enter the	
			ame, city, and st		, ,				()	
5			-	for the benefit of a college or university owned or operated by a governmental unit described in						
-		_		Complete Part II.)		.,		Tanada ay a garanina		
6					rnmental unit describe	d in sect	ion 170/	h)(1)(Δ)(v)		
7	X		_	_			-	vernmental unit or fro	om the general nubli	
•		_)(1)(A)(vi). (Comp	· ·	ipport iiv	om a go	vormional and or ne	om the general public	
8					o)(1)(A)(vi). (Complete	Part II \				
9	\vdash						oporatod	I in conjunction with a	land-grant college	
9		_		-			-	name, city, and state of		
		=	y or a non-land-	grant college or at	griculture (see ilistruci	110115). E1	iller lille i	name, city, and state of	i the college of	
40		university:	tion that name	.ll., **a a a i , ta a , (4) **a	are then 224 to 0/ of ite		from 00	ntributions, membersh	in food and areas	
10		receipts from support from	m activities rela m gross investm	ited to its exempt the nent income and u	functions - subject to	certain e able incc	xception me (les	s, and (2) no more tha s section 511 tax) from	n 331/3 %of its	
11					usively to test for publi					
12		An organiza	ation organized	and operated excl	usively for the benefit	of, to pe	erform th	e functions of, or to o	arry out the purposes	
		of one or m	nore publicly su	pported organizat	ions described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3)	
		Check the b	ox in lines 12a t	hrough 12d that d	escribes the type of s	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g	
а		Type I. A	supporting orga	anization operated	l, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving	
				•	•	•		the directors or truste		
			=		te Part IV, Sections A		.,,			
b	Г						with its	supported organization	on(s), by having	
		_ ,.		•				s that control or man	· /· 3	
					, Sections A and C.				9	
С		_				ated in co	onnectio	n with, and functional	ly integrated with.	
_			= -		ns). You must comple				.,g,	
d			=		-			ection with its support	ted organization(s)	
			-			•		ution requirement and	• , ,	
			•		omplete Part IV, Sect	•		•		
е	Г		•	•	-			nat it is a Type I, Type I	I. Type III	
·	_		_		tionally integrated sup				., .,po	
f	En						n garnzai			
q					orted organization(s).					
		ame of supporte		(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of	
	``		· ·		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see	
					above (see instructions))	Yes	ment?	instructions)	instructions)	
						103	110			
(A)										
(B)										
(C)										
(D)										
(E)										
Tota	al									

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	7,800,842.	14,690,294.	11,923,971.	16,648,322.	24,266,965.	75,330,394.
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	7,800,842.	14,690,294.	11,923,971.	16,648,322.	24,266,965.	75,330,394.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						26,694,592.
6	Public support. Subtract line 5 from line 4						48,635,802.
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	7,800,842.	14,690,294.	11,923,971.	16,648,322.	24,266,965.	75,330,394.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2,872,393.	4,527,358.	5,918,323.	2,669,670.	2,697,920.	18,685,664.
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						94,016,058.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	23,745,263.
13	First five years. If the Form 990 is forganization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		•				
14	Public support percentage for 2018 (li		-			14	51.73%
15	Public support percentage from 2017	•	•			15	53.91 %
16a	331/3% support test - 2018. If the org	•					
	box and stop here. The organization qu			-			
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization	•		•			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization						•
	Part VI how the organization meets t			-	· ·		upported
	organization						
b	10%-facts-and-circumstances test - 2	•	•				
	15 is 10% or more, and if the orga						-
	Explain in Part VI how the organization				_	-	
46	supported organization						
18	Private foundation. If the organization						
	instructions						<u></u> ▶ □

Schedule A (Form 990 or 990-EZ) 2018

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3						
. u	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						
8 8	Add lines 7a and 7b						
0	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
_		(4) 20	(2) 20:0	(0) 20 10	(4) 20 11	(0, 20.0	(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 sources.						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is form	-					
	organization, check this box and stop here						▶ 🔃
	tion C. Computation of Public Supp			(0)		T T	
15	Public support percentage for 2018 (line 8,					. 15	%
16	Public support percentage from 2017 Sche					16	%
	tion D. Computation of Investmen					T . T	
17	Investment income percentage for 2018 (lin						%
18	Investment income percentage from 2017						%
19 a	331/3% support tests - 2018. If the org	-					
	17 is not more than 331/3%, check this			•	• •	•	<u> </u>
b	331/3% support tests - 2017. If the orga						
	line 18 is not more than 331/3 %, check			-			. —
20	Private foundation. If the organization	did not check	a box on line	14. 19a. or 19b	o, check this be	ox and see insti	ructions

JSA 8E1221 1.000 Schedule A (Form 990 or 990-EZ) 2018 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

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

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

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated

Schedule A (Form 990 or 990-EZ) 2018

9c

10a

10b

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

Schedule A (Form 990 or 990-EZ) 2018 Page **5**

				- 3
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? A family member of a person described in (a) above?	11a 11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	on B. Type I Supporting Organizations	110		
	7. 2. Type Toupperung et gameatione		Yes	No
	Did the directors twisters or membership of one or more comparted argenizations have the necessity			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	_		
Casti		2		
Section	on C. Type II Supporting Organizations		Yes	Na
			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 Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
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 Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	_		
_		2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
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 in	structi	ons).	
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 Answer (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 Part VI identify</i>			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	_		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these 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 Part VI the role played by the organization in this regard.	3h		

Schedule A (Form 990 or 990-EZ) 2018

dule A (Form 990 or 990-EZ) 2018

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

Schedule A (Form 990 or 990-EZ) 2018

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	npt purposes of support	ed	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 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-2018	(iii) Distributable Amount for 2018
_1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

INDIANAPOLIS MUSEU	M OF ART, INC. 35-0867955	
Organization type (check of		
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Check if your organization	is covered by the General Rule or a Special Rule .	
Note: Only a section 501(cinstructions.)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See	
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 by or property) from any one contributor. Complete Parts I and II. See instructions for determining a I contributions.	
Special Rules		
regulations unde 13, 16a, or 16b,	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the r sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line and that received from any one contributor, during the year, total contributions of the greater of (1) 6 of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.	
contributor, during literary, or educa	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one age the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, tional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering b) instead of the contributor name and address), II, and III.	
contributor, during contributions total during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one g the year, contributions exclusively for religious, charitable, etc., purposes, but no such alled more than \$1,000. If this box is checked, enter here the total contributions that were received for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the olies to this organization because it received nonexclusively religious, charitable, etc., contributions for more during the year.	
Caution: An organization th	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, nust 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) (2018)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Part I Contributo	's (see instructions).	. Use duplicate copies	of Part I if additiona	I space is needed.
-------------------	-------------------------------	------------------------	------------------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_		\$8,504,500.	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		\$506,334.	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		\$605,000.	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		\$600,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$1,500,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$1,550,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

INDIANAPOLIS MUSEUM OF ART, INC. Name of organization

Employer identification number

			35-0867955
Part I	Contributors (see instructions). Use duplicate cop	oies of Part I if additional space is no	eeded.
(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
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

(c)

Total contributions

(c)

Total contributions

\$

1,400,000.

1,250,000.

(d)

Type of contribution

(d) Type of contribution

Person **Payroll**

Noncash (Complete Part II for noncash contributions.)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

Χ

Χ

(a)

No.

11

(a)

No.

12

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

			35-0867955
Part I	Contributors (see instructions). Use duplicate copi	ies of Part I if additional space is ne	eeded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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
7	PUBLICLY TRADED STOCK		
		\$\$	04/18/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
9	PUBLICLY TRADED STOCK		
		\$984,840.	12/28/2018
(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
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of o	organization INDIANAPOLIS MUSEUM OF	ART, INC.		Employer identification number
				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.	the year from any ons completing Par e year. (Enter this in	one contributor. (t III, enter the total formation once. S	Complete columns (a) through (e) and of 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) Transf		
	Transferee's name, address, an	d ZIP + 4	Relatio	nship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
	Transferee's name, address, an	(e) Transf ad ZIP + 4		nship of transferor to transferee
				·
(a) No. from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
		er of gift		
	Transferee's name, address, an	d ZIP + 4	Relatio	nship 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) Transf	or of gift	
	Transferee's name, address, an	, ,		nship of transferor to transferee

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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.

► 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

Nam	e of the organization	Employer identification number
INI	DIANAPOLIS MUSEUM OF ART, INC.	35-0867955
Pa	Organizations Maintaining Donor Advised Funds or Other Similar Funds or A	accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in	donor advised
5	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant fund	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
P:	art II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		a historically important land area
		a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	ne form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	· · ·	2a
b		2b
c		2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a	
"		2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminat	·
•	tax year ►	od by the organization during the
4	Number of states where property subject to conservation easement is located ▶	
5	Does the organization have a written policy regarding the periodic monitoring, inspection	n, handling of
•	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conse	
-	▶	g year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	▶ \$	3 ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and e	
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements.	
Pa	organizations Maintaining Collections of Art, Historical Treasures, or Other S	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its re-	venue statement and balance sheet
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reworks of art, historical treasures, or other similar assets held for public exhibition, educa public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the control of the footnote to its financial statements.	ition, or research in furtherance of
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rev	
IJ	works of art, historical treasures, or other similar assets held for public exhibition, educa	
	public service, provide the following amounts relating to these items:	, 1 11111111111111111111111111111111111
	(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar as	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	3
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	▶ \$

	dule D (Form 990) 2018		A		01 01 11	•		Page Z
	rt III Organizations Maintaini							
3	Using the organization's acquisition		other records,	check any of th	ne following tha	ıt are a sigr	nificant use	e of its
	collection items (check all that app	ly):						
а	X Public exhibition		_	oan or exchang	e programs			
b	X Scholarly research		e C	ther				
С	X Preservation for future gene							
4	Provide a description of the organ	nization's collections	and explain h	low they furthe	r the organizati	on's exemp	t purpose	in Part
	XIII.							
5	During the year, did the organization	on solicit or receive o	donations of art	, historical treas	ures, or other si	milar		
	assets to be sold to raise funds rath		ained as part of	the organizatio	n's collection? .	<u></u>	Yes	X No
Pa	rt IV Escrow and Custodial A							
	Complete if the organiza	ation answered "Ye	es" on Form 9	90, Part IV, line	e 9, or reported	an amour	nt on Form	N
	990, Part X, line 21.							
1a	Is the organization an agent, truste							
	included on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following	ng table:				
						Amount		
С	Beginning balance				:			
d	Additions during the year				1			
е	Distributions during the year				_			
f	Ending balance							
2a	Did the organization include an am	•				, <u> </u>	Yes	No
	If "Yes," explain the arrangement i	n Part XIII. Check he	ere if the explar	ation has been p	provided on Part	XIII		
Pa	rt V Endowment Funds.			00 D () / !'	. 40			
	Complete if the organiza							
		(a) Current year	(b) Prior year		` '	ee years back	(e) Four yea	
1a	Beginning of year balance	335,734,000.	349,915,0			386,000.	376,44	
b	Contributions	4,053,000.	3,433,5	49. 2,774	1,506. 9,	287,986.	3,41	<u>5,427</u> .
С	Net investment earnings, gains,							
	and losses	14,719,000.	23,399,4	51. 37,478	3,4948,0	646,986.	6,57	<u>4,267</u> .
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	15,967,250.	34,861,9			245,650.	19,59	
f	Administrative expenses	2,817,750.	6,152,1			043,350.		7,500
g	End of year balance	335,721,000.	335,734,0	00. 349,915	5,000. 343,	738,000.	363,38	<u>6,000</u> .
2	Provide the estimated percentage	of the current year	end balance (lin	e 1g, column (a)) held as:			
а	Board designated or quasi-endown		_%					
b	Permanent endowment 43.3							
С	Temporarily restricted endowment							
_	The percentages on lines 2a, 2b, a							
3a	Are there endowment funds not in	the possession of the	ne organization	that are held a	nd administered	for the	Va	a Na
	organization by:						Ye	
	(i) unrelated organizations						3a(i)	X
_	(ii) related organizations						3a(ii)	X
_	If "Yes" on line 3a(ii), are the relate	•	•				3b	
4	Describe in Part XIII the intended u		tion's endowme	ent funds.				
Pa	rt VI Land, Buildings, and Equal Complete if the organiz	ation answered "Y	es" on Form 9	90. Part IV. lin	e 11a. See Fo	rm 990. Pa	rt X. line	10.
	Description of property	(a) Cost or	other basis (b)	Cost or other basis	(c) Accumulated) Book value	
	Land	,	tment)	(other)	depreciation		0.01	061
1a	Land		11	921,861.	00 252 16	2		,861.
b	Buildings			70,267,871.	88,253,16	۷.	82,014	, / 0 9 .
C	Leasehold improvements		<u> </u>	20 221 //20	22 151 02	6	6 170	502
d	Equipment			38,331,428. 2,540,600.	32,151,83		6,179	
	Other		n 000 Part V -				1,858	
ı ota	I. Add lines 1a through 1e. (Columr	ı (u) must equal Forr	н ээо, гап х, с	oiuiriiri (ඏ), line 1	<i>UC.)</i>	-	JU, J/4	, 405.

Schedule D (Form 990) 2018

Part VII Investments - Other Securities. Complete if the organization answered	"Yes" on Form 990	Part IV line 11h See Form 990	Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuar Cost or end-of-year mark	tion:
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A) ALTERNATIVE INVESTMENTS	277,643,167.	FMV	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	277,643,167.		
Part VIII Investments - Program Related. Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990	, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valua Cost or end-of-year mark	
(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.
(a) Desc	cription		(b) Book value
_(1)			
_(2)			
_(3)			
_(4)			
(5)			
(6)			
(8)			
(9)	. 		
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.			000 D 414
Complete if the organization answered line 25.	"Yes" on Form 990	, Part IV, line 11e or 11f. See For	m 990, Part X,
1. (a) Description of liability	(b) Book valu	<u>e</u>	
(1) Federal income taxes			
(2) LIABILITY FOR CHARITABLE ANNUI	189,		
(3) LIABILITY FOR AMOUNTS HELD	901,		
(4) ACCRUED INTEREST EXPENSE	575,8		
(5) STATE SALES TAXES	10,	930.	
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	1,678,6	557.	

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

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retur Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	44,518,311.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	1	
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
	Add lines 2a through 2d	2e	-29,688,696.
3	Subtract line 2e from line 1	3	74,207,007.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,798,325.		
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	2,798,325.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	77,005,332.
Part	Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	ırn.	
1	Total expenses and losses per audited financial statements	1	34,041,000.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	405,304.
3	Subtract line 2e from line 1	3	33,635,696.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 2,798,325.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	2,798,325.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	36,434,021.
	XIII Supplemental Information.		
2; Part	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform PAGE 5		

JSA 8E1271 1.000

Schedule D (Form 990) 2018

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 STATEMENT

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

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 \$405,304

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AFS:

COST OF GOOD SOLD \$405,304

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

2018

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

35-0867955

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (b) Number (c) Number of (d) Activities conducted in the (e) If activity listed in (d) is (f) Total of offices in émployees, region (by type) (such as, a program service, expenditures for describe specific type of fundraising, program services, the region agents, and and investments investments, grants to recipients located in the region) independent service(s) in the region in the region contractors in the region (1) EUROPE (INCLUDING ICELAND AND 0. 0. PASSIVE INVESTMENTS N/A 27,613. (2) CENTRAL AMERICA AND THE CARIBB 0. 0. PASSIVE INVESTMENTS 77,060,542. (3) NORTH AMERICA 0. 0. PASSIVE INVESTMENTS 1,389,409. (4) (5) (6) (7) (8) (9) (10) (11) (12) (13)(14)(15)(16)(17)Subtotal 3a 78,477,564. Total from continuation sheets to Part I Totals (add lines 3a and 3b) 78,477,564.

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

Schedule F (Form 990) 2018

Schedule F (Form 990) 2018

Part II	Grants and Other Ass Part IV, line 15, for any							erea "Yes" on	Form 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)									
by t	er total number of recipient o he IRS, or for which the grant er total number of other orga	tee or counsel has provide	ed a section 501(c)(3)	equivalency lette	r		•		

Schedule F (Form 990) 2018

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)							11.5/5

Schedule F (Form 990) 2018 Page 4

Part IV Foreign Forms 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926) Νo 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) Χ No Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," 3 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) No 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) Χ No Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," 5 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) 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)

Schedule F (Form 990) 2018

Yes

SCHEDULE J (Form 990)

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

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

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Inspection Employer identification number

35-0867955

Part	Questions Regarding Compensation			
			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			
	Tax indemnification and gross-up payments			
	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	16	Х	
2	explain	1b	Λ	
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2	Х	
2	Indicate which, if any, of the following the filing organization used to establish the compensation of the			
3	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		Λ
	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		Х
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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_	7.7	
c	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			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	in Part III	0		21
3	Regulations section 53 4958-6(c)?	a		

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

Schedule J (Form 990) 2018

Schedule J (Form 990) 2018 Page 2

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CHARLES VENABLE	(i)	493,950.	135,800.	123,937.	19,822.	11,113.	784,622.	
1 MELVIN & BREN SIMON DIR & CEO	(ii)	0.	0.	0.	0.	0.	0.	
JEREMIAH WISE	(i)	156,734.	30,000.	0.	6,269.	9,102.	202,105.	
2 ^{CFO}	(ii)	0.	0.	0.	0.	0.	0.	
KATHRYN HAIGH	(i)	153,434.	30,000.	0.	6,137.	10,225.	199,796.	
3 ^{coo}	(ii)	0.	0.	0.	0.	0.	0.	
KIM GATTLE	(i)	181,442.	20,000.	0.	7,258.	10,392.	219,092.	
4DEPUTY DIR - INSTL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	
PRESTON BAUTISTA	(i)	148,961.	20,000.	0.	5,958.	7,679.	182,598.	
DEPUTY DIR FOR PUBLIC PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	
GREG SMITH	(i)	136,705.	2,000.	0.	5,468.	13,537.	157,710.	
6 SENIOR CONSERVATION SCIENTIST	(ii)	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) 2018

Schedule J (Form 990) 2018 Page 3

Part | Supplemental Information

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

SCHEDULE J, PART I, LINE 1A

OTHER REPORTABLE COMPENSATION:

INCLUDED IN CHARLES VENABLE'S OTHER REPORTABLE COMPENSATION IS CELL PHONE, LIFE INSURANCE, PERSONAL USE OF SOCIAL CLUB DUES AND HOUSING EXPENSES ALL WHICH ARE TAXABLE COMPENSATION. CHARLES VENABLE'S SPOUSE IS REQUIRED TO ATTEND EVENTS AS NEEDED, FOR WHICH THE ORGANIZATION PROVIDES FOR TRAVEL EXPENSES. CHARLES VENABLE 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) 2018

(e) Issue price

(f) Description of purpose

Χ

X

SCHEDULE K (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

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

► Attach to Form 990.

Name of the organization

Bond Issues

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

(d) Date issued

(c) CUSIP#

(b) Issuer EIN

OMB No. 1545-0047

2018

Open to Public Inspection

(i) Pooled

financing

INDIANAPOLIS MUSEUM OF ART, INC.

(a) Issuer name

Employer identification number 35-0867955

behalf of

(g) Defeased

										issu	uer		_		
										Yes	No	Yes	No	Yes	No
A I	NDIANA FINANCE AUTHORITY	35-1602316	45506DJM8	05/08/201	3 39	,950,000.	2013B - REFU	INDING OF SE	RIES 2002 B		Х		Х		Х
B 1	NDIANA FINANCE AUTHORITY	35-1602316		12/28/201	7 26	5,105,000.	2017C - REFU	UNDING OF SE	RIES 2013A		х		х		х
Cı	NDIANA FINANCE AUTHORITY	35-1602316		08/01/201	7 10	,000,000.	2017B - REFU	NDING OF SE	RIES 2014 B		х		х		Х
_	NDIANA FINANCE AUTHORITY	35-1602316		08/01/201	7 10	,000,000.	2017A - REFUNDING OF SERIES 2014 B				х		Х		Х
Pa	TI Proceeds														
						Α		В	C			D			_
1	Amount of bonds retired				./ , ',	730,000.	. 2,0	00,000.	10	0,00	10.				
2	Amount of bonds legally defeased														
3 Total proceeds of issue					39,9	950,000.	. 26,1	05,000.	10,00	0,00	10.	10,000,			0
4	Gross proceeds in reserve funds														
5	Capitalized interest from proceeds														
	Proceeds in refunding escrows														
7	Issuance costs from proceeds				1	173,912	2. 160,458. 4		0,64	11.		2	9,14	.8	
8	Credit enhancement from proceeds														
9	Working capital expenditures from proceeds														
10	Capital expenditures from proceeds														
11	Other spent proceeds				39,776,088. 25,944,542			44,542.	9,95	9,35	9.	Š	9,97	0,85	2
12	Other unspent proceeds														
13	Year of substantial completion				201	.3	201	7	2017			2017			
					Yes	No	Yes	No	Yes	No		Yes		No	
14	Were the bonds issued as part of a refundir	•	•	•											
	if issued prior to 2018, a current refunding issue)?				X		X		X			X			
15	Were the bonds issued as part of a refundi	ng issue of ta	xable bond	ds (or, if											
	issued prior to 2018, an advance refunding issue)?	<u> </u>	<u></u> .			X		X		X				X	
16	Has the final allocation of proceeds been made? .				Х		Х		Х			Х			
						1									

Χ

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

Schedule K (Form 990) 2018

Χ

Page 2 Schedule K (Form 990) 2018

	dule K (Form 990) 2018	OUP 1							Page Z
Pa	rt III Private Business Use GRO		A		в		2	Г	<u> </u>
4	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No No
1	which owned property financed by tax-exempt bonds?	162	X	162	X	162	X	162	X
	Are there any lease arrangements that may result in private business use of								
2	bond-financed property?		X		x		X		Х
3a	Are there any management or service contracts that may result in private								
- u	business use of bond-financed property?		X		X		X		X
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
C	Are there any research agreements that may result in private business use of								
	bond-financed property?		X		X		X		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 ▶		%		%		%		<u>%</u>
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,		0.1		0.4		0.4		0/
_	another section 501(c)(3) organization, or a state or local government ▶		%		%		%		<u>%</u>
6	Total of lines 4 and 5		% X		% X		% X		
7	Does the bond issue meet the private security or payment test?		Λ		Λ		Λ		
8a	Has there been a sale or disposition of any of the bond-financed property to a		X		x		x		X
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		A		Λ		Λ		
D	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		70		/6		76		
·	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		X		X		Х	
Pa	rt IV Arbitrage								
			A		3	()
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?		X		X		X		X
	If "No" to line 1, did the following apply?								
	Rebate not due yet?		Х		X		X		X
	Exception to rebate?	X			X		X		X
<u>C</u>	No rebate due?		X		X		X		X
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
_	performed		37		V		v	1	
3	Is the bond issue a variable rate issue?		X		X		Х		X

Schedule K (Form 990) 2018

Schedule K (Form 990) 2018

Page 3

Arbitrage (Continued)

Part IV Arbitrage (Continued)		Α		В		C)
4a Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
hedge with respect to the bond issue?		Х		Х		Х		Х
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		Х		Х		Х		Х
7 Has the organization established written procedures to monitor the								
requirements of section 148?	X		X		X		X	
Part V Procedures To Undertake Corrective Action								
		A		В		C)
Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
of federal tax requirements are timely identified and corrected through the								
voluntary closing agreement program if self-remediation isn't available under								
applicable regulations?	Х		X		X		X	

SCHEDULE M (Form 990)

Noncash Contributions

(d)

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.

(b)

► Attach to Form 990.

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

Employer identification number

35-0867955

(c) Noncash contribution

INDIANAPOLIS MUSEUM OF ART, INC. Types of Property

(a)

1 Art - Works of art	1
2 Art - Historical treasures	
3 Art - Fractional interests	
4 Books and publications X 5,223. COST 5 Clothing and household goods X 4,649. COST 6 Cars and other vehicles	
5 Clothing and household goods	
goods	
7 Boats and planes	
8 Intellectual property	
9 Securities - Publicly traded X 35. 1,853,746. 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	COST
20 Drugs and medical supplies	
21 Taxidermy	
22 Historical artifacts.	
23 Scientific specimens	
24 Archeological artifacts	
25 Other ▶ (EQUIPMENT) X 2. 50,102. PURCHASE	COST
26 Other ▶ (PLANTS) X 3. 2,540. PURCHASE	
27 Other (DESIGN PLANS) X 1. 4,258. PURCHASE	
28 Other ►()	
29 Number of Forms 8283 received by the organization during the tax year for contributions for	
which the organization completed Form 8283, Part IV, Donee Acknowledgement	4.
which the digalization completed Form 6265, Fait IV, Dollee Acknowledgement 1.1.1.1.1.	Yes No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through	100 110
28, that it must hold for at least three years from the date of the initial contribution, and which isn't required	
to be used for exempt purposes for the entire holding period?	30a X
b If "Yes," describe the arrangement in Part II.	11
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	31 X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	
contributions?	32a X
b If "Yes," describe in Part II.	
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,	
describe in Part II.	
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule	M (Form 990) 201

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.

2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

gov/form990. Inspection

35-0867955

INDIANAPOLIS MUSEUM OF ART, INC.

FORM 990, PART VI, SECTION A, LINE 2

BOARD MEMBER RELATIONSHIPS:

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

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

PROCESS TO REVIEW FORM 990:

THE CHIEF FINANCIAL OFFICER AS WELL AS AN INDEPENDENT ACCOUNTING FIRM

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

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

FORM 990 BEFORE IT IS FILED.

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

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

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

INTEREST ABSTAINS FROM VOTING ON THE RELATED ISSUE AND MAY NOT BE

INVOLVED IN ANY DISCUSSION PERTAINING TO THE PARTICULAR ISSUE.

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

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

35-0867955

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 ANNUALLY. THE CEO'S LAST COMPREHENSIVE 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.

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.

Schedule O (Form 990 or 990-EZ) 2018 Page **2**

Name of the organization
INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

35-0867955 ATTACHMENT 1 (CONT'D)

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

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 3

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

NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
SOVEREIGN LANDSCAPE LLC PO BOX 7066 FISHERS, IN 46038	CONSTRUCTION	654,178.
SSI SERVICES, LLC 308 SOUTH STATE AVENUE INDIANAPOLIS, IN 46201	CONSTRUCTION	547,468.
ABIGAIL MACK ART CONSERVATION, LLC PO BOX 155	ART PRESERVATION	103,199.

RED HOOK, NY 12571

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

 \blacktriangleright 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.

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

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

(a) (b) (c) (d)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) OLDFIELDS, LLC					
4000 MICHIGAN ROAD INDIANAPOLIS, IN 46208	REAL ESTATE	IN	578.	19,316.	N/A
(2)					
(3)					
(4)					
(5)					
(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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 5 conti	(a) (a) (a) (a) (a) (a) (a) (a) (a) (a)
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(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)(13 controlle entity?
								Yes No
(1) CHARITABLE REMAINDER TRUSTS (2)	TRUST	IN	N/A	TRUST				
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018 Page 3

Yes No

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?

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

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
	Loans or loan guarantees to or for related organization(s)				1d	X
	Loans or loan guarantees by related organization(s)				1e	Х
·	Loans of loan guarantees by related organization(s)					
f	Dividends from related organization(s)				1f	Х
l 	Dividends from related organization(s)				1g	X
9	Sale of assets to related organization(s)				1h	X
h	Purchase of assets from related organization(s).				1i	X
ı	Exchange of assets with related organization(s)				\vdash	X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	^
						7,
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	X
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11	X
	Performance of services or membership or fundraising solicitations by related organization(s)				1m	X
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	X
	Sharing of paid employees with related organization(s)				10	X
р	Reimbursement paid to related organization(s) for expenses				1p	X
a a	Reimbursement paid by related organization(s) for expenses				1q	X
•	(4)					
r	Other transfer of cash or property to related organization(s)				1r	X
s	Other transfer of cash or property from related organization(s)				1s	Х
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete t	this line, including cove	ered relationships and trans	action thre	sholds.	
	(a)	(b)	(c)			
	Name of related organization	Transaction	Amount involved		(d) of determ	
		type (a-s)		amou	unt involve	ed
(1)						
(')						
(2)						
(2)						
(3)						
(3)						
(4)						
(4)						
<i>(F</i>)						
(5)						
				1		
(6)						_,
JSA			Sci	hedule R (I	Form 99	υ) 2018

Schedule R (Form 990) 2018 Page 4

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under	Are all sec 501 organia	partners tion (c)(3) rations?	(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)	man part	(j) eral or aging tner?	(k) Percentage ownership
(4)			sections 512-514)	Yes	No			Yes	No		Yes	No	
_(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)												_	
(14)													
(15)												_	
(16)													
(10)													

Schedule R (Form 990) 2018

Schedule R (Form 990) 2018

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

Page 5

Form **8868**

(Rev. January 2019)

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.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only subn	nit original	(no copies needed).					—
	tions required to file an income tax return oth		`	O-C filers), partnerships,	REI	МIСs,	and trust	 s
must use F	Form 7004 to request an extension of time to	file income	tax returns.					
	T			Enter filer's identifyin				ions
Type or	Name of exempt organization or other filer, see	instructions.		Employer identification nu	ımbe	r (EIN)	or	
print	TNDTANADOLIC MICRIM OF ADT	TNC		35-086795	_			
File by the	INDIANAPOLIS MUSEUM OF ART, I Number, street, and room or suite no. If a P.O. b		ctions					
due date for	4000 MICHIGAN ROAD	ox, see ilistiu	Stioris.	Social security number (SS	SIN)			
iling your eturn. See	City, town or post office, state, and ZIP code. For	or a foreign ad	dress, see instructions.					
nstructions.	INDIANAPOLIS, IN 46208							
Entar tha [n in for /file	a congrate application fo	r oooh roturn)			0	1
Enter the F	Return Code for the return that this application	n is for (file	a separate application to	r each return)			. —	_
Applicatio	n	Return	Application				Retu	rn
ls For		Code	Is For				Code	е
Form 990	or Form 990-EZ	01	Form 990-T (corporation	on)			07	
Form 990-	BL	02	Form 1041-A				08	
Form 4720) (individual)	03	Form 4720 (other than	n individual)			09	
Form 990-I		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	
Telepho If the or If this is for the who a list with t	ne No. 317 923-1331 ganization does not have an office or place of for a Group Return, enter the organization's fole group, check this box he names and EINs of all members the extendent an automatic 6-month extension of time to the organization and extension in the organization of time to the organization of time to the organization named above. The extension in	f business ir our digit Gro If it is for pa sion is for. until	Fax No. In the United States, check the Exemption Number (0 art of the group, check the material of the group, 20 2	k this box		If the and at	this is	'n
	calendar year 20 or tax year beginning 07/ tax year entered in line 1 is for less than 12 r Change in accounting period					<u>L9</u> .		
3a If this	application is for Forms 990-BL, 990-PF,	990-T, 4720	O, or 6069, enter the t	entative tax, less any				
	fundable credits. See instructions.				3a	\$		0.
	s application is for Forms 990-PF, 990-1		•				_	·
	ated tax payments made. Include any prior ye				3b	\$		0.
	nce due. Subtract line 3b from line 3a. Include		ent with this form, if rec	ured, by using EFTPS				•
-	tronic Federal Tax Payment System). See instr				3с			0.
•	ou are going to make an electronic funds withdraw	al (direct deb	it) with this Form 8868, see	e Form 8453-EO and Form	า 887	9-EO f	for payme	nt
nstructions.	Ast and Barramanh Bad of A (N. C.	t			_	0000	0 (5 : :	2045
- or Frivacy	Act and Paperwork Reduction Act Notice, see ins	น นับแบทร์.			rorn	1 0000	B (Rev. 1-2	JU 19)

PAGE 1

Form **990-T**

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

OMB No. 1545-0687

		For cale	ndar year 2018 or other tax year begin	ning _	<u>07/01</u> , 2018 ,	and endir	ng <u>06/30</u> ,	20 <u>19</u> .	20	018
Depart	ment of the Treasury		► Go to www.irs.gov/Form990	<i>T</i> for i	nstructions and t	he latest	information.		On an 42 D	this learnestics for
Interna	l Revenue Service	▶ Do	not enter SSN numbers on this form a	ıs it ma	y be made public if	your orga	nization is a 501(c)(3).	501(c)(3) C	ublic Inspection for Organizations Only
Α _	Check box if address changed		Name of organization (Check bo	ox if nai	me changed and see	instruction	s.)		oyer identific oyees' trust, see	e instructions.)
B Exe	empt under section		INDIANAPOLIS MUSEUM	OF	ART, INC.					
X	501(C)(3)	Print	Number, street, and room or suite no. I	f a P.O	. box, see instructions	S.		35-0	867955	
	408(e) 220(e)	or								ss activity code
	408A 530(a)	Type	4000 MICHIGAN ROAD					(See in	nstructions.)	
	529(a)		City or town, state or province, country	y, and Z	ZIP or foreign postal o	ode				
	ok value of all assets		INDIANAPOLIS, IN 46		0 1			5259	90	
at e	end of year	F Gro	up exemption number (See instructi		>					
47	75,988,844.		ck organization type X 501			501(c)	1 trust	401(a)	trust	Other trust
			nization's unrelated trades or busine	 	·	1 301(0)			(or first) ur	
			COME FROM K-1 INVESTME			nly one	complete Parts I	•	` '	
			end of the previous sentence, cor							describe trie
	ade or business, th		•	прісте	r arts i ariu ii, com	ipiete a o	chedule W for ea	cii additio	IIai	
			corporation a subsidiary in an affili	intod a	roup or a parent cu	beidiony e	controlled group?			Yes X No
	, ,		identifying number of the parent co	J		ibsidial y C	ontrolled group?] 165 [22] 110
			CREMIAH WISE	ιρυιαιι		Telenhon	e number ▶ 31	7-923	-1331	
			or Business Income		(A) Incom		(B) Exper			(C) Net
	_		Di Busiliess ilicollie		(A) IIICOIII	•	(b) Exper	1363		(O) Net
1a	Gross receipts or		a Release N	1.0						
b	Less returns and allows		c Balance ►							
2			ule A, line 7)	2						
3			2 from line 1c	3	68	,296.				68,296.
4a			ttach Schedule D)	4a	00	, 200.				00,200.
b			Part II, line 17) (attach Form 4797)	4b						
c			rusts	4c	_201	,556.	7 maii 1			-291,556.
5			r an S corporation (attach statement)	5	-291	,550.	ATCH 1			-291,330.
6				6						
7			come (Schedule E)	7						
8			ents from a controlled organization (Schedule F)	8						
9			1(c)(7), (9), or (17) organization (Schedule G)	9						
10		-	ncome (Schedule I)	10						
11			dule J)	11						
12	,		tions; attach schedule)	12	222	260				222 262
13	Total. Combine li	nes 3 thr	ough 12	13		,260.				-223,260.
Par			Taken Elsewhere (See instr					Except 1	for contrib	outions,
			be directly connected with t						1	
14	•		directors, and trustees (Schedule K)							
15								I		
16										
17										
18			(see instructions)							3,984.
19										3,904.
20		•	See instructions for limitation rules)		1			20		
21			4562)							
22			on Schedule A and elsewhere on re					22b)	
23										
24			compensation plans							
25			8					I .		
26			Schedule I)							
27			chedule J)							
28			chedule)							9,762.
29			s 14 through 28							13,746.
30	Unrelated busine	ss taxab	le income before net operating	loss	deduction. Subtra	act line	29 from line	13 30		-237,006.
31			g loss arising in tax years beginnir	-						
32	Unrelated busine	ss taxabl	e income. Subtract line 31 from line	30 .				32		-237,006.

Form 990-T (2018) Page :

	990-1 (20	·				Page Z
Par	t III	Total Unrelated Business Taxable Income				
33	Total o	of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instruct	ons)	- 33		33,	131.
34	Amount	s paid for disallowed fringes	. 34			
35	Deducti	on for net operating loss arising in tax years beginning before January 1, 2018 (see				
	instruct	ons)	. 35		33,	131.
36	Total c	f unrelated business taxable income before specific deduction. Subtract line 35 from the sum				
	of lines	33 and 34	36			
37	Specific	deduction (Generally \$1,000, but see line 37 instructions for exceptions)	. 37		1,	000.
38		ed business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,				
		e smaller of zero or line 36				0.
Par		Tax Computation				
39		cations Taxable as Corporations. Multiply line 38 by 21% (0.21)	▶ 39			
40	Trusts	Taxable at Trust Rates. See instructions for tax computation. Income tax on				
. •		ount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40			
44		ax. See instructions				
41		ive minimum tax (trusts only)				
42 43		Noncompliant Facility Income. See instructions				
43 44		dd lines 41, 42, and 43 to line 39 or 40, whichever applies				
Par			44			
		Tax and Payments				
	_	tax credit (corporations attach Form 1118; trusts attach Form 1116)	\dashv			
		redits (see instructions)	\dashv			
		business credit. Attach Form 3800 (see instructions) 45c	\dashv			
		or prior year minimum tax (attach Form 8801 or 8827)	45.			
		edits. Add lines 45a through 45d				
46		t line 45e from line 44				
47		xes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)				0.
48		x. Add lines 46 and 47 (see instructions)				
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	. 49			
		its: A 2017 overpayment credited to 2018	4			
		stimated tax payments	4			
		osited with Form 8868	_			
		organizations: Tax paid or withheld at source (see instructions)	4			
е	Backup	withholding (see instructions)	4			
f	Credit f	or small employer health insurance premiums (attach Form 8941)	_			
g	Other co	edits, adjustments, and payments: Form 2439				
	F	orm 4136 Other Total ▶ 50g	_			
51	Total p	ayments. Add lines 50a through 50g	51			
52	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached	52			
53	Tax due	. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53			
54	Overpa	yment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54			
<u>55</u>	Enter the	e amount of line 54 you want: Credited to 2019 estimated tax Refunded	55			
Par	t VI	Statements Regarding Certain Activities and Other Information (see instruction	ns)			_
56	At any	time during the 2018 calendar year, did the organization have an interest in or a signature of	or other	authorit	y Yes	No
	over a	financial account (bank, securities, or other) in a foreign country? If "Yes," the organization r	nay ha	ve to file	е	
	FinCEN	Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreig	n countr	у	
	here >					X
57	Durina	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a for	eign trus	st?	-	Х
	-	see instructions for other forms the organization may have to file.	•	_		
58		e amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	U	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	best of	my knowled	ge and be	lief, it is
Sign	1 L tri	e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	Aou the	IDC diag	ioo thio	roturn
Her				IRS discu preparer		
						No
		Print/Type preparer's name Preparer's signature Date	eck	if PTIN		
Paid		NICOLE B FISHBACK 9 kol 9 4 hback 05/15/2020 seli	-employe	d P01	127947	
	oarer	Firm's name ▶ BKD , LLP Firm	n's EIN ▶	44-01	160260)
use	Only	Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Pho	ne no. 3	17.383	3.4000	

Form 990-T (2018)									Page 3
Schedule A - Cost of G	oods Sold. Ei	nter metho	d of invento	ory valuation	>				
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				Part I, line	2		7		
(attach schedule)	4a					section 263A (w	ith respec	t to Yes	No
b Other costs (attach schedu				property	produced	or acquired for	resale) a	apply	
5 Total. Add lines 1 through					•	· · · · · · · · · · · · · · · · · · ·	,		
Schedule C - Rent Income	(From Real F	roperty a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions)	•					-			
Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent rece	ved or accru	ed						
(a) From personal property (if the	nercentage of rent	(b) F	rom real and	personal property	(if the	3(a) Deductions di	ectly connect	ted with the inc	ome
for personal property is more th	an 10% but not	percent	age of rent fo	r personal property	exceeds	in columns 2(a			
more than 50%)		50% o	r if the rent is	based on profit or	income)				
(1)									
(2)									
(3)									
(4)									
Total		Total							
(c) Total income. Add totals of c	olumns 2(a) and 2	(b). Enter				(b) Total deduction Enter here and on			
nere and on page 1, Part I, line 6	` '	` '				Part I, line 6, colum			
Schedule E - Unrelated D			ee instructi	ons)					
		,		income from or	3. [Deductions directly con		r allocable to	
1. Description of del	ot-financed property			to debt-financed	(a) Straigh	debt-finance		her deductions	
			р	roperty		ch schedule)		ch schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average	5. Average adju			Caluman			O Allone	abla daduation.	
acquisition debt on or allocable to debt-financed	of or alloca debt-financed			Column divided		income reportable		able deductions x total of colun	
property (attach schedule)	(attach sch		by (column 5	(column	n 2 x column 6)	3(a	a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
	1		'		Enter her	e and on page 1,	Enter here	e and on page	—— е 1,
					Part I, lin	ne 7, column (A).		e 7, column (I	
Totals				.					
Total dividends-received deduct									

Form 990-T (2018) Page 4

Schedule F-Interest, Annu	uities, Royalties	, and Re	ents Fr	om Contro	lled Or	ganizati	ons (see	e instructio	ns)	- 3-
,	· •			ontrolled Or			,			
Name of controlled organization	2. Employer identification number	EI		lated income instructions)		of specified ents made	included	f column 4 th in the contro ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruct			Total of specific payments made		includ	rt of column ed in the co ation's gros	ntrolling		Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals) Orga	Enter Part I	columns 5 a here and on , line 8, colu (see ins	page 1, mn (A).	Ente	d columns 6 and 11. er here and on page 1, t I, line 8, column (B).
1. Description of income	2. Amount of	income		3. Deduction directly core (attach sch	nnected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals ▶	Enter here and c Part I, line 9, cc	olumn (A).								Enter here and on page 1, Part I, line 9, column (B).
Schedule I-Exploited Exe	mpt Activity Inc	come, C	ther Th	nan Advert	ising Ir	come (s	see instru	ictions)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Exp dire connect product unre business	ectly ted with ction of lated	4. Net incor from unrelat or business 2 minus col If a gain, c cols. 5 thro	ed tradé (column lumn 3). ompute	from ac	Gross income a activity that not unrelated iness income 6. Expenses attributable to column 5		ble 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 In	come (see instru	uctions)								
Part I Income From Per			Conso	lidated Bas	sis					
										7 F
1. Name of periodical	2. Gross advertising income	3. D advertisi		4. Adver gain or (los 2 minus co a gain, co cols. 5 thro	ss) (col. ol. 3). If mpute	l	culation ome	6. Reade		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))										- 000 T (200

Page 5 Form 990-T (2018)

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	n of Officers, D	Directors, and Tr	ustees (see instr	uctions)		
1. Name		2.	Γitle	3. Percent of time devoted to business	4. Compensation unrelated I	

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	·		

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

2018

Department of the Treasury Internal Revenue Service For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number

35-0867955

Unrelated business activity code (see instructions) ▶ 453220

Describe the unrelated trade or business ▶ RETAIL SHOP

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales 374,162.				
b	Less returns and allowances c Balance	1 c	374,162.		
2	Cost of goods sold (Schedule A, line 7)	2	188,335.		
3	Gross profit. Subtract line 2 from line 1c	3	185,827.		185,827.
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	185,827.		185,827.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		203,369.
16	Repairs and maintenance		20,958.
17	Bad debts		
18	Interest (attach schedule) (see instructions)		27,982.
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562) 21 57,868.		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	57,868.
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		38,982.
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule) ATCH 3	28	99,623.
29	Total deductions. Add lines 14 through 28	29	448,782.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-262,955.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30		-262,955.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

2018

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Unrelated business activity code (see instructions) ▶ 722100

Describe the unrelated trade or business ► CATERING AND EVENT INCOME

	Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales					
	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Schedule A, line 7)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions; attach schedule) ATCH 4	12	67,985.			67,985.
13	Total. Combine lines 3 through 12	13	67,985.			67,985.
Par	deductions must be directly connected with the un	relat	ed business income.)			tions,
14	Compensation of officers, directors, and trustees (Schedule K)				14	23,785.
15	Salaries and wages				15	23,703.
16	Repairs and maintenance				16	
17 18	Bad debts				17	
19	Interest (attach schedule) (see instructions)				18	
20	Taxes and licenses Charitable contributions (See instructions for limitation rules)				19	
21	Depreciation (attach Form 4562)		1 1		20	
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	
23					23	
					23	
24	Depletion Contributions to deferred compensation plans				24	
24 25	Contributions to deferred compensation plans				24	4,969.
24 25 26					24 25 26	4,969.

Other deductions (attach schedule) ATCH 5

Total deductions. Add lines 14 through 28.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

28

29

28

29

30

31

6,100.

34,854.

33,131.

33,131.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

OMB No. 1545-0687

2018

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Unrelated business activity code (see instructions) ▶ 900002

	Describe the unrelated trade or business ► UNRELATED D	FINANCED INCOME			
Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E) ATCH 6	7	163,984.	285,603.	-121,619.
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule)	12			
13	Total. Combine lines 3 through 12	13	163,984.	285,603.	-121,619.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		67,816.
16	Repairs and maintenance		
17	Bad debts	1	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses		
20	Charitable contributions (See instructions for limitation rules)		
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans		
25	Employee benefit programs		14,169.
26	Excess exempt expenses (Schedule I).		
27	Excess readership costs (Schedule J)		
28	Other deductions (attach schedule) ATCH 7	28	14,875.
29	Total deductions. Add lines 14 through 28	29	96,860.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	-218,479.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income. Subtract line 31 from line 30	32	-218,479.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

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

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 CROW HOLDINGS V-A DUNE REAL ESTATE PARALLEL FUND II FLAG VENTURE PARTNERS VII FIRST RESERVE FUND XI TRG FORESTRY FUND 8-B HIGHFIELDS CAPITAL IV LEGACY VENTURE VI (QP), LLC LEGP I AIV 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 VIII PARK STREET CAPITAL PRIVATE EQUITY FUND VIII POMONA CAPITAL VII 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 LEVEL EQUITY OPPORTUNITIES FUND 2015, LP DUNE PARALLEL AIV II, LP LEGP II AIV (NB), LP DENHAM OIL & GAS FUND, LP LEVEL EQUITY GROWTH PARTNERS I, LP CHARLESBANK EQUITY FUND IX, LP COMMONFUND CAPITAL CO-INVESTMENT OPPORTUNITIES II	-2380671,101. 79,858. 835,4739,515. 8,8784,417. 60,2181,8002,7671266,394. 1,988. 11,566921. 2,2957,895. 115,2832,4281448,30515,64618,8651,0519,57948842,228164,63922,674140,6772,0448,039. 31319,257.
LEVEL EQUITY III, AIV MONROE CAPITAL FUND SPECIAL OPPORTUNITIES FUND IV, LP SOUTHERN CROSS LATIN AMERICA PE FUND IV, LP INCOME (LOSS) FROM PARTNERSHIPS	-19,257. -5,043. -2. 156.

ATTACHMENT 2

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

ACCOUNTING FEES 2,719. INVESTMENT FEES 7,043.

PART II - LINE 28 - OTHER DEDUCTIONS 9,762.

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ATTACHMENT 3

99,623.

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

SUPPLIES	12,532.
PURCHASED SERVICES	7,107.
INSURANCE	7,147.
UTILITIES	29,982.
ACCOUNTING FEES	1,360.
OTHER MISCELLANEOUS EXPENSES	41,495.

PART II - LINE 28 - OTHER DEDUCTIONS

ATTACHMENT	4	

SCHEDULE M - LINE 12 OTHER INCOME

CATERING AND EVENT REVENUE

67,985.

LINE 12 - OTHER INCOME

67,985.

ATTACHMENT 5

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

RENT EXPENSE	3,392.
ACCOUNTING FEES	1,360.
OTHER MISCELLANEOUS EXPENSES	1,348.

PART II - LINE 28 - OTHER DEDUCTIONS 6,100.

ATTACHMENT ϵ	IMENT. 6	. 6
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RENTAL

SCHEDULE M - LINE 7 SCHEDULE E UNRELATED DEBT-FINANCED INCOME

1. DESCRIPTION OF DEBT-FINANCED	PROPERTY		INCOME FROM BLE TO DEBT- PROPERTY	3. DEDUCTIONS DIRECTL OR ALLOCABLE TO DEBT- (A) STRAIGHT LINE DEPR	FINANCED PROPERTY
DEER ZINK PAVILION & SUTPHIN	FOUNTAIN RO	19	93,841.	240,744.	96,860.
4. AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	5. AVERAGE ADJUS OF OR ALLOCABLE FINANCED PROPERT	TO DEBT-	6. COLUMN 4 DIVIDED BY COLUMN 5	REPORTABLE (COLUMN	8. ALLOCABLE DEDUCTIONS (COLUMN 6 × TOTAL OF COLUMNS 3(A) AND 3(B))
78,842,904.	93,198,2	262.	.84597	163,984.	285,603.
				ENTER HERE AND ON PAGE 1, PART I, LINE 7, COLUMN (A)	ENTER HERE AND ON PAGE 1, PART I, LINE 7, COLUMN (B)
TOTALS	EDUCTIONS INCLUD	ED IN COLUM		163,984.	285,603.

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ATTACHMENT 7

SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

RENT EXPENSE 9,670.
ACCOUNTING FEES 1,360.
OTHER MISCELLANEOUS EXPENSES 3,845.

PART II - LINE 28 - OTHER DEDUCTIONS 14,875.

SCHEDULE D (Form 1120)

INDIANAPOLIS MUSEUM OF ART, INC.

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

Department of the Treasury Internal Revenue Service Name

Employer identification number 35-0867955

Part	I Short-Term Capital Gains and Losses	(See instructions	5.)			
	See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part I, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	column (g)	۷,	the result with column (g)
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					
2	Totals for all transactions reported on Form(s) 8949 with Box B checked					
3	Totals for all transactions reported on Form(s) 8949 with Box C checked					-1,277.
4	Short-term capital gain from installment sales from l	Form 6252, line 26 or 3	37		4	
5	Short-term capital gain or (loss) from like-kind excha	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	()
7	Net short-term capital gain or (loss). Combine lines	1a through 6 in column	h		7	-1,277.
Part						
	See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to	(d) Proceeds	(e) Cost	(g) Adjustments to or loss from Form 8949, Part II, line	(s)	(h) Gain or (loss) Subtract column (e) from column (d) and combine
	whole dollars.	(sales price)	(or other basis)	column (g)		the result with column (g)
	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked					
9	Totals for all transactions reported on Form(s) 8949 with Box E checked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked					60,742.
11	Enter gain from Form 4797, line 7 or 9				11	8,831.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 3	7		12	
13	Long-term capital gain or (loss) from like-kind exchar	nges from Form 8824			13	
14	Capital gain distributions (see instructions)				14	
15	Net long-term capital gain or (loss). Combine lines 8	sa through 14 in columr	nh		15	69,573.
Part	Summary of Parts I and II					
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capit	al loss (line 15)		16	
17	Net capital gain. Enter excess of net long-term capi	tal gain (line 15) over n	net short-term capital lo	ss (line 7)	17	68,296.
18	Add lines 16 and 17. Enter here and on Form 1120 Note: If losses exceed gains, see Capital losses in the	· -	proper line on other ret	turns.	18	68,296.

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

Schedule D (Form 1120) 2018

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.

Attachment Sequence No.

INDIANAPOLIS MUSEUM OF ART, INC.

Social security number or taxpayer identification number

35-0867955

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

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). 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 Not	e above)
		(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS	
ſ	X	(C) Short-term transactions not reported to you on Form 1099-B	

(a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis. See the Note below	If you enter an a enter a co	any, to gain or loss. amount in column (g), de in column (f). arrate instructions.	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
AMBERBROOK VI, LLC							19.
BAUPOST VALUE PARTNERS, LP IV							-1,481.
CF CAPITAL COINVEST OPP II, LP							-104.
CF CAPITAL VENTURE							55.
FR XI-E ONSHORE AIV, LP							190.
PARK STREET C.P.E.F. VII							7.
PARK STREET C.P.E.F. VIII							3.
SPECIAL OPPORTUNITIES FUND IV							35.
THE VARDE FUND X(B) (FEEDER)							-1.
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab	here and incis checked), line	lude on your e 2 (if Box B					-1,277.

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

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

Form **8949** (2018)

Form 8949 (2018) 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 generally long-term (see instructions). For short-term transactions, see page 1.

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

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

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

1 (a) Description of property	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis. See the Note below and see <i>Column</i> (e) in the separate instructions	Adjustment, if a If you enter an a enter a co See the sepa	(h) Gain or (loss). Subtract column (e) Ifrom column (d) and	
(Example: 100 sh. XYZ Co.)					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
AMBERBROOK VI, LLC							1,210.
BAUPOST VALUE PARTNERS, LP IV							6,652.
CHARLESBANK EQUITY FUND VII,LP							9,551.
CF CAPITAL COINVEST OPP II, LP							11,841.
CF CAPITAL NTL RESOURCES V, LP							17.
CF CAPITAL VENTURE							7,286.
FR XI-E ONSHORE AIV, LP							-400.
METRO REAL ESTATE PTNS V							523.
PARK STREET C.P.E.F. VII							-754.
PARK STREET C.P.E.F. VIII							10,248.
POMONA CAPITAL VII							14,596.
SPECIAL OPPORTUNITIES FUND IV							-504.
TIFF REAL ESTATE PARNTERS II							-154.
THE VARDE FUND X(B) (FEEDER)							630.
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 above by the booked Box D above by the box D abov	here and incluis checked), line F above is che	ude on your • 9 (if Box E ecked) ▶					60,742.

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** (2018)

Form **4797**

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

OMB No. 1545-0184

Sequence No. 27

Department of the Treasury Internal Revenue Service

► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

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

1 Enter the gross proceeds from sales or exchanges reported to you for 2018 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20. See instructions

	substitute statement) that you are i						1	
Pa	Then Convolter on The						From	Other
	Than Casualty or The	rt - Most Prop	erty Held Mo	ore Than 1 Year	ì	T .		
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 oth basis, plus improvements expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
A	TTACHMENT 1							8,831.
3	Gain, if any, from Form 4684, line	39					3	
4	Section 1231 gain from installmen	nt sales from Form	n 6252, line 26 o	37			4	
5	Section 1231 gain or (loss) from li	ike-kind exchanges	from Form 882	1			5	
6	Gain, if any, from line 32, from oth	ner than casualty or	theft				6	
7	Combine lines 2 through 6. Enter	the gain or (loss)	here and on the	appropriate line as fo	ollows		7	8,831
	Partnerships and S corporations. line 10, or Form 1120S, Schedule I		` ,	•	s for Form 1065, S	schedule K,		
	Individuals, partners, S corporation on line 11 below and skip losses, or they were recaptured in Schedule D filed with your return a	lines 8 and 9. If li n an earlier year,	ine 7 is a gain enter the gain	and you didn't have from line 7 as a l	e any prior year se	ction 1231		
8	Nonrecaptured net section 1231 ld	osses from prior ye	ars. See instruct	ions			8	
9	Subtract line 8 from line 7. If zero	or less, enter -0 If	line 9 is zero. e	enter the gain from I	ine 7 on line 12 be	low. If line		
Ĭ	9 is more than zero, enter the am			-				
	capital gain on the Schedule D file	d with your return.	See instructions	3			9	
Pa	rt II Ordinary Gains and L	osses (see ins	structions)					
10	Ordinary gains and losses not incl	uded on lines 11 t	through 16 (incl	ude property held 1 y	ear or less):			
11	Loss, if any, from line 7					1	11 (
12	Gain, if any, from line 7 or amount	t from line 8, if appl	icable			7	12	
3	Gain, if any, from line 31					7	13	
14	Net gain or (loss) from Form 4684	, lines 31 and 38a				7	14	
15	Ordinary gain from installment sal						15	
16	Ordinary gain or (loss) from like-ki	nd exchanges from	Form 8824			7	16	
17	Combine lines 10 through 16						17	
18	For all except individual returns, er							
	and b below. For individual returns			-11 -1	,	, ,,,,		
а	If the loss on line 11 includes a los	ss from Form 4684	, line 35, colum	ın (b)(ii), enter that ı	part of the loss here	e. Enter the		
	loss from income-producing prope							
	an employee.) Identify as from "For						8a	
	Redetermine the gain or (loss) on line	17 excluding the loss	s, if any, on line 1	8a. Enter here and on	Schedule 1 (Form 10	40), line 14 1	8b	

For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2018)

35-0867955 Form 4797 (2018) Page 2

Pa	rt III Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252, 12	254, and 1255	
19	(a) Description of section 1245, 1250, 1252, 1254,	or 12	55 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo.,
Α			,		(IIIo., day, yr.)	day, yr.)
	,					
	These columns relate to the properties on lines 19A through 19D		Property A	Property B	Property C	Property D
	Gross sales price (Note: See line 1 before completing.)	20				
	Cost or other basis plus expense of sale	21				
	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	If section 1245 property:					
а	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a.	25b				
26	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions .	26a				
b	Applicable percentage multiplied by the smaller of					
	line 24 or line 26a. See instructions	26b				
С	Subtract line 26a from line 24. If residential rental property					
	or line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976.	26d				
е	Enter the smaller of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
а	Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage. See instructions	27b				
c	Enter the smaller of line 24 or 27b	27c				
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b	Enter the smaller of line 24 or 28a	28b				
	If section 1255 property:					
а	Applicable percentage of payments excluded from					
	income under section 126. See instructions	29a				
b	Enter the smaller of line 24 or 29a. See instructions	29b				
Sur	mmary of Part III Gains. Complete propert	ty co	olumns A through	D through line 29	b before going to li	ne 30.
30	Total gains for all properties. Add property columns A	A thro	ouah D. line 24			
	Add property columns A through D, lines 25b, 26g, 2					
	Subtract line 31 from line 30. Enter the portion from					
	other than casualty or theft on Form 4797, line 6		•	·		
Par	Recapture Amounts Under Section (see instructions)	ıs 1	79 and 280F(b)(2)	When Business	Use Drops to 50%	or Less
					(a) Section	(b) Section
					179	280F(b)(2)
33	Section 179 expense deduction or depreciation allow	/able	in prior years			
	Recomputed depreciation. See instructions					
	Recapture amount. Subtract line 34 from line 33. Se					
						- 4707 (22.12)

Form **4797** (2018)

	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable	Basis	for entire year
FLAG AVP VII	VAR	VAR	2.			2.
AMBERBROOK IV, LLC	VAR	VAR	4.			4.
AMBERBROOK VI, LLC	VAR	VAR	928.			928.
BAUPOST VALUE PTNS	VAR	VAR			6,274.	-6,274.
CHARLESBANK EQ. IX	VAR	VAR			589.	-589.
CHARLESBANK EQ. VII	VAR	VAR			742.	-742.
CHARLESBANK EQ. VIII	VAR	VAR			68.	-68.
CF CAP COINVST OP II	VAR	VAR			12.	-12.
CROW HLDNGS IV-A LP	VAR	VAR	50.			50.
CROW HLDNGS IV-A LP	VAR	VAR			198.	-198.
DENHAM OIL AND GAS	VAR	VAR			3,232.	-3,232.
DUNE PARALLEL AIV II	VAR	VAR	186.			186.
DUNE R.E.P. FUND II	VAR	VAR			680.	-680.
FR XI	VAR	VAR	8,027.			8,027.
HIGHFIELDS CAPITAL	VAR	VAR	12,715.			12,715.
METRO R.E.P. INTL II	VAR	VAR	2,234.			2,234.
METRO R.E.P. IV-B	VAR	VAR			122.	-122.
METRO R.E.P. V	VAR	VAR			9,018.	-9,018.
PARK ST NFR III AIV	VAR	VAR	27.			27.
PARK ST C.P.E.F. VII	VAR	VAR	275.			275.
PARK ST C.P.E.F VIII	VAR	VAR	5,163.			5,163.
THE VARDE FUND X(B)	VAR	VAR	100.			100.
WAYZATA O.F.O. II	VAR	VAR	55.			55.
Totals						8,831.

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No. 1545-0172

Attachment Sequence No. **179**

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

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

Identifying number

35-0867955 INDIANAPOLIS MUSEUM OF ART, INC. Business or activity to which this form relates RETAIL SHOP **Election To Expense Certain Property Under Section 179** Part I Note: If you have any listed property, complete Part V before you complete Part I. Maximum amount (see instructions) Total cost of section 179 property placed in service (see instructions) 2 Threshold cost of section 179 property before reduction in limitation (see instructions) 3 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 6 (a) Description of property Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 10 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions 11 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 57,868 17 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (g) Depreciation deduction (a) Classification of property (business/investment use (e) Convention (f) Method placed in only - see instructions) service 19a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property 25 yrs. S/L 27.5 yrs. MMS/L h Residential rental S/L 27.5 yrs. MM property 39 yrs. MMS/L i Nonresidential real ММ property Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life **b** 12-year 12 yrs. S/I **c** 30-year 30 yrs. MMS/L MM d 40-year 40 yrs. S/I Part IV Summary (See instructions.)

Listed property. Enter amount from line 28

here and on the appropriate lines of your return. Partnerships and S corporations - see instructions

For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

57,868

35-0867955 Form 4562 (2018) Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) **24a** Do you have evidence to support the business/investment use claimed? Yes | X | No | 24b | If "Yes," is the evidence written? Yes | X No (e) (b) (i) (h) Business/ Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 investment use (business/investment vehicles first) in service Convention deduction cost percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions Property used more than 50% in a qualified business use: %

Section B - Information on Use of Vehicles

% %

%

Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1.

Add amounts in column (i), line 26. Enter here and on line 7, page 1

S/L -

S/L -

S/L -

29

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

		,,			- р т. от.		9						
30	Total business/investment miles driven during the year (don't include commuting miles)		a) icle 1		b) icle 2		c) icle 3		d) icle 4		e) icle 5		f) icle 6
31	Total commuting miles driven during the year												
32	Total other personal (noncommuting) miles driven												
33	Total miles driven during the year. Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

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

Part VI Amortization

	(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortiz period percen	ation d or	(f) Amortization for this year
42	Amortization of costs that begins dur	ing your 2018 tax	year (see instructions):				
43	Amortization of costs that began before	ore your 2018 tax	year			43	
44	Total. Add amounts in column (f). So	ee the instructions	for where to report			44	

Form **4562** (2018)

JSA

Property used 50% or less in a qualified business use:

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: 35-0867955

Year-End: 06/30/2019

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

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

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

Taxpayer Address: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208

Taxpayer ID Number: 35-0867955

Year-End: 06/30/2019

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: 6/30/2019

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: 6

AMBERBROOK VI, LP EIN: 90-0806597

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 387

BAUPOST VALUE PARTNERS, L.P.-IV EIN: 26-2208448 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 4,784

FLAG VENTURE PARTNERS VII, LP EIN: 26-2874862 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 63

FIRST RESERVE FUND XI, LP EIN: 20-5069838

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 73,068

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

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 9,040

PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP EIN: 20-3362394 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 21,366

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

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 2,983

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

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 64,738

THE VARDE FUND X (B) (FEEDER), L.P. EIN: 27-1015088 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 619

Form **8868**

(Rev. January 2019)

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.

► Go to www.irs.gov/Form8868 for the latest information.

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/e-file-providers/e-file-for-charities-and-non-profits.

Automati	c 6-Month Extension of Time. Only subm	it original	(no copies needed).				
	tions required to file an income tax return other		• • • • • • • • • • • • • • • • • • • •	0-C filers) partnerships	RF	MICs	and trusts
•	form 7004 to request an extension of time to f		,	o o meraj, parmerampa,	116	iviiO3,	and trasts
made add i	om root to request an extension of time to r		tax rotarrio.	Enter filer's identifyin	a nu	mber.	see instructions
-	Name of exempt organization or other filer, see in	structions.		Employer identification nu	_		
Type or				Limpley of Taominioanon ne		// (LIIV)	, 0.
print	INDIANAPOLIS MUSEUM OF ART, IN	VC.		35-086795	5		
File by the	Number, street, and room or suite no. If a P.O. bo		ctions	Social security number (S	CNI)		
due date for	4000 MICHIGAN ROAD	7., 000 II.ou u	0.101.01	Social security number (S	OIV)		
filing your return. See	City, town or post office, state, and ZIP code. For	a foreign ad	Idress see instructions				
instructions.	INDIANAPOLIS, IN 46208	a roroigir ad	idioco, oco mondonorio.				
	<u> </u>						0 7
Enter the F	Return Code for the return that this application	is for (file	a separate application for	or each return)	• •		
Application	1	Return	Application				Return
Is For		Code	Is For				Code
Form 990 (or Form 990-EZ	01	Form 990-T (corporat	tion)			07
Form 990-l	BL	02	Form 1041-A				08
Form 4720	(individual)	03	Form 4720 (other tha	ın individual)			09
Form 990-F	PF	04	Form 5227	,			10
Form 990-	T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 990-	T (trust other than above)	06	Form 8870				12
 If the org If this is for the who a list with the for the for the X 		business ir ur digit Grof it is for paion is for. Intil for the org	oup Exemption Number art of the group, check to be a compared by the group, check to be a compared by the group of the group. 05/15 20	this box▶ 20 , to file the exempt 06/30 ,	org	If tand a	this is uttach ution return
	tax year entered in line 1 is for less than 12 m Change in accounting period application is for Forms 990-BL, 990-PF, 9				n 		
	fundable credits. See instructions.	, <u>-</u> .	-, -: -:, -	in in its in its arrangement of the interest o	3a	\$	0.
	s application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	efundable credits and		Ť	
estim	ated tax payments made. Include any prior yea	r overpayn	nent allowed as a credit	t.	3b	\$	0.
	ce due. Subtract line 3b from line 3a. Include						
	tronic Federal Tax Payment System). See instru			-	3с	\$	0.
Caution: If y	ou are going to make an electronic funds withdrawa	l (direct deb	it) with this Form 8868, se	ee Form 8453-EO and Form			
instructions.	-	•	·				
For Privacy	Act and Paperwork Reduction Act Notice, see instr	ructions.			Forr	n 886	8 (Rev. 1-2019)

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 01/01/2018, and ending 12/31/2018

Attachment

	iai rtovon	140 001 1100	DC	girining o	T/ UT/	2010		, and chair	<u> 19</u>	LZ/ JI/	2010			Sequen	ce inc). 110
Name	of perso	on filing this	return					Fil	ler's	identific	ation numb	er				
IND	IANA:	POLIS 1	MUSEUM OF AR	RT, INC.	•					35	-08679	55				
Filer's	addres	s (if you are	en't filing this form with	your tax retu	rn)	A Cate	gory	of filer (see Cate	tegorie	es of Filers	in the instr	uctions	and check	applicable b	ox(es))):
						1		2		3	X	4				
						B Filer's	s tax	year beginning		07/01	/2018	, a	nd ending	06/3	0/2	2019
С	Filer's	share of lia	abilities: Nonrecours	e \$		Qualifie	d no	nrecourse fin	ancin	ng \$			Other \$			
D	If filer i	s a memb	er of a consolidated	d group but	not the	parent, e	enter	the following	infor	mation a	bout the pa	rent:				
	Name							EIN	N							
	Addres															
		•	epted specified fore			•	rted	on this form. S	See ir	nstruction	NS				• •	
<u>F</u>	Informa	ation abou	t certain other partr	ners (see ins	struction	is)			1			_				
		(1) Na	me			(2) Address			(3)	Identifica	ition number			eck applicabl		(es) Constructive
												Cai	tegory 1	Category	2	owner
															+	
															-	
G1	Name a	and addres	ss of foreign partner	shin								2(a)	EIN (if a	nv)		
			IVATE CAPITA	'	III.	LP							98-104			
			E, HUTCHINS		•		683	1				-		e ID number	(see	instructions)
			GRAND CAYMAN									` ′			`	,
CJ,	KY1	-1111										3 Cc	ountry un	der whose	laws	organized
													CJ			
	Date of		5 Principal place			business		7 Princip		siness	8a Fund	tional	currency	8b Exch		
	organiz	ation	business	a	ictivity o	ode numb	oer	activity INVEST		NT	US	DOLL	AR	(see	ınstr	uctions)
	10/05	/2012	CJ		5239	900										
Н	Provide	the follow	ving information for	r the foreigi	n partne	rship's tax	yea	r:								
		-	and identification no	umber of ag	ent (if a	ny) in the		2 Check	if the	e foreign	partnership	o must	file:	_		
	United	States						F	orm	1042	Fo	rm 880)4	X Form 1	065	
										ter where	Form 1065 is	s filed:				
								OGD:								
			ss of foreign partne		nt in cou	intry of								ooks and rec nd records, if		
			<mark>)y</mark> PANY (CAYMAN) LIM CHINS DRIVE, P.O.					STATE STREE	ÎT FU	IND ŠERV	ICES (HON	G KONG) LTD.			
GEOR	GE TOWN	N, GRAND		DON 2001				CENTRAL, HO								
CJ,	KY1-111							HK								
5			ear, did the foreign ection 267A? See in				any i	nterest or roy	alty fo	or which	the deducti	on is n	ot	Yes		X No
			he total amount of t											\$		21 140
6		•	ip a section 721(c)						nne e	ection 1	721(c)-1T(b	1/1412		Yes		X No
7		•	al allocations made				•	, ,			21(0) 11(0	,,(1 -1) .		Yes		X No
8	Enter	the numb	er of Forms 8858,	Information	Return	of U.S. Pe	erson	s With Respe	ect to	Foreign I	Disregarded	d Entitie	es	103		110
			eign Branches (FBs)					•					▶			
9	How is	s this part	nership classified u	inder the la	w of the	e country ir	n wh	ich it's organiz	zed?		► EXEMPTI	ED LIM	ITED PAR	TNERSHIP		
10a			e an interest in the fo													
			1503(d)-1(b)(4) or part	• .	• •				_	•	•			Yes		X No
			separate unit or comb				nsolic	dated loss, as de	efined	in Reg. 1.	.1503(d)-1(b)	(5)(ii)?	▶	Yes		No
11	Does 1. The	this partne partners	ership meet both of hip's total receipts f	the following the tax y	ng requi /ear wer	rements? e less thar	n \$2	50,000.)					
	2. The	e value of s." don't co	hip's total receipts f the partnership's to omplete Schedules	otal assets a L. M-1. and	at the e	nd of the ta	ax ye	ear was less th	nan \$	1 million.	}		▶	Yes		X No
Sign H	lere Only	Under ner	nalties of perjury, I den	clare that I h	ave evan	nined this re	eturn,	including accor	mpany	ying sched	lules and sta	tements	, and to the	e best of my	knowl	edge
This Fo		informatio	n of which preparer ha	as any knowle	edge.	ion oi biebe	uiei (oniei man gene	nai pa		mou nability	υσπραΠ	y member)	is pastu UII	all	
Not W	ately and ith Your	0:22	ature of general partne	or or limited !	ability ac	mnony ma	aha-				Date					
Tax Re				er or illilited II	ability CO	. ,		4					Ch a al	;¢ DT''		
Paic	i	rimt/Type	preparer's name			Preparer's s	signa	iture			Date		Check self-emp	if PTIN	N	
-	oarer	Firm's se-	ne •										· ·			
Use	Only	Firm's nam	roce b										Firm's E			

Sc	nedul	e A	Constructive Owned box b, enter the natinterest you constru	ership o me, ado octively o	f Partnership I r Iress, and U.S. t wn. See instruct	nterest. Chec axpayer iden ions.	k the tificat	boxes the	at apply er (if any	to the	e filer. If y he person	ou check (s) whose
			a X Owns a direct	interest		b O	wns a d	constructive	interest		Check if	Check if
			Name		Add	Iress	'	dentification	number (ii	r any)	foreign person	direct partner
S &	hodul	e A-1	Certain Partners of	Foreign	Partnershin (se	a instructions	.)					
OC.	ledu	C A-I	OCTAINT AITHORS OF	roreign	Turtier Sinp (Se	e mondonomo	' '					Check if
			Name		Add	Iress		Identif	ication nun	nber (if	any)	foreign person
		e A-2	Foreign Partners of	f Sectio				ns)				
Na	me of partn	foreign er	Address		Country of organization	U.S. taxpa	yer number	Check if I			Percentage in	
	F 4				(if any)	(if any)		0.0	10.0.0	Ca	pital %	Profits %
											%	
Doe	s the	partne	rship have any other for	eign pers	on as a direct partr	ner?					Yes	No
		e A-3	Affiliation Schedule								partnersh	ip owns a
			direct interest or inc	lirectly o	wns a 10% inter	est.		-,				
			Name		Address			EIN	۸		tal ordinary	Check if foreign
			Traine		7.100.000			(if any	')	inc	come or loss	partnership
Sc.	nedul	Λ B	Income Statement	- Trade	or Rusiness Inc	nme						
			only trade or business				1 22 b	elow. See t	he instruc	tions	for more inf	ormation.
			receipts or sales		·	1a						
			eturns and allowances			1b	1c					
	2		of goods sold						2			
me	3		profit. Subtract line 2 fr						3			
Income	4		nary income (loss) from other partnerships, estates, and trusts (attach statement). $"$									
=	5			(loss) (attach Schedule F (Form 1040))								
	6	•	in (loss) from Form 479	•		,			6			
	7 8		income (loss) (attach sta ncome (loss). Combine						8			
	9		es and wages (other that						9			
Deductions (see instructions for limitations)	10		nteed payments to partr	-		•			10			
nitat	11		rs and maintenance						11			
for	12		ebts						12			
ons	13	Rent							13			
ructi	14		and licenses						14			
inst	15		st (see instructions)						15			
ees)			ciation (if required, attac						16c			
ns	17		lepreciation reported els ion (Don't deduct oil an						17			
;;	18		ment plans, etc.						18			
ä	19		yee benefit programs						19			
Ď	20		deductions (attach state						20			
	21	Total o	deductions. Add the amo	unts show	n in the far right col	umn for lines 9 tl	hrough	20	21			
	22		ry business income (loss)						22			
ัั	23		t due under the look-back			•			23			
and Payment	24		st due under the look-ba			•		,	24			
ay	25 26		AR imputed underpaym						25 26			
Ā	27		taxes (see instructions) balance due. Add lines						27			
an	28		ent (see instructions)						28			
Тах	29		nt owed. If line 28 is sm						29			
_	30		ayment. If line 28 is larg						30			

Form **8865** (2018)

8X1911 1.000

Form 8865 (2018) 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	
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
(SS	5	Interest income.	5
Income (Loss)	6	Dividends and dividend equivalents: a Ordinary dividends	6a
=	Ū	b Qualified dividends . 6b	- Ou
Ĕ		c Dividend equivalents 6c	
2	7	Royalties	7
<u>-</u>	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	
	C	Unrecaptured section 1250 gain (attach statement) 9c	10
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
Su	12	Section 179 deduction (attach Form 4562)	12
Deductions	13 a		13a
<u>3</u>	b	Investment interest expense	13b
eq	С	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	d	Other deductions (see instructions) Type ▶	13d
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a
Self plor	b	Gross farming or fishing income	14b
" Бг	С	Gross nonfarm income	14c
	15 a	Low-income housing credit (section 42(j)(5))	
	b	Low-income housing credit (other)	15b
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
ē	d	Other rental real estate credits (see instructions) Type >	15d
ပ	е	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
	16a	Name of country or U.S. possession ▶	
	b	Gross income from all sources.	16b
	C	Gross income sourced at partner level	
ટ	Ū	Foreign gross income sourced at partnership level	
ctions	Ч	Section 951A category ► e Foreign branch category ►	160
		Passive category ► g General category ► h Other (attach statement) ►	16h
US	'	Deductions allocated and apportioned at partner level	1011
<u>a</u>	i	Interest expense ▶ j Other	16i
_	'	Deductions allocated and apportioned at partnership level to foreign source income	16)
<u>ji</u>	1.	· · · · · · · · · · · · · · · · · · ·	461
Foreign Transa	k		161
ш			160
	p	Total foreign taxes (check one): Paid Accrued Accrued Paid Accrued	16p
	q	Reduction in taxes available for credit (attach statement)	16q
	r	Other foreign tax information (attach statement)	47.
e X v		Post-1986 depreciation adjustment.	17a
ti Em		Adjusted gain or loss	17b
un' Un'	C	• • •	17c
ter MT	d		17d
Alternative Minimum Tax (AMT) Items	е	· · · · · · · · · · · · · · · · · · ·	17e
	f	Other AMT items (attach statement)	17f
Ĕ	18 a	Tax-exempt interest income	18a
ţi	b	Other tax-exempt income	18b
E	С	Nondeductible expenses	18c
وّ	19a	Distributions of cash and marketable securities	19a
Other Information	b	Distributions of other property	19b
ē	20 a	Investment income	20a
된	b	Investment expenses	20b
U		Other items and amounts (attach statement)	

Page 4 Form 8865 (2018)

Schedule L Balance Sheets pe	r Books. (Not required	if Item H11, page 1, is	s answered "Yes.")	1 age 4
	Beginning	of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statemen	t)			
7a Loans to partners (or persons related	0			
partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9 a Buildings and other depreciable assets	3			
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 ye	ar			
17 Other current liabilities (attach statemen	t)			
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partner	s)			
b Mortgages, notes, bonds payable in 1 year or mor	e			
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Page 5 Form 8865 (2018)

Sch	nedule M Balance Sheets	for Interest Allocation		
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а				
Sch	nedule M-1 Reconciliation of	Income (Loss) per Books Wit	h Income (Loss) per Re	turn. (Not required if Item
	H11, page 1, is ans	wered "Yes.")	, , ,	
		6 Inc	ome recorded on books this	
1	Net income (loss) per books		year not included on Schedule K,	
2	Income included on Schedule K,		s 1 through 11 (itemize):	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		κ-exempt interest \$	
	and 11 not recorded on books	a 1 a	k-exempt interest φ	
_	this tax year (itemize): \$		ductions included on Schedule	
3	Guaranteed payments (other		ines 1 through 13d, and 16p not	
	than health insurance)		rged against book income this	
4	Expenses recorded on books		year (itemize):	
	this tax year not included on	a De	preciation \$	
	Schedule K, lines 1 through			
	13d, and 16p (itemize):	<u> </u>		
	Depreciation \$			
b	Travel and entertainment \$	8 Add	d lines 6 and 7	
			ome (loss). Subtract line 8	
5	Add lines 1 through 4		m line 5	
Sch	nedule M-2 Analysis of Partr	ers' Capital Accounts. (Not requir	ed if Item H11, page 1, is ar	nswered "Yes.")
1	Balance at beginning of tax year	6 Dis	tributions: a Cash	
2	Capital contributed:		b Property	
	a Cash	7 Oth	ner decreases (itemize): \$	
	b Property			
3	Net income (loss) per books			
4	Other increases (itemize): \$			
		8 Add	d lines 6 and 7	
			ance at end of tax year.	
5	Add lines 1 through 4		otract line 8 from line 5	

Form 8865 (2018) Page 6

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

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

trar	nsaction that occurred between the	e toreign partnership and	the persons listed in colu	imns (a) through (d).	
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
_	(patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
Ť	7.tad iii.ee T tiii.eagii e				
10	Purchases of inventory				
11	Purchases of tangible property				
	other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
	Commissions paid				
	Rents, royalties, and license fees paid				
	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance				
	during the tax year). See				
_	instructions				F 006E (62.12)
					Form 8865 (2018)

SCHEDULE 0 (Form 8865)

(Rev. December 2018)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Name of transplant MUSEUM OF ART, INC. Sar-Green pathwership ARXOM ASTA REVIATE CAPITAL PUND III, LP 33-0867955 1a. Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-11(b)(14))? See instructions. 1.721(c)-11(b)(14))? See instructions. b If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of 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 1.462-7(c)(17). Yes X No Was any intangle 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 1.462-7(c)(17). Yes X No Part Transfers Reportable Under Section 60388 Type of property Dies of Description of Fair mandard value being the transfer or at any time thereof the transfer or at any time thereof the transfer or at any time thereof the transfer or at any time the results of transfer transfer or controlled and property and transfer or controlled and property transferred to the transfer or at any time the results of transfer or at any time the results of transfer or at any time the results of the transfer or at any time the results of the transfer or at any time the results of the transfer or at any time the results of the transfer or at any time the results of the transfer or at any time the results of the transfer or at any time the results of the results of the transfer or at any time the results of the resul	Department of the Treasury Internal Revenue Service			irs.gov/Form886							
Name of foreign partnership. ARXIOM_ASIA_PRIVATE_CAPITAL FUND_III_, LP 98-1044657 1a is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-117(b)(14))? See instructions	Name of transferor							Filer's ident	ifying number		
AXION ASIA PRIVATE CADITAL FUND III. LD 98-1044657 1a Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-11(b)(14))? See instructions	INDIANAPOLIS	MUSEUM OF	ART, INC					35-086	7955		
Tax Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-117(b)(14)? See instructions 2. Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time threadership a plantom contribution as defined in Regulations section 1.482-7(c)(17) 7. Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time threaders, a plantom contribution as defined in Regulations section 1.482-7(c)(17) 7. Was IN No 2. Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time threaders, a plantom contribution as defined in Regulations section 1.482-7(c)(17) 7. Was IN No 2. Was any intangible property and section 60388 7. Part III Dispositions Reportable Under Section 60388 1. Part III Disposition	Name of foreign partners	hip			EIN (if any)		Reference I	D number (see ins	tructions)	
1.721(c)-17(b)(14)? See instructions.	AXIOM ASIA PR	IVATE CAP	ITAL FUND	III, LP	98-1	044657					
Transfers Reportable Under Section 6038B Type of property Queen of property Cash VAM. 226,000. Cash VAM. 226,000. Cash Cas	1.721(c)-1T(l b If "Yes," was the	b)(14))? See i he gain deferra	nstructions	ed to avoid the re	cognition o	f gain upon the	e contribution	on of proper			H
Type of property Date of transfer Description D	time thereaft	er, a platform	contribution	as defined in Re	egulations	section 1.48	32-7(c)(1)?			Yes	X No
Type of property Cash									,		
Stock, notes receivable and payable, and other securities Inventory Tangible property Tangible property Intangible property Intang	Type of property	Date of	Description of	f Fair market		Cost or other	Reco		Section 704(c)		recognized
Part II Dispositions Reportable Under Section 6038B Part II Dispositions Reportable Under Section 6038B (a) Charles Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (b) Charles Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part III Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part III Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part III Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part III Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part III Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions): Part III Dispositions Reportable Under Section 6038B (c) Charles Information Required To Be Reported (see instructions):	Cash	VAR		238	,000.						
Tangible property used in trade or business Intangible property described in section 197(f)(9) Intangible property, described in section 197(f)(9) Other property described in section 197(f)(9) Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (a) (b) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	receivable and payable, and other										
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 described in section 197(f)(9) Other property described in section 197(f)(9) Other Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (a) (b) (c) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f	Inventory										
Intangible property, other than intangible property, other than intangible property described in section 197(f)(9)	property used in trade										
Other property Other property Totals 3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (a)	property described in										
Totals 3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer .168 % (b) After the transfer .167 % Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (a) (b) (c) (d) (e) (g) (a) (p) (a) (b) (a) (b) (b) (c) (b) (c) (d) (d) (e) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	other than intangible property described										
3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer . 168 % (b) After the transfer . 167 % Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (a) (b) (c) (d) (e) Depreciation recapture property original transfer disposition disposition disposition disposition disposition under section 904(f)(3) or Depart III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or											
3 Enter the transferor's percentage interest in the partnership: (a) Before the transfer . 168 % (b) After the transfer . 167 % Supplemental Information Required To Be Reported (see instructions): Part II Dispositions Reportable Under Section 6038B (a) (b) (c) (d) (e) Depreciation recapture property original transfer disposition disposition disposition disposition disposition under section 904(f)(3) or Depart III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or	Totals										
(a) Type of property Date of original transfer disposition Date of disposition Date of disposition Date of Date of disposition Precapture recognized by partnership Part III Date of Date							fer	.168 %	(b) After the tran	sfer	.167 %
(a) Type of property Date of original transfer disposition Date of disposition Date of disposition Date of property Date of disposition Depreciation recapture recognized by partnership recognized by partnership Depreciation recapture allocated to partner to partner Date of Date	Part II Disposi	tions Report	able Under S	ection 6038B							
	(a) Type of	(b) Date of	(c) Date of	(d) Manner of		recognized	Depreci recapt recogn	ation ure ized	Gain allocated	recaptu	reciation ire allocated
ACCOUNT ZUPON DE LE LA		•		•	•	•			· · · · · · · · · · · · · · · · · · ·	Ves	X No

Form **8865**

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.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2018 , and ending 12/31/2018

Attachment Sequence No. 118

Name of pers	son filing this	return		Filer's identification number									
INDIANA	POLIS N	MUSEUM OF AR	T, INC.				35	-086795	5				
Filer's addres	ss (if you are	n't filing this form with	your tax return)	A Category	of filer (see	Catego	ories of Filers	in the instru	ctions and	check app	plicable box(es)):	
				1	2		3	X	4				
				B Filer's tax	x year beginni	ng	07/01	/2018	, and	ending	06/30,	/2019	
		abilities: Nonrecourse	•	Qualified no						ther \$			
	is a membe	er of a consolidated	d group but not th	ne parent, ente			formation a	bout the pare	ent:				
Name						EIN							
E Check		epted specified fore	ian financial acc	ote are reported	on this form		o inetruction						
		t certain other partr			OH HIIS TOH	i. 3et	e instruction	3					
1 111101111	ation about	t dertain diner parti		J. 10)						(4) Check	applicable b	ox(es)	
	(1) Na	me		(2) Address		- 1	(3) Identifica	tion number	Catego		Category 2	Constructive	
												Owner	
G1 Name	and addres	ss of foreign partner	ship						2(a) El	N (if any)			
	_	TAL FUND VI							98	-10913	392		
		H STREET, SU	ITE 200						2(b) Re	eference II	number (se	e instructions)	
DENVER,	CO 80	0202							• • •				
									3 Coun	itry undei	r wnose ia\	ws organized	
4 Date of	f	5 Principal place	of 6 Princip	al business	7 Prince	rinal	business	8a Functi		rency 8	3b Exchan	ne rate	
organiz		business		code number	code number activity				SD	Torroy C		(see instructions)	
02/21/2013						-							
H Provide	e the follow	ving information for	the foreign partr	ership's tax yea	nr:								
		and identification nu	umber of agent (if	any) in the	2 Chec	ck if	the foreign	partnership	must file	:			
C/O RCF MA	States NAGEMENT I	LLC				For	m 1042	Forr	n 8804	X] Form 106	35	
1400 SIXTE	ENTH STREE	ET, SUITE 200			Servi	ice C	enter where	Form 1065 is	iled:				
DENVER, CO						EDEI							
	and addres zation, if an	ss of foreign partne	rship's agent in co	ountry of	4 Name foreign	e and In pai	address of progressing and	person(s) with d the location	of such b	of the book books and i	s and record records, if dif	s of the ferent	
Organiz	zation, ii an	, y			RESOURCE	CAPI	TAL FUND V	/I L.P.					
							·						
					DENVER, C								
		ear, did the foreign ection 267A? See ir		or accrue any	interest or r	oyalt	y for which	the deduction	n is not	. 🕨 Г	Yes	X No	
		ne total amount of t		luctions						\$			
		ip a section 721(c)				ations	s section 1.7	'21(c)-1T(b)	(14)? .	. 🕨 🗌	Yes	X No	
7 Were	any specia	al allocations made	by the foreign par	tnership?						. ▶ [Yes	X No	
8 Enter	the number	er of Forms 8858, I	nformation Retur	n of U.S. Person	ns With Res	pect	to Foreign [Disregarded	Entities				
•	,	eign Branches (FBs)	-							. ▶ _			
9 How i	is this partr	nership classified u	inder the law of t	he country in wl	hich it's orga	nized	d? l	EXEMPTED	LIMITE	D PARTNI	ERSHIP		
		e an interest in the for	•				• .	•	•		٦,,	X	
	•	503(d)-1(b)(4) or part	·		•					• ₹ ⊦	Yes Yes	⊢ NO	
11 Does	this partne	separate unit or combership meet both of	the following regi	irements?)(II) ? •		res	No	
1. Th 2. Th	e partnersh e value of t	nip's total receipts f the partnership's to emplete Schedules l	or the tax year watal assets at the	ere less than \$2 end of the tax y	250,000. ear was less	than	n \$1 million.	}		. ▶ □	Yes	X No	
	Under nen	alties of perjury I ded	clare that I have exa	amined this return	including ac	comp:	anving sched	ules and state	ments ar	nd to the he	est of my kno		
Sign Here Only If You're Filing	and belief,	it is true, correct, and of which preparer ha	d complete. Declar	ation of preparer	other than ge	eneral	partner or lim	ited liability co	mpany m	ember) is l	based on all		
This Form Separately and								—					
Not With Your Tax Return.	Signa	ture of general partne	er or limited liability of	ompany member			_	Date					
Paid Print/Type preparer's name Preparer's signature				ature									
Preparer										elf-employ			
Use Only	Firm's nam									irm's EIN	<u> </u>		
	Firm's addr	<i>c</i> >> ▶							l P	hone no.			

Page **2**

Sc	hedul	e A	constructive Owner box b, enter the na interest you construct.		f Partnership Ir dress, and U.S. to wn. See instruct					to the	e filer. If y he person	you ((s) w	heck hose
			a X Owns a direct	interest	Ado	b O		onstructive		(if any)	Check if foreign person	di	eck if rect rtner
Sc	hedul	le A-1	Certain Partners of	Foreign	Partnership (se	e instructions	3)				, , , , , , , , , , , , , , , , , , ,		
			Name		- `	Iress	,	Identii	fication nu	ımber (if	any)	for	eck if eign rson
Sc	hedul	le A-2	Foreign Partners o	f Sectio		_ • `		ns)					
Na	me of partn	foreign ner	Address		Country of organization (if any)	U.S. taxpa identification r (if any)	yer number		related to ansferor		Percentage in pital %	nterest Profi	
Do	es the	partnei	ship have any other for	eign pers	on as a direct partr	ner?					% Yes		% No
Sc	hedul	le A-3	Affiliation Schedule direct interest or inc				mestic				·		vns a
			Name		Address			EIN (if an			etal ordinary come or loss	for	eign nership
	hedul		Income Statement only trade or business				22 he	low See	the instru	ictions t	for more inf	orma	tion
for limitations)	b 2 3 4 5 6 7	Cost o Gross Ordina Net far Net ga Other i Total i Salarie Guarar Repair Bad de	receipts or sales. eturns and allowances. f goods sold profit. Subtract line 2 fr ry income (loss) from or m profit (loss) (attach so in (loss) from Form 475 income (loss) (attach st income (loss). Combine es and wages (other the inteed payments to partr s and maintenance ebts.	om line 16 ther parti Schedule 07, Part II atement) lines 3 th in to parti lers	c	and trusts (attactorm 4797)	ch state	ement)*	1c 2 3 4 5 6 7 8 9 10 11				
Deductions (see instructions for limita	15 16 a	Taxes Interes Depre	and licenses	ch Form		16a			13 14 15 16c				
Deduction	17 18 19 20 21	Retirer Emplo Other	ion (Don't deduct oil an ment plans, etc. yee benefit programs deductions (attach state deductions. Add the amo	ement)					17 18 19 20 21				
		Interest Interest BBA A Other	dinary business income (loss) from trade or business activities. Subtract line 21 from line 8 erest due under the look-back method - completed long-term contracts (attach Form 8697) erest due under the look-back method - income forecast method (attach Form 8866) A AAR imputed underpayment (see instructions) ere taxes (see instructions)						22 23 24 25 26				
Tax and	27 Total balance 28 Payment (see 29 Amount owe		palance due. Add lines ent (see instructions) nt owed. If line 28 is sm ayment. If line 28 is lare	23 throug	gh 27 n line 27, enter an	nount owed.			27 28 29 30				

Form **8865** (2018)

8X1911 1.000

Form 8865 (2018) 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	
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
(SS	5	Interest income.	5
Income (Loss)	6	Dividends and dividend equivalents: a Ordinary dividends	6a
=	Ū	b Qualified dividends . 6b	- Ou
Ĕ		c Dividend equivalents 6c	
2	7	Royalties	7
<u>-</u>	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	
	C	Unrecaptured section 1250 gain (attach statement) 9c	10
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
Su	12	Section 179 deduction (attach Form 4562)	12
Deductions	13 a		13a
<u>3</u>	b	Investment interest expense	13b
eq	С	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	d	Other deductions (see instructions) Type ▶	13d
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a
Self plor	b	Gross farming or fishing income	14b
" Бг	С	Gross nonfarm income	14c
	15 a	Low-income housing credit (section 42(j)(5))	
"	b	Low-income housing credit (other)	15b
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
ē	d	Other rental real estate credits (see instructions) Type >	15d
ပ	е	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
	16a	Name of country or U.S. possession ▶	
	b	Gross income from all sources.	16b
	C	Gross income sourced at partner level	
ટ	Ū	Foreign gross income sourced at partnership level	
ctions	Ч	Section 951A category ► e Foreign branch category ►	160
		Passive category ► g General category ► h Other (attach statement) ►	16h
US	'	Deductions allocated and apportioned at partner level	1011
<u>a</u>	i	Interest expense ▶ j Other	16i
_	'	Deductions allocated and apportioned at partnership level to foreign source income	16)
<u>ji</u>	1.	· · · · · · · · · · · · · · · · · · ·	461
Foreign Transa	k		161
ш			160
	p	Total foreign taxes (check one): Paid Accrued Accrued Paid Accrued	16p
	q	Reduction in taxes available for credit (attach statement)	16q
	r	Other foreign tax information (attach statement)	47.
e X v		Post-1986 depreciation adjustment.	17a
ti Em		Adjusted gain or loss	17b
un' Un'	C	• • •	17c
ter MT	d		17d
Alternative Minimum Tax (AMT) Items	е	· · · · · · · · · · · · · · · · · · ·	17e
	f	Other AMT items (attach statement)	17f
Ĕ	18 a	Tax-exempt interest income	18a
ţi	b	Other tax-exempt income	18b
E	С	Nondeductible expenses	18c
وّ	19a	Distributions of cash and marketable securities	19a
Other Information	b	Distributions of other property	19b
ē	20 a	Investment income	20a
된	b	Investment expenses	20b
U		Other items and amounts (attach statement)	

Page 4 Form 8865 (2018)

Sch	nedule L Balance Sheets per I	Books. (Not required	if Item H11, page 1, is	answered "Yes.")	
		Beginning	of tax year	End of	tax year
	Assets	(a)	(b)	(c)	(d)
1	Cash				
2a					
b	Less allowance for bad debts				
3	Inventories				
4	U.S. government obligations				
5	Tax-exempt securities				
6	Other current assets (attach statement)				
_	Loans to partners (or persons related to				
	partners)				
h	Mortgage and real estate loans				
8	Other investments (attach statement)				
9 a	Buildings and other depreciable assets				
	Less accumulated depreciation				
	Depletable assets				
	Less accumulated depletion				
11	Land (net of any amortization)				
	Intangible assets (amortizable only)				
	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				
	Loans from partners (or persons related to partners)				
	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 (2018)

Sch	nedule M Balance Sheets for	or Interest Allocation				
					(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets					
2	Total foreign assets:					
а	Passive category					
	General category					
	Other (attach statement)					
Sch	nedule M-1 Reconciliation of	Income (Loss) per Bool	ks \	Nith	Income (Loss) per Re	turn. (Not required if Item
	H11, page 1, is answ				, , , ,	
			6	Incor	me recorded on books this	
1	Net income (loss) per books		-		ear not included on Schedule K,	
2	Income included on Schedule K.			•	1 through 11 (itemize):	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				exempt interest \$	
			а	ı ax-	exempt interest \$	
	and 11 not recorded on books		_			
_	this tax year (itemize): \$				ictions included on Schedule	
3	Guaranteed payments (other				es 1 through 13d, and 16p not	
	than health insurance)			_	ged against book income this	
4	Expenses recorded on books				ear (itemize):	
	this tax year not included on		а	Depi	reciation \$	
	Schedule K, lines 1 through					
	13d, and 16p (itemize):					
а	Depreciation \$					
b	Travel and entertainment \$		8	Add	lines 6 and 7	
			9	Incoi	me (loss). Subtract line 8	
5	Add lines 1 through 4			from	line 5	
Sch	nedule M-2 Analysis of Partne	ers' Capital Accounts. (Not	t rec	uire	d if Item H11, page 1, is ar	nswered "Yes.")
1	Balance at beginning of tax year		6	Distr	ibutions: a Cash	
2	Capital contributed:				b Property	
	·	-	7	Othe	er decreases (itemize): \$	
			-		· · · · · · · · · · · · · · · · · · ·	
3	Net income (loss) per books					
4	Other increases (itemize): \$					
•	στισι ποισασσο (ποιπί 2 σ). ψ		8	Δ d d	lines 6 and 7	
					nce at end of tax year.	
5	Add lines 1 through 4	'	3	Subt	ract line 8 from line 5	

Form 8865 (2018) Page 6

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

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

trar	nsaction that occurred between the	e toreign partnership and	the persons listed in colu	imns (a) through (d).	
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
_	(patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
Ť	7.tad iii.ee T tiii.eagii e				
10	Purchases of inventory				
11	Purchases of tangible property				
	other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
	Commissions paid				
	Rents, royalties, and license fees paid				
	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance				
	during the tax year). See				
_	instructions				F 006E (62.12)
					Form 8865 (2018)

SCHEDULE 0 (Form 8865) (Rev. December 2018)

Department of the Treasury

Transfer of Property to a Foreign Partnership (Under Section 6038B)

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

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

OMB No. 1545-1668

1.721(c)-1T(b If "Yes," was to 2 Was any inta time thereaft	ship [TAL FUND			EIN (if any)		35-086		
Name of foreign partners RESOURCE CAPT 1a Is the partner 1.721(c)-1T(b If "Yes," was a Was any inta time thereaf	ship [TAL FUND			EIN (if any)				
RESOURCE CAPE 1a Is the partne 1.721(c)-1T(b If "Yes," was a Was any inta time thereaf	TAL FUND	77T T D				Doforonco IF		tructions)
1a Is the partne 1.721(c)-1T(b If "Yes," was a 2 Was any inta time thereaf				98-1091392		Neierence it	number (see ins	ii uctions)
2 Was any inta time thereaf	b)(14))? See ii	n 721(c) partn		ned in Temporary Re	-			Yes X No
time thereaf	the gain deferra	I method applied	d to avoid the re	cognition of gain upon th	ne contributio	n of property	/?	Yes No
	ngible property	y transferred o	onsidered or a	anticipated to be, at the	e time of the	transfer o	or at any	
_	ter, a platform	contribution a	s defined in R	egulations section 1.4	82-7(c)(1)?		<u> L</u>	Yes X No
Part I Transfe	ers Reportabl	e Under Secti	on 6038B					
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of tra		r Recov	(e) very period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	VAR		232	,353.				
Stock, notes								
receivable and								
payable, and other								
securities								
Inventory								<u> </u>
•								<u> </u>
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								
3 Enter the tra	nsferor's perc	entage interes	t in the partner	ship: (a) Before the trans	sfer	.140 % (k	o) After the trans	sfer .147 %
Supplemental Info	rmation Requ	ired To Be Re	ported (see in	structions):				
Part II Dispos	itions Reporta	able Under Se	ction 6038B					
(a)	(b)	(c)	(d)	(e)	(f) Deprecia	ition	(g)	(h)
Type of	Date of	Date of	Manner of	Gain recognized	recaptu recogniz	ire	Gain allocated	Depreciation recapture allocated
property	original transfer	disposition	disposition	by partnership	by partner		to partner	to partner
					1			
				t to gain recognition				

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

Schedule O (Form 8865) 12-2018

Form **8865**

Department of the Treasury Internal Revenue Service

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

Attach to your tax return.

Go to www.irs.gov/Form8865 for instructions and the latest information. Information furnished for the foreign partnership's tax year beginning 04/18/2018, and ending 12/31/2018

Attachment

OMB No. 1545-1668

Internal Reven	nue Service	['] beg	ginning 04/	18/2018	, and endin	g 12/31/	2018		Sequence N	No. 118
Name of person	on filing this	return			File	er's identific	ation numbe	er		
INDIANA	POLIS N	MUSEUM OF AR	T, INC.			35	5-086795	55		
Filer's address	s (if you are	n't filing this form with	your tax return)	A Category	of filer (see Cate	gories of Filers	in the instru	ctions and check	applicable box(e	s)):
				1	2	3	X	4		
				B Filer's tax	k year beginning	07/01	L/2018	, and ending	06/30/	/2019
C Filer's s	share of lia	bilities: Nonrecourse	e \$	Qualified no	onrecourse fina	ancing \$		Other \$		
D If filer is	is a membe	er of a consolidated	d group but no	ot the parent, enter	r the following	information a	bout the pare	ent:		
Name					EIN	I				
Address	s				·					
E Check	if any exce	pted specified fore	eign financial a	assets are reported	on this form. S	ee instruction	ns			
F Informa	ation about	certain other partr	ners (see instru	uctions)						
	(4) No.	ma		(2) Addroso		(2) Identifies	tion number	(4) Ch	eck applicable bo	
	(1) Nar	ne		(2) Address		(3) Identifica	ition number	Category 1	Category 2	Constructive owner
G1 Name a	and addres	s of foreign partner	ship					2(a) EIN (if a	ny)	
HELLMAN	& FRII	EDMAN CAPITA	L PARTNE	RS VIII, L.	P			98-118	6863	
ONE MAR	ITIME E	PLAZA, 12TH	FLOOR					2(b) Reference	e ID number (se	e instructions)
SAN FRAI	NCISCO	, CA 94111								
								3 Country un	ider whose law	vs organized
								CJ		
4 Date of organiz		5 Principal place of business		ncipal business vity code number	7 Principa	al business	8a Functi	ional currency	8b Exchang	ge rate structions)
· ·				•	INVEST	MENTS	U	JSD	(366 113	il uclions)
	3/2016	CJ		523900						
		ring information for	<u> </u>		1					
		and identification nu	umber of agent	t (if any) in the		if the foreign	partnership	_		
United	States				X F	orm 1042	Forr	m 8804 📗	X Form 106	5
						Center where	Form 1065 is	filed:		
					EFI	LE				
		s of foreign partne		n country of				custody of the b		
		y NVESTORS VIII, L						n of such books a N, LLC	na rocordo, ii diii	orone
GEORGE TOWN		MITED, CAYMAN CO CAYMAN	RP. CNTR,		ONE MARITIM	E PLAZA, IZ	TH FLOOR			
CJ, KY1-900					SAN FRANCIS	CO, CA 9411	1			
		ear, did the foreign						n is not		
		ection 267A? See in						▶	Yes	X No
		e total amount of t						• • • • • •	\$	
	•	p a section 721(c)		•	, 0		() ()	(14)?	Yes	X No
	, .	al allocations made	,					▶	Yes	X No
		er of Forms 8858, I			•	U	J	Entities		
`	'	eign Branches (FBs)	-					▶		
9 How is	s this partr	nership classified u	inder the law	of the country in wh	nich it's organiz	ed?	► LIMITED	PARTNERSHIP		
10a Does th	he filer have	an interest in the fo	reign partnership	o, or an interest indired	ctly through the f	oreign partners	hip, that's a se	eparate		77
	•	503(d)-1(b)(4) or part		•	. ,	. , . , . ,			Yes	X No
		separate unit or comb rship meet both of			dated loss, as de	fined in Reg. 1	.1503(d)-1(b)(5)(ii)?	Yes	No
1. The	e partnersh	nip's total receipts f he partnership's to	or the tax yea	r were less than \$2	50,000.	on ¢1 million)	_		77
If "Yes	s," don't co	mplete Schedules	L, M-1, and M-	·2.)	▶	Yes	X No
Sign Here Only	Under pen	alties of perjury, I ded it is true, correct, an	clare that I have	e examined this return,	, including accon	npanying sched	lules and state	ements, and to the	e best of my known is based on all	wledge
If You're Filing This Form	information	of which preparer ha	as any knowledge	e.	(curer urair gerie	ai pararoi oi iii		ompany mombon	io zaoca cii aii	
Separately and Not With Your	Signal	ture of general partne	ar or limited liebil	lity company momber			Date			
Tax Return.			51 OI IIITIILEU IIADII		n.t				:# DT''	
Paid	Print/Type	preparer's name		Preparer's signa	ature		Date	Check L	if PTIN	
Preparer	Fi !							self-emp		
Use Only	Firm's nam							Firm's E		
- 1	Firm's address Phone no									

Scl	nedul	e A	Constructive Owner box b, enter the na interest you construct a X Owns a direct	ership o ame, add actively o	f Partnership Indress, and U.S. town. See instruct			boxes ton num		y to th ny) of t	e filer. If the perso	you n(s)	check
			Name	IIIterest	Add	lress			on number	(if any)	Check if foreign person		Check if direct partner
Scl	hedul	e A-1	Certain Partners of	Foreign	Partnership (se	e instructions	5)					'	
			Name		Add	Iress		Iden	tification nu	umber (if	any)		Check if foreign person
Sc	nedul	e A-2	Foreign Partners	of Sectio	n 721(c) Partner	ship (see inst	tructio	ns)					
		foreign	Address		Country of organization	U.S. taxpa	yer		if related to	F	Percentage	intere	est
	partn	ner	71001000		(if any)	(if any)	lullibei	U.S. t	ransferor	Ca	pital	Pr	ofits
											%		%
										<u> </u>	%		%
		_	ship have any other for								Yes		No
Sc	nedul	le A-3	Affiliation Schedul direct interest or inc				mesti	c) in wh	ich the f	oreign	partners	hip	owns a
			direct interest of inte			001.		EI	N	Тс	otal ordinary		Check if
			Name		Address			(if a			come or loss	.	foreign irtnership
A	TTAC	HMENT	1										
	nedul		Income Statement										
Cau	ıtion:	Include	only trade or business	income a	and expenses on li	nes 1a through	1 22 be	elow. See	the instru	uctions	for more ir	form	ation.
			receipts or sales			1a							
		Less re	eturns and allowances.			1b			1c				
2	2		f goods sold						2				
Income	3		profit. Subtract line 2 fr						4 1 1				
ည	4		ry income (loss) from c	•	•	•		,	I _ I				
=	5		m profit (loss) (attach s		` ,,				_				
	6	•	in (loss) from Form 479		•	•							
	7 8		ncome (loss) (attach stance (loss). Combine						· 				
tions)	9 10		es and wages (other than theed payments to partr	•	, ,	neni credits) .			10				
itati	11		s and maintenance										
r lir	12		ebts										
ns fc	13												
rctio	14		and licenses						1 1				
nstru	15	Interes	t (see instructions)						15				
Deductions (see instructions for limita	16 a		ciation (if required, atta										
လွ			epreciation reported el						16c				
ö	17	Deplet	ion (Don't deduct oil ar	ıd gas de	pletion.)								
달	18	Retirer	ment plans, etc.										
ğ	19	Emplo	yee benefit programs.										
۵	20		deductions (attach state										
	21		deductions. Add the amo										
	22		ry business income (loss)										
a nt	23		t due under the look-back										
and Payment	24		at due under the look-ba			•							
ay	25 26		AR imputed underpayn taxes (see instructions)		·								
d T	27		palance due. Add lines										
	28		ent (see instructions)										
Тах	29		nt owed. If line 28 is sn										
_	30		ayment. If line 28 is lar										
										_			

Form **8865** (2018)

8X1911 1.000

Form 8865 (2018) Page **3**

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	1	Ordinary business income (loss) (page 2, line 22)	1
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	C	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
(SS	5	Interest income.	5
Income (Loss)	6	Dividends and dividend equivalents: a Ordinary dividends	6a
=	Ū	b Qualified dividends . 6b	- Ou
Ĕ		c Dividend equivalents 6c	
2	7	Royalties	7
<u>-</u>	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	
	C	Unrecaptured section 1250 gain (attach statement) 9c	10
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
Su	12	Section 179 deduction (attach Form 4562)	12
Deductions	13 a		13a
<u>3</u>	b	Investment interest expense	13b
eq	С	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	d	Other deductions (see instructions) Type ▶	13d
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a
Self plor	b	Gross farming or fishing income	14b
" Бг	С	Gross nonfarm income	14c
	15 a	Low-income housing credit (section 42(j)(5))	
"	b	Low-income housing credit (other)	15b
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
ē	d	Other rental real estate credits (see instructions) Type >	15d
ပ	е	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
	16a	Name of country or U.S. possession ▶	
	b	Gross income from all sources.	16b
	C	Gross income sourced at partner level	
ટ	Ū	Foreign gross income sourced at partnership level	
ctions	Ч	Section 951A category ► e Foreign branch category ►	160
		Passive category ► g General category ► h Other (attach statement) ►	16h
US	'	Deductions allocated and apportioned at partner level	1011
<u>a</u>	i	Interest expense ▶ j Other	16i
_	'	Deductions allocated and apportioned at partnership level to foreign source income	16)
<u>ji</u>	1.	· · · · · · · · · · · · · · · · · · ·	461
Foreign Transa	k		161
ш			160
	p	Total foreign taxes (check one): Paid Accrued Accrued Paid Accrued	16p
	q	Reduction in taxes available for credit (attach statement)	16q
	r	Other foreign tax information (attach statement)	47.
e X v		Post-1986 depreciation adjustment.	17a
ti E E		Adjusted gain or loss	17b
un' Un'	C	• • •	17c
ter MT	d		17d
Alternative Minimum Tax (AMT) Items	е	· · · · · · · · · · · · · · · · · · ·	17e
	f	Other AMT items (attach statement)	17f
Ĕ	18 a	Tax-exempt interest income	18a
ţi	b	Other tax-exempt income	18b
E	С	Nondeductible expenses	18c
وّ	19a	Distributions of cash and marketable securities	19a
Other Information	b	Distributions of other property	19b
ē	20 a	Investment income	20a
된	b	Investment expenses	20b
U		Other items and amounts (attach statement)	

Page 4 Form 8865 (2018)

Schedule L Balance Sheets pe	r Books. (Not required	if Item H11, page 1, is	s answered "Yes.")	1 age 4
	Beginning	of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statemen	t)			
7a Loans to partners (or persons related	0			
partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9 a Buildings and other depreciable assets	3			
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 ye	ar			
17 Other current liabilities (attach statemen	t)			
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partner	s)			
b Mortgages, notes, bonds payable in 1 year or mor	e			
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Page 5 Form 8865 (2018)

Scl	hedule M Balance Sheets for Interest Allocatio	n		
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	Passive category			
	General category			
	Other (attach statement)			
Sc	hedule M-1 Reconciliation of Income (Loss) pe	er Books Wi	th Income (Loss) per Re	eturn. (Not required if Item
	H11, page 1, is answered "Yes.")		` , .	
		6 Inc	ome recorded on books this	
1	Net income (loss) per books		year not included on Schedule K,	
2	Income included on Schedule K,		es 1 through 11 (itemize):	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		x-exempt interest \$	
	and 11 not recorded on books	a 10	x-exempt interest \$	
_	this tax year (itemize): \$		ductions included on Schedule	
3	Guaranteed payments (other		lines 1 through 13d, and 16p not	
_	than health insurance)		arged against book income this	
4	Expenses recorded on books		year (itemize):	
	this tax year not included on	a De	preciation \$	
	Schedule K, lines 1 through	_		
	13d, and 16p (itemize):	_		
а	Depreciation \$			
b	Travel and entertainment \$	8 Ac	d lines 6 and 7	
		9 Ind	come (loss). Subtract line 8	
5	Add lines 1 through 4		m line 5	
Scl	hedule M-2 Analysis of Partners' Capital Account	ts. (Not requi	red if Item H11, page 1, is a	nswered "Yes.")
1	Balance at beginning of tax year	6 Di	stributions: a Cash	
2	Capital contributed:		b Property	
	a Cash	7 Ot	her decreases (itemize): \$	
	b Property		. ,	
3	Net income (loss) per books			
4	Other increases (itemize): \$			
-		8 Ac	d lines 6 and 7	
			lance at end of tax year.	
5	Add lines 1 through 4		btract line 8 from line 5	

Form 8865 (2018) Page 6

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

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

trar	nsaction that occurred between the	e foreign partnership and	the persons listed in colu	imns (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	5 1 . 11 . 1				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
10	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
	Commissions paid				
15	Rents, royalties, and license fees paid				
	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance				
	during the tax year). See instructions.				
	monucuono e e e e e e e e e e e e e e		I	l	Form 8865 (2018)

SCHEDULE 0 (Form 8865)

(Rev. December 2018)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

➤ Attach to Form 8865. See the Instructions for Form 8865. ➤ Go to www.irs.gov/Form8865 for instructions and the latest information.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service			n to Form 886: s.gov/Form886		structions and the					
Name of transferor							Filer's ident	ifying number		
INDIANAPOLIS	MUSEUM OF	ART, INC.					35-086	7955		
Name of foreign partners	hip			EIN (if a	nny)		Reference I	D number (see ins	tructions)	
HELLMAN & FRI	EDMAN CAP	ITAL PARTN	ERS VIII	98	-1186863					
b If "Yes," was the2 Was any intar	o)(14))? See in ne gain deferra ngible property	nstructions method applied transferred co	to avoid the re	cognitio	n of gain upon th	e contributi time of th	on of proper e transfer	or at any	Yes Yes	X No No
		contribution as		egulatio	ons section 1.48	32-7(c)(1)	?		Yes	X No
Part I Transfe	rs Reportabl	e Under Section	on 6038B							
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of tr		(d) Cost or other basis	Rec	(e) overy period	(f) Section 704(c) allocation method		(g) recognized transfer
Cash	VAR		522	,594.						
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										
		entage interes ired To Be Rep				fer	.027 %	(b) After the trans	sfer	.028 %
Part II Disposi	tions Reporta	able Under Sec	ction 6038B							
(a) Type of property o	(b) Date of riginal transfer	(c) Date of disposition	(d) Manner of disposition		(e) ain recognized by partnership	Deprec recap recogr by partn	ture nized	(g) Gain allocated to partner	recapti	(h) preciation ure allocated partner
	-	ted on this sch	=	_	-	under se	ction 904(f)(3) or	Yes	X No

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

Schedule O (Form 8865) 12-2018

ATTACHMENT 1

FORM 8865, PAGE 2 DETAIL

SCHEDULE A-3 - AFFILIATION SCHEDULE

TOTAL ORDINARY FOR NAME ADDRESS ID NUMBER INCOME OR LOSS PSHP

SEE ATTACHMENT 1

FORM 8865, PAGE 2 DETAIL

SCHEDULE A-3 - AFFILIATION SCHEDULE

			FOREIGN
			PARTNERSHIP
NAME	ADDRESS	<u>EIN</u>	CHECK
POLARIS INVESTMENT HOLDINGS, L.P.	535 E DIEHL RD, STE 100 NAPERVILLE, IL 60563	81-2512763	
POLARIS INVESTMENT HOLDINGS GP, LLC	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	81-2512534	
H&F POLARIS PARTNERS GP, LLC	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	81-5003217	
CRACKLE HOLDINGS, L.P.	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	82-1952170	
CRACKLE HOLDINGS GP, LLC	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	82-2021207	
H&F GIANT CAYMAN, L.P.	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	98-1423039	Χ
H&F GIANT CAYMAN GP, LLC	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	98-1423024	Χ
SPOCK INVESTMENT HOLDINGS, L.P.	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	32-0557355	
SPOCK INVESTMENT HOLDING GP, LLC	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	83-0803186	
SENTINEL HOLDINGS, L.P.	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	30-1140878	
SENTINEL HOLDINGS GP LLC	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	83-2034569	
EVERGOOD H&F LUX SÀRL	5 RUE GUILLAUME KROLL, L-1882 LUXEMBOURG	98-1457442	Χ
NETS TOPCO 1 S.A.R.L. (FKA EVERGOOD LUX 1 SARL)	5 RUE GUILLAUME KROLL, L-1882 LUXEMBOURG	98-1390773	Χ

Form **8865**

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.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2018 , and ending 12/31/2018

Attachment Sequence No. 118

Name of pers	Name of person filing this return Filer's identification number											
Filer's addres	ss (if you are	en't filing this form with	your tax return)	A Category	of filer (see	Categ	ories of Filers	in the instru	ctions an	nd check a	applicable box(e	s)):
				B Filer's tax	vear beginni	ina			and	l ending		
C Filer's	share of lia	abilities: Nonrecourse	e \$	Qualified no			ncina \$			Other \$		
		er of a consolidated	•					bout the pare		νο. ψ		
Name	10 4 11101110	or or a concentation	. group but not th	io parorit, oritor		EIN	iioiiiiatioii a	bout the part	J. 16.			
Addres												
		epted specified fore	ion financial ass	ets are reported	on this form	n Se	e instruction	IS				
					011 11110 10111	1. 00	o instruction					••••
1 11101111	F Information about certain other partners (see instructions) (4) Check applicable box(es)											
	(1) Na	me		(2) Address			(3) Identifica	tion number	Cate		Category 2	Constructive
									00.0	90.7 .		owner
G1 Name	and addres	ss of foreign partners	L ship						2(a) F	IN (if an	v)	
		EDMAN CAPITA	•	VTT. T. P					` ′	3-0611	• /	
		PLAZA, 12TH		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							ID number (se	e instructions)
		, CA 94111	1 LOOK							Coloronoc	To Hamber (30)	c instructions)
		, (11) 1111							3 Cou	•	der whose law	s organized
4 Date of	f	5 Principal place of	of 6 Princip	al business	7 Prin	cipal	business	8a Functi	onal cu	rrencv	8b Exchang	ne rate
organiz	zation	business		code number	activity INVESTMENTS			USD				tructions)
09/30	0/2008	CJ	523	3900	TIVAE	2 I M	IMENIS					
		ving information for	the foreign partr	nership's tax vea	r:							
United	States	and identification nu			X Serv	For	rm 1042 enter where	Form 1065 is	n 8804 filed:	2	X Form 106	
organiz	zation, if ar FRIEDMAN : RPORATE L: N, GRAND (SS of foreign partner IN INVESTORS VII, L.I INVIED, CAYMAN COR CAYMAN	Ρ.	ountry of	foreig JUDD SHEE ONE MARIT	gn pa R, C, TIME	irtnership, an	d the location & FRIEDMAN	of such		oks and records d records, if diff	
		ear, did the foreign ection 267A? See ir						the deductio	n is not	. ▶	Yes	No
If "Ye	es," enter th	he total amount of the	he disallowed ded	luctions						• •	\$	
6 Is the	partnersh	ip a section 721(c)	partnership, as o	defined in Tempo	orary Regula	ation	s section 1.7	721(c)-1T(b)	(14)? •	. ▶	Yes	No
7 Were	any specia	al allocations made	by the foreign par	tnership?						• •	Yes	No
8 Enter	the numb	er of Forms 8858, I	nformation Retur	n of U.S. Persor	ns With Res	spect	to Foreign [Disregarded	Entities			
(FDE	s) and For	eign Branches (FBs)	, attached to this	return. See instr	uctions					. ▶		
9 How i	is this part	nership classified u	nder the law of t	he country in wh	nich it's orga	anize	d?	► LIMITED	PARTNE	RSHIP		
		e an interest in the for 1503(d)-1(b)(4) or part	•				• .	•	•	. ▶	Yes	X No
11 Does 1. The 2. The	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)? 10 Does this partnership meet both of the following requirements? 1. The partnership's total receipts for the tax year were less than \$250,000. 2. The value of the partnership's total assets at the end of the tax year was less than \$1 million. 1 If "Yes," don't complete Schedules L, M-1, and M-2.											
Sign Here Only If You're Filing This Form Separately and Not With Your	information	nalties of perjury, I dec , it is true, correct, and n of which preparer ha	s any knowledge.		including ac other than ge	enera	panying sched I partner or lin	.	ements, a ompany r	and to the member) i	best of my knor is based on all	wledge
Tax Return.	▼ Signa	ture of general partne	er or limited liability of	company member				Date				
Paid Propagar	Print/Type	preparer's name		Preparer's signa	ature			Date		Check self-empl	if PTIN oyed	
Preparer	Firm's nam	ne >		•			'			Firm's EIN	√ ►	
Use Only	Firm's address Phone no.											

Scl	nedul		onstructive Owner the naterest you construct on the naterest you construct on the naterest of		f Partnership In Iress, and U.S. town. See instruct			boxes the		to the	e filer. If he persoi	you check n(s) whose
		•	Name	interest	Add	ress		dentification		(if any)	Check if foreign person	Check if direct partner
Sc	nedul	le A-1 Co	ertain Partners of	Foreign	Partnership (se	e instructions	5)					
			Name		- `	lress		Identif	ication nu	mber (if	any)	Check if foreign person
Sc	hedul	le A-2 Fo	reign Partners	of Sectio	n 721(c) Partner	ship (see inst	ructio	ns)				
		foreign	Address		Country of	U.S. taxpa	ver	Chook if	related to	Р	ercentage i	nterest
	partr		Address		organization (if any)	identification ri	number	U.S. tra		Ca	oital	Profits
						, ,					%	%
											%	%
Doe	s the	partnership	have any other fo	reign pers	on as a direct partr	ner?				[X Yes	No
Scl	nedul		filiation Schedul				mesti	c) in whic	h the f	oreign	partnersl	nip owns a
		di	rect interest or inc	directly o	wns a 10% inter	est.						
		Nar	me		Address			EIN (if any	۸		tal ordinary	loreign
								(II ally	')	inc	ome or loss	partnership
A	TTAC	HMENT 1										
_		D 10		Tuesle	on Durainaga Ingr							
	nedul		come Statement vertade or business				00.1		to a financia		·	f
ations) Income	b 2 3 4 5 6 7 8 9 10	Less return Cost of go Gross prof Ordinary in Net farm p Net gain (I Other inco Total inco Salaries an Guarantee	sipts or sales ns and allowances ods sold iit. Subtract line 2 fractome (loss) from corofit (loss) (attach stops) from Form 47 me (loss) (attach stope (loss). Combined nd wages (other that d payments to particular	oom line 10 other parti Schedule 1 97, Part II atement) lines 3 th an to parti	nerships, estates, and form 1040)). I, line 17 (attach Formough 7	and trusts (attace) orm 4797)	ch stat	ement)*	1c 2 3 4 5 6 7 8 9			
<u>ii</u>	11		nd maintenance						11			
Deductions (see instructions for limitat	12								12			
tion	13		P						14			
truc	14		licenses						15			
ins	15		ee instructions)						13			
ee(16a	Depreciati	on (if required, atta	cn Form 4	4562)	16h			16c			
S			eciation reported el						17			
<u>ō</u>	17		(Don't deduct oil ar	_					18			
걸	18		t plans, etc.						19			
eq	19		benefit programs.						20			
Ω	20 21		`	ement)					21			
_	22		usiness income (loss)						22			
	23		under the look-back						23			
Payment			e under the look-back ie under the look-b						24			
ЩĘ	24					,		•	25			
ay	25		imputed underpayn		·							
	26		s (see instructions)						26			
and	27		nce due. Add lines						27			
×	28		see instructions)						28			
Тах	29		wed. If line 28 is sr						29			
	30	overpaym	ent. If line 28 is lar	yer than I	ine ∠≀, enter over	payment			30			

Form **8865** (2018)

8X1911 1.000

Form 8865 (2018) 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	
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
(SS	5	Interest income.	5
Income (Loss)	6	Dividends and dividend equivalents: a Ordinary dividends	6a
=	Ū	b Qualified dividends . 6b	- Ou
Ĕ		c Dividend equivalents 6c	
2	7	Royalties	7
<u>-</u>	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	
	C	Unrecaptured section 1250 gain (attach statement) 9c	10
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
Su	12	Section 179 deduction (attach Form 4562)	12
엹	13 a		13a
Deductions	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
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a
Self plor	b	Gross farming or fishing income	14b
" Бг	С	Gross nonfarm income	14c
	15 a	Low-income housing credit (section 42(j)(5))	
<i>,</i> 0	b	Low-income housing credit (other)	15b
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
ē	d	Other rental real estate credits (see instructions) Type >	15d
ပ	е	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
	16a	Name of country or U.S. possession ▶	
	b	Gross income from all sources.	16b
	C	Gross income sourced at partner level	
ટ	Ū	Foreign gross income sourced at partnership level	
ctions	Ч	Section 951A category ► e Foreign branch category ►	160
		Passive category ► g General category ► h Other (attach statement) ►	16h
US	'	Deductions allocated and apportioned at partner level	1011
<u>a</u>	i	Interest expense ▶ j Other	16i
_	'		16)
Foreign Transa	ı.	Deductions allocated and apportioned at partnership level to foreign source income	461
Ö	k		161
ш			160
	p	Total foreign taxes (check one): Paid Accrued Accrued.	16p
	q	Reduction in taxes available for credit (attach statement)	16q
	r	Other foreign tax information (attach statement)	47.
e X v		Post-1986 depreciation adjustment	17a
ti v	b	Adjusted gain or loss	17b
na uu It	С	• • •	17c
ter MT	d		17d
Alternative Minimum Tax (AMT) Items	е	· · · · · · · · · · · · · · · · · · ·	17e
	f	Other AMT items (attach statement)	17f
Ĕ	18 a	Tax-exempt interest income	18a
Other Information	b	Other tax-exempt income	18b
E	С	Nondeductible expenses	18c
وَ	19a	Distributions of cash and marketable securities	19a
<u>=</u>	b	Distributions of other property	19b
ē	20 a	Investment income	20a
된	b	Investment expenses	20b
U		Other items and amounts (attach statement)	

Page 4 Form 8865 (2018)

Schedule L Balance Sheets per Boo	ks (Not required i	f Item H11 nage 1 i	s answered "Yes ")	Page 4			
Schedule L Balance Sheets per Books. (Not required if Item H11, page 1, is answered "Yes.") Beginning of tax year End of tax year							
Assets	(a)	(b)	(c)	(d)			
1 Cash							
2a Trade notes and accounts receivable.							
b Less allowance for bad debts							
3 Inventories							
4 U.S. government obligations							
5 Tax-exempt securities							
6 Other current assets (attach statement)							
7a Loans to partners (or persons related to							
partners)							
b Mortgage and real estate loans							
8 Other investments (attach statement)							
9a Buildings and other depreciable assets							
b Less accumulated depreciation							
10 a Depletable assets							
b Less accumulated depletion							
11 Land (net of any amortization)							
12 a Intangible assets (amortizable only)							
b Less accumulated amortization							
13 Other assets (attach statement)							
14 Total assets							
Liabilities and Capital							
15 Accounts payable							
16 Mortgages, notes, bonds payable in less than 1 year							
17 Other current liabilities (attach statement)							
18 All nonrecourse loans							
19 a Loans from partners (or persons related to partners)							
b Mortgages, notes, bonds payable in 1 year or more							
20 Other liabilities (attach statement)							
21 Partners' capital accounts							
22 Total liabilities and capital							

Page 5 Form 8865 (2018)

Sc	hedule M Balance Sheets for	or Interest Allocation		
			(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets			
2	Total foreign assets:			
а	<u> </u>			
		· · · · · · · · · · · · · · · · · · ·		
Sc	hedule M-1 Reconciliation of	Income (Loss) per Books Wit	h Income (Loss) per Re	turn. (Not required if Item
	H11, page 1, is answ		(111,	(11 1/1 1/1
	7 3 /	,	me recorded on books this	
4	Not income (less) per books			
1	Net income (loss) per books	· ·	year not included on Schedule K,	
2	Income included on Schedule K,		s 1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,	a lax	-exempt interest \$	
	and 11 not recorded on books			
	this tax year (itemize): \$	7 Ded	uctions included on Schedule	
3	Guaranteed payments (other	K, li	nes 1 through 13d, and 16p not	
	than health insurance)	char	ged against book income this	
4	Expenses recorded on books	tax	/ear (itemize):	
	this tax year not included on	a Dep	preciation \$	
	Schedule K, lines 1 through			
	13d, and 16p (itemize):			
а	Depreciation \$			
	Travel and entertainment \$	8 Ado	l lines 6 and 7	
		9 Inco	ome (loss). Subtract line 8	
5	Add lines 1 through 4		n line 5	
Sc		rs' Capital Accounts. (Not require		nswered "Yes.")
1	Balance at beginning of tax year	6 Dist	ributions: a Cash	
2	Capital contributed:		b Property	
-	a Cash · · · · ·	7 Oth	er decreases (itemize): \$	
	b Property	, 5011	ci decircases (ileitiize). \$\psi	
3	Net income (loss) per books			
3 4	` ' '			
4	Other increases (itemize): \$		I lines 6 and 7	
5	Add lines 1 through 4		ance at end of tax year. otract line 8 from line 5	
J	Aud IIIIes I IIIIUugii 4	Sul	macrille o nom ille o	

Form 8865 (2018) Page 6

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

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

trar	nsaction that occurred between the	e toreign partnership and	the persons listed in colu	imns (a) through (d).	
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights				
_	(patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
Ť	7.tad iii.ee T tiii.eagii e				
10	Purchases of inventory				
11	Purchases of tangible property				
	other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
	Commissions paid				
	Rents, royalties, and license fees paid				
	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance				
	during the tax year). See				
_	instructions				F 006E (62.12)
					Form 8865 (2018)

FORM 8865, PAGE 2 DETAIL

SCHEDULE A-3 - AFFILIATION SCHEDULE						
					TOTAL ORDINARY	FOR
NAME	ADDRESS			ID NUMBER	INCOME OR LOSS	PSHP
HOCKEY INVESTMENTS, L.P.	ONE MARITIME PLAZA, 12TH FLOOR SAN FRANCISCO	CA	94111	30-0794036		
HOCKEY PARENT HOLDINGS, L.P.	300 NORTH LASALLE STREET 17TH FLOOR CHICAGO	IL	60654	35-2489369		

Form **8865**

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.

OMB No. 1545-1668

Department of the Treasury Internal Revenue Service

Information furnished for the foreign partnership's tax year beginning 01/01/2018 , and ending 12/31/2018

Attachment Sequence No. 118

Name o	of person filing	this return				File	r's identific	ation numbe	r				
INDI	IANAPOLI	S MUSEUM OF AF	RT, INC.				35	-086795	5				
	A Category of filer (see Categories of Filers in the instructions and check applicable box(es)): 1 2 3 X 4												
				1 [2		3	X	4				
				B Filer's tax	year beginni	ing	07/01	/2018	, and endin	g 06/30	0/2019		
C F	iler's share	of liabilities: Nonrecours	e \$	Qualified no	onrecourse	finar	ncing \$		Other	\$			
D If	filer is a m	ember of a consolidate	d group but not	t the parent, enter	r the followi	ing ir	nformation a	bout the pare	ent:				
N	lame					EIN							
A	ddress												
		excepted specified fore		· · · · · · · · · · · · · · · · · · ·	on this form	n. Se	e instruction	IS			<u> </u>		
F Ir	nformation a	bout certain other parti	ners (see instrud	ctions)									
	(*) Name		(2) Address			(3) Identifica	tion number	. ,	heck applicable	Constructive		
	`	<u>, </u>							Category 1	Category 2	owner		
						+							
G1 N	lame and a	dress of foreign partner	rehin						2(a) EIN (if	anv)			
		AY EVERGREEN F	•							17842			
		ORPORATE SERVI	•	UGLAND HOU	SE. PO	BO	x 309				see instructions)		
	ND CAYMA		1025 212 ,	00211112 1100	22, 10				_(,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	100 12 114111201 (
	KY1-110								3 Country u	ınder whose l	aws organized		
									CJ		-		
	ate of	5 Principal place		cipal business			business	8a Functi	onal currency				
0	rganization	business	activ	rity code number	activ INVE		MENT	US D	DOLLAR (see instruction				
1	0/21/20	L4 CJ	5	25990									
H P	rovide the f	ollowing information fo	r the foreign pa	artnership's tax yea	r:								
	lame, addre Inited States	ss, and identification n	umber of agent	(if any) in the	2 Che	ck if	the foreign	partnership	must file:				
U	miled States					Fo	rm 1042	Forr	n 8804	Form 10	065		
					Serv	rice C	Center where	Form 1065 is	filed:				
			1.1		4			() 11					
	rganization,	dress of foreign partne	ersnip's agent in	country of	foreig	gn pa	artnership, an			books and reco and records, if			
MAPLES	S CORPORATI X 309, UGL	SERVICES LIMITED			MR. JASON			NANCE CENTE	R, 8 FINANC	CE			
GRAND	CAYMAN				, CENTRAI								
	Y1-1104	11.1.1. 6			HK								
		ax year, did the foreigr er section 267A? See i						the deduction	n is not	Yes	X No		
		er the total amount of								\$			
		ership a section 721(c)					s section 1.7	721(c)-1T(b)	(14)?	Yes	X No		
	•	pecial allocations made								X Yes	No		
8	Enter the n	ımber of Forms 8858,	Information Ret	turn of U.S. Persor	ns With Res	spect	t to Foreign I	Disregarded	Entities				
	(FDEs) and	Foreign Branches (FBs), attached to th	is return. See instr	ructions				🕨				
9	How is this	partnership classified u	under the law o	of the country in wh	nich it's orga	anize	ed?	EXEMPTE	LIMITED PA	ARTNERSHIP			
10a	Does the file	have an interest in the fo	reign partnership,	, or an interest indired	ctly through th	he for	reign partnersl	nip, that's a se	parate				
		g. 1.1503(d)-1(b)(4) or par		•	•	, ,	, , , , ,			Yes	X No		
b 11	If "Yes," does	the separate unit or combartnership meet both of	ined separate uni	t have a dual consolid	dated loss, as	s defi	ned in Reg. 1.	1503(d)-1(b)(5)(ii)? • • >	Yes	No		
• • •	1. The partr	ership's total receipts of the partnership's to	for the tax year	were less than \$2	50,000.	a tha	n ¢1 million)	_		37		
	If "Yes," dor	't complete Schedules	L, M-1, and M-2	2.				J	🟲	Yes	X No		
Sign Her	re Only Unde	penalties of perjury, I de elief, it is true, correct, ar	clare that I have nd complete. Dec	examined this return laration of preparer (, including ac other than ge	comp	panying sched Il partner or lim	lules and state nited liability co	ments, and to to member	the best of my killer) is based on a	nowledge III		
If You're Filling This Form Separately and If the true, correct, and complete. Declaration of preparer (other true) information of which preparer has any knowledge.							I						
Not With	h Your	ignature of general partn	er or limited liabilit	ty company member				Date					
	-	Type preparer's name		Preparer's signa		Date			Check	Check if PTIN			
Paid				, and a singular	self-employed								
Prepa	Eirm's	name >							Firm's	EIN ►			
Use (Only ——	address							Phone				

Sc	nedul	e A	Constructive Owned box b, enter the natinterest you constru	ership o me, ado octively o	f Partnership I r Iress, and U.S. t wn. See instruct	nterest. Chec axpayer iden ions.	k the tificat	boxes the	at apply er (if any	to the	e filer. If y he person	ou check (s) whose
			a X Owns a direct	interest		b O	wns a d	constructive	interest		Check if	Check if
			name		Add	ıress	'	dentification	number (ii	r any)	foreign person	direct partner
		Name Address Identification Partners of Foreign Partnership (see instructions) Name Address Identification Name Address Identification Address Identification Name Address Identification Address Identification Output of organization (if any) Identification number (if a										
S &	hodul	ο Δ-1	Certain Partners of	Foreign	Partnershin (se	a instructions	.)					
OC.	ledu	C A-I	OCTAINT AITHORS OF	roreign	Turtier Sinp (Se	e mondonomo	' '					Check if
			Name		Add	Iress		Identif	ication nun	nber (if	any)	foreign person
			Foreign Partners o	f Sectio				ns)				
Na			Address		organizátion	identification r	yer number	Check if I			Percentage in	
	F 4				(if any)	(if any)		0.0	1010101	Ca	pital %	Profits %
											%	
Doe	s the	partne	rship have any other for	eign pers	on as a direct partr	ner?					Yes	No
											partnersh	ip owns a
			direct interest or inc	lirectly o	wns a 10% inter	est.		-,				
			Name		Address			EIN	۸		tal ordinary	Check if foreign
			Traine		7.100.000			(if any	')	inc	come or loss	partnership
Sc.	nedul	Λ B	Income Statement	- Trade	or Rusiness Inc	nme						
			only trade or business				1 22 b	elow. See t	he instruc	tions	for more inf	ormation.
			receipts or sales		·	1a						
			eturns and allowances			1b			1c			
	2		of goods sold						2			
me	3		profit. Subtract line 2 fr						3			
Income	4		rdinary income (loss) from other partnerships, estates, and trusts (attach statement).									
=	5		rm profit (loss) (attach S						5			
	6	•	in (loss) from Form 479	•		,			6			
	7 8		income (loss) (attach sta ncome (loss). Combine						8			
	9		es and wages (other that						9			
Deductions (see instructions for limitations)	10		nteed payments to partr	-					10			
nitat	11		rs and maintenance						11			
for	12		ebts						12			
ons	13	Rent							13			
ructi	14		and licenses						14			
inst	15		st (see instructions)						15			
ees)			ciation (if required, attac						16c			
ns	17		lepreciation reported els ion (Don't deduct oil an						17			
;;	18		ment plans, etc.						18			
ä	19		yee benefit programs						19			
Ď	20		deductions (attach state						20			
	21	Total o	deductions. Add the amo	unts show	n in the far right col	umn for lines 9 tl	hrough	20	21			
	22		ry business income (loss)						22			
ัั	23		t due under the look-back			•			23			
and Payment	24		st due under the look-ba			•		,	24			
ay	25 26		AR imputed underpaym						25 26			
Ā	27		taxes (see instructions) balance due. Add lines						27			
an	28		ent (see instructions)						28			
Тах	29		nt owed. If line 28 is sm						29			
_	30		ayment. If line 28 is larg						30			

Form **8865** (2018)

JSA

Form 8865 (2018) 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	
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
(SS	5	Interest income.	5
Income (Loss)	6	Dividends and dividend equivalents: a Ordinary dividends	6a
=	Ū	b Qualified dividends . 6b	- Ou
Ĕ		c Dividend equivalents 6c	
2	7	Royalties	7
<u>-</u>	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	
	C	Unrecaptured section 1250 gain (attach statement) 9c	10
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
Su	12	Section 179 deduction (attach Form 4562)	12
Deductions	13 a		13a
<u>3</u>	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
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a
Self plor	b	Gross farming or fishing income	14b
" Бг	С	Gross nonfarm income	14c
Credits	15 a	Low-income housing credit (section 42(j)(5))	
	b	Low-income housing credit (other)	15b
	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
ē	d	Other rental real estate credits (see instructions) Type >	15d
ຮັ	е	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
	16a	Name of country or U.S. possession ▶	
	b	Gross income from all sources.	16b
	C	Gross income sourced at partner level	
ટ	Ū	Foreign gross income sourced at partnership level	
ctions	Ч	Section 951A category ► e Foreign branch category ►	160
		Passive category ► g General category ► h Other (attach statement) ►	16h
US	'	Deductions allocated and apportioned at partner level	1011
<u>a</u>	i	Interest expense ▶ j Other	16i
_	'	Deductions allocated and apportioned at partnership level to foreign source income	16)
<u>ji</u>	1.	· · · · · · · · · · · · · · · · · · ·	461
Foreign Transa	k		161
ш			160
	p	Total foreign taxes (check one): Paid Accrued Accrued Paid Accrued	16p
	q	Reduction in taxes available for credit (attach statement)	16q
	r	Other foreign tax information (attach statement)	47.
e X v		Post-1986 depreciation adjustment.	17a
ti E E		Adjusted gain or loss	17b
un' Un'	C	• • •	17c
ter MT	d		17d
Alternative Minimum Tax (AMT) Items	е	· · · · · · · · · · · · · · · · · · ·	17e
	f	Other AMT items (attach statement)	17f
Ĕ	18 a	Tax-exempt interest income	18a
ţi	b	Other tax-exempt income	18b
E	С	Nondeductible expenses	18c
وّ	19a	Distributions of cash and marketable securities	19a
Other Information	b	Distributions of other property	19b
ē	20 a	Investment income	20a
된	b	Investment expenses	20b
U		Other items and amounts (attach statement)	

Page 4 Form 8865 (2018)

Sch	nedule L Balance Sheets per E	ooks. (Not required if Item H11, page 1, is answered "Yes.")								
		Beginning	of tax year	End of	tax year					
	Assets	(a)	(b)	(c)	(d)					
1	Cash									
2a	Trade notes and accounts receivable.									
b	Less allowance for bad debts									
3	Inventories									
4	U.S. government obligations									
5	Tax-exempt securities									
6	Other current assets (attach statement)									
7a	Loans to partners (or persons related to									
	partners)									
b	Mortgage and real estate loans									
8	Other investments (attach statement)									
9a	` ,									
	Less accumulated depreciation									
	Depletable assets									
	Less accumulated depletion									
11	Land (net of any amortization)									
12 a	Intangible assets (amortizable only)									
	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										
20	Other liabilities (attach statement)									
21	Partners' capital accounts									
22	Total liabilities and capital									

Page 5 Form 8865 (2018)

Sch	nedule M Balance Sheets for	or Interest Allocation				
					(a) Beginning of tax year	(b) End of tax year
1	Total U.S. assets					
2	Total foreign assets:					
а	Passive category					
	General category					
	Other (attach statement)					
Sch	nedule M-1 Reconciliation of	Income (Loss) per Bool	ks \	Nith	Income (Loss) per Re	turn. (Not required if Item
	H11, page 1, is answ				, , , ,	
			6	Incor	me recorded on books this	
1	Net income (loss) per books		-		ear not included on Schedule K,	
2	Income included on Schedule K.			•	1 through 11 (itemize):	
_	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,				exempt interest \$	
			а	ı ax-	exempt interest \$	
	and 11 not recorded on books		_			
_	this tax year (itemize): \$				ictions included on Schedule	
3	Guaranteed payments (other				es 1 through 13d, and 16p not	
	than health insurance)			_	ged against book income this	
4	Expenses recorded on books				ear (itemize):	
	this tax year not included on		а	Depi	reciation \$	
	Schedule K, lines 1 through					
	13d, and 16p (itemize):					
а	Depreciation \$					
b	Travel and entertainment \$		8	Add	lines 6 and 7	
			9	Incoi	me (loss). Subtract line 8	
5	Add lines 1 through 4			from	line 5	
Sch	nedule M-2 Analysis of Partne	ers' Capital Accounts. (Not	t rec	uire	d if Item H11, page 1, is ar	nswered "Yes.")
1	Balance at beginning of tax year		6	Distr	ibutions: a Cash	
2	Capital contributed:				b Property	
	·	-	7	Othe	er decreases (itemize): \$	
			-		· · · · · · · · · · · · · · · · · · ·	
3	Net income (loss) per books					
4	Other increases (itemize): \$					
•	στισι ποισασσο (ποιπί 2 σ). ψ		8	Δ d d	lines 6 and 7	
					nce at end of tax year.	
5	Add lines 1 through 4	'	3	Subt	ract line 8 from line 5	

Form 8865 (2018) 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											
	Amounts borrowed (enter the											
-	maximum loan balance during the tax year). See											
21	instructions											
	instructions											
					Form 8865 (2018)							

SCHEDULE 0 (Form 8865)

(Rev. December 2018) Department of the Treasury

Transfer of Property to a Foreign Partnership (Under Section 6038B)

▶ Attach to Form 8865. See the Instructions for Form 8865.

OMB No. 1545-1668

Internal Revenue Service		Go to www.ii	s.gov/Formoto	o for instructions and	the latest ini	ormation.		
Name of transferor							ifying number	
INDIANAPOLIS		ART, INC.				35-086		
Name of foreign partner	·			EIN (if any)		Reference I	D number (see inst	ructions)
CAPITAL TODA				98-1217842				
1.721(c)-1T b If "Yes," was 2 Was any inta	(b)(14))? See i the gain deferra	nstructions I method applied y transferred c	d to avoid the reconsidered or a	ned in Temporary Re cognition of gain upon t anticipated to be, at the egulations section 1.4	he contribution	on of proper e transfer	ty?	Yes X No Yes No No Yes X No
Part I Transf	ers Reportabl	e Under Secti	on 6038B					
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of tra	l l	r Reco	(e) overy period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	VAR		450	,000.				
Stock, notes receivable and payable, and other securities								
nventory								
Tangible property used in trade or business								
Intangible property described in section 197(f)(9)								
ntangible property, other than intangible oroperty described n section 197(f)(9)	3							
Other property								
Totals								
3 Enter the tra	ormation Requ	ired To Be Re	ported (see in	ship: (a) Before the transtructions):	sfer	.458 % ((b) After the trans	fer . 458 %
Part Dispos	sitions Report	able Under Se	ction 6038B					
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreci recapt recogn by partne	ure ized	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
Part III Is any	transfer repor	ted on this sc	hedule subjec	t to gain recognition	under see	ction 904(f)(3) or	
section	n 904(f)(5)(F)?						▶ 🔲	Yes X 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 01/01/2018, and ending 12/31/2018

Attachment Sequence No. 118

Name	of perso	on filing this	return				File	r's identifica	ation numbe	r			
IND	IANA	POLIS 1	MUSEUM OF AR	T, INC.				35	-086795	5			
Filer's	addres	s (if you are	en't filing this form with	your tax return)	A Category	of filer (see	Cate	gories of Filers	in the instru	ctions and check	applicable box	(es)):	
					1	2		3	X	4			
					B Filer's tax	year beginr	ning	07/01	/2018	, and ending	06/30	/2019	
С	Filer's	share of lia	abilities: Nonrecourse	\$	Qualified no	nonrecourse financing \$ Other \$							
D I	lf filer i	s a memb	er of a consolidated	group but not the	e parent, enter	er the following information about the parent:							
	Name						EIN						
	Addres	s											
E (Check	if any exce	epted specified fore	ign financial asse	ts are reported	on this forr	m. Se	ee instruction	s				
F	Informa	ation abou	t certain other partn	ers (see instruction	ns)								
		(4) 11			(0) 4 1 1			(0) ('0'		(4) Ch	eck applicable l	oox(es)	
		(1) Na	me		(2) Address			(3) Identifica	tion number	Category 1	Category 2	Constructive owner	
G1	Name a	and addres	ss of foreign partners	ship						2(a) EIN (if a	ıny)		
MON	ROE	CAPITAI	L FUND SCSP	SICAV-RAIF	- PCF II	I				98-145	58911		
15	BOUL:	EVARD I	F.W. RAIFFEI	SEN						2(b) Reference	ce ID number (s	ee instructions)	
L-2	411	LUXEMBO	OURG										
LU										3 Country ur	nder whose la	ws organized	
										LU			
	Date of		5 Principal place of business		al business code number		Principal business 8a Function activity			,	8b Exchai	nge rate structions)	
								ΓING	_	.S.	(000 !!	oti dotiono)	
		/2017	LU	523					DOI	LLAR	1.0	0000000000	
			ving information for										
	Name, United		and identification nu	imber of agent (if a	any) in the	2 Che	7	f the foreign		Г			
	Officea	States						rm 1042		n 8804	Form 10	65	
						Serv	vice (Center where	Form 1065 is 1	iled:			
	NI					4 11			() '41				
			ss of foreign partne NY FIVE ASSET FUND A		unitry of	forei	ign p	artnership, an	d the location	custody of the b	and records, if d		
		S ALTÉRNAT RD F.W. RA		OMIN SARL				ALTERNATIVI F.W. RAIFI		D ADMIN SARI	_		
	ll LUXE	EMBOURG, E	BP 2501L-1025 LUX	EMBOURG		I	UXEM	BOURG, BP	2501L-1025	LUXEMBOURG			
LU						LU							
5			ear, did the foreign ection 267A? See ir		or accrue any i		roya	Ity for which	the deduction	n is not	Yes	X No	
			ne total amount of t								\$		
6			ip a section 721(c)						/21(c)-1T(b)(14\2	Yes	X No	
7			al allocations made						2.(0)(0)		Yes	X No	
8	Enter	the number	er of Forms 8858, I	nformation Return	of U.S. Persor	ns With Re	spec	t to Foreian [Disregarded I	Entities	103		
			eign Branches (FBs)				•	•	·	▶			
9	How is	s this parti	nership classified u	nder the law of th	ne country in wh	nich it's org	anize	ed?	► PARTNERS	HIP			
10a			e an interest in the for			_							
			503(d)-1(b)(4) or part	•		, ,		• .	•		Yes	X No	
			separate unit or combi			dated loss, a	as def	ined in Reg. 1.	1503(d)-1(b)(5	5)(ii)? >	Yes	X No	
11	Does 1. The	this partne e partnersh	ership meet both of the property of the prop	the following requ or the tax vear we	irements? ere less than \$2	50.000.)				
 The partnership's total receipts for the tax year were less than \$2 The value of the partnership's total assets at the end of the tax year "Yes," don't complete Schedules L, M-1, and M-2. 						ear was les	s tha	an \$1 million.	} .	▶	Yes	X No	
Sign Here Only Under penalties of perjury, I declare that I have examined this return,					, including a	ccom	panying sched	ules and state	ments, and to th	e best of my kn	owledge		
If You're This Fo	e Filing orm		n of which preparer ha		ition of preparer ((other than g	jenera	ai partiriei oi iiri	illed liability cc	прапу тепре) is based on all		
Separa	Separately and												
	ax Return. Signature of general partner or limited liability company member								Date				
Paid	Paid Print/Type preparer's name Preparer's signat				ature			Date	Check	if PTIN			
Prep	arer									self-em			
Use	Only	Firm's nam								Firm's E			
		Firm's addr	ess -							Phone r	10.1		

_		•
Par	Ar	_

Sc	hedul	le A	Constructive Owned box b, enter the national interest you constructive.	ership o me, add ictively o	f Partnership In Iress, and U.S. t wn. See instruct	iterest. Chec axpayer ident ions.	k the tification	boxes thon numb	at apply er (if ar	/ to th iy) of	ne filer. If y the person	you check (s) whose	
			a X Owns a direct				wns a co	onstructive	interest				
			Name		Add	lress	lo	lentificatio	n number	(if any)	Check if foreign person	Check if direct partner	
0.0		lo A 4	Cartain Bartners of	Faraian	Partnership (se	a instructions							
5c	neau	le A-1	Certain Partners of	Foreign	Partnersnip (se	e instructions	·)					Check if	
			Name		Add	Iress		Identi	fication nu	ımber (i	if any)	foreign person	
		le A-2	Foreign Partners of	of Sectio				าร)					
Na	me of partr	foreign ner	Address		Country of organization	U.S. taxpay identification in	yer iumber		related to		Percentage in		
	Parti				(if any)	(if any)		0.0. 41	11010101	Ca	apital %	Profits	
											%	<u>%</u> %	
Doe	s the	partne	rship have any other for	eign pers	on as a direct partr	∟ ner?					Yes	X No	
		le A-3	Affiliation Schedul										
			direct interest or inc	lirectly o	wns a 10% inter	est.		,					
			Name		Address			EIN			otal ordinary	Check if foreign	
			Name		7.001035			(if an	у)	ın	come or loss	partnership	
20	nedul	- B	Income Statement	Trado	or Business Inc								
Deductions (see instructions for limitations)		Less r Cost of Gross Ordina Net fa Net ga Other Total i Salarie Guara	receipts or sales eturns and allowances of goods sold profit. Subtract line 2 fr ary income (loss) from or arm profit (loss) (attach so ain (loss) from Form 479 income (loss). Combine es and wages (other tha anteed payments to partr ars and maintenance	om line 10 ther parti Schedule I 97, Part II atement) lines 3 th in to parti	nerships, estates, and form 1040)). I, line 17 (attach Formough 7	and trusts (attace)	ch state	ement) .*	1c 2 3 4 5 6 7 8 9				
r ji	12		ebts						12				
ns fc	13								13				
uctic	14		and licenses						14				
instr	15		st (see instructions)						15				
see			ciation (if required, atta						40.				
Š			depreciation reported el						16c				
Ö	17	-	tion (Don't deduct oil an	-					18				
r C	18		ment plans, etc.						19				
eq	19 Employee benefit programs								20				
	21		deductions (attach state deductions. Add the amo						21				
	22		ry business income (loss)						22				
<u></u>	23		t due under the look-back						23				
Payment	24	Interes	st due under the look-ba	ack meth	od - income foreca	ast method (atta	ach For	m 8866)	24				
Ŋ	25		AR imputed underpaym						25				
Ра	26	Other	taxes (see instructions)						26				
and	27		balance due. Add lines						27				
ğ	28	Payme	ent (see instructions)						28				
Тах	29		nt owed. If line 28 is sm						29				
_	30	Overp	ayment. If line 28 is larg	ger than I	ine 27, enter over	payment			30				

8X1911 1.000

Form 8865 (2018) 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	
	C	Other net rental income (loss). Subtract line 3b from line 3a	3c
	4	Guaranteed payments	4
(SS	5	Interest income.	5
Income (Loss)	6	Dividends and dividend equivalents: a Ordinary dividends	6a
=	Ū	b Qualified dividends . 6b	- Ou
Ĕ		c Dividend equivalents 6c	
2	7	Royalties	7
<u>-</u>	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	
	C	Unrecaptured section 1250 gain (attach statement) 9c	10
	10	Net section 1231 gain (loss) (attach Form 4797)	10
	11	Other income (loss) (see instructions) Type ▶	11
Su	12	Section 179 deduction (attach Form 4562)	12
Deductions	13 a		13a
<u>3</u>	b	Investment interest expense	13b
eq	С	Section 59(e)(2) expenditures: (1) Type ▶ (2) Amount ▶	13c(2)
	d	Other deductions (see instructions) Type ▶	13d
Self- Employ- ment	14a	Net earnings (loss) from self-employment	14a
Self plor	b	Gross farming or fishing income	14b
" Бг	С	Gross nonfarm income	14c
	15 a	Low-income housing credit (section 42(j)(5))	
<i>,</i> 0	b	Low-income housing credit (other)	15b
Credits	С	Qualified rehabilitation expenditures (rental real estate) (attach Form 3468)	15c
ē	d	Other rental real estate credits (see instructions) Type >	15d
ပ	е	Other rental credits (see instructions) Type ▶	15e
	f	Other credits (see instructions) Type ▶	15f
	16a	Name of country or U.S. possession ▶	
	b	Gross income from all sources.	16b
	C	Gross income sourced at partner level	
ટ	Ū	Foreign gross income sourced at partnership level	
ctions	Ч	Section 951A category ► e Foreign branch category ►	160
		Passive category ► g General category ► h Other (attach statement) ►	16h
US	'	Deductions allocated and apportioned at partner level	1011
<u>a</u>	i	Interest expense ▶ j Other	16i
_	'	Deductions allocated and apportioned at partnership level to foreign source income	16)
<u>ji</u>	1.	· · · · · · · · · · · · · · · · · · ·	461
Foreign Transa	k		161
ш			160
	p	Total foreign taxes (check one): Paid Accrued Accrued Paid Accrued	16p
	q	Reduction in taxes available for credit (attach statement)	16q
	r	Other foreign tax information (attach statement)	47.
e X v		Post-1986 depreciation adjustment.	17a
ti E E		Adjusted gain or loss	17b
un' Un'	C	• • •	17c
ter MT	d		17d
Alternative Minimum Tax (AMT) Items	е	· · · · · · · · · · · · · · · · · · ·	17e
	f	Other AMT items (attach statement)	17f
Ĕ	18 a	Tax-exempt interest income	18a
ţi	b	Other tax-exempt income	18b
E	С	Nondeductible expenses	18c
وّ	19a	Distributions of cash and marketable securities	19a
Other Information	b	Distributions of other property	19b
ē	20 a	Investment income	20a
된	b	Investment expenses	20b
U		Other items and amounts (attach statement)	

Form 8865 (2018) Page 4

Schedule L Balance Sheets pe	r Books. (Not required	if Item H11, page 1, is	s answered "Yes.")	1 age 4
	Beginning	of tax year	End of	tax year
Assets	(a)	(b)	(c)	(d)
1 Cash				
2a Trade notes and accounts receivable				
b Less allowance for bad debts				
3 Inventories				
4 U.S. government obligations				
5 Tax-exempt securities				
6 Other current assets (attach statemen	t)			
7a Loans to partners (or persons related	0			
partners)				
b Mortgage and real estate loans				
8 Other investments (attach statement)				
9 a Buildings and other depreciable assets	3			
b Less accumulated depreciation				
10 a Depletable assets				
b Less accumulated depletion				
11 Land (net of any amortization)				
12 a Intangible assets (amortizable only)				
b Less accumulated amortization				
13 Other assets (attach statement)				
14 Total assets				
Liabilities and Capital				
15 Accounts payable				
16 Mortgages, notes, bonds payable in less than 1 ye	ar			
17 Other current liabilities (attach statemen	t)			
18 All nonrecourse loans				
19 a Loans from partners (or persons related to partner	s)			
b Mortgages, notes, bonds payable in 1 year or mor	e			
20 Other liabilities (attach statement)				
21 Partners' capital accounts				
22 Total liabilities and capital				

Page 5 Form 8865 (2018)

Scl	nedule M Balance Sheets for	r Interest Allocation			
				(a)	(b) End of
				Beginning of tax year	tax year
1	Total U.S. assets				,
2	Total foreign assets:				
а	Passive category				
	General category				
	Other (attach statement)				
Scl	nedule M-1 Reconciliation of I	Income (Loss) per Books	s With	n Income (Loss) per Re	turn. (Not required if Item
	H11, page 1, is answe				
		6	Incor	me recorded on books this	
1	Net income (loss) per books		tax v	ear not included on Schedule K,	
2	Income included on Schedule K,		•	1 through 11 (itemize):	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,			exempt interest \$	
	and 11 not recorded on books				
	this tax year (itemize): \$	7	Dedu	uctions included on Schedule	
3	Guaranteed payments (other			ies 1 through 13d, and 16p not	
-	than health insurance)			ged against book income this	
4	Expenses recorded on books			ear (itemize):	
-	this tax year not included on			reciation \$	
	Schedule K, lines 1 through		-		
	13d, and 16p (itemize):				
а	Depreciation \$				
	Travel and entertainment \$	8		lines 6 and 7	
-		9		me (loss). Subtract line 8	
5	Add lines 1 through 4			line 5	
Scl	nedule M-2 Analysis of Partner	rs' Capital Accounts. (Not r			nswered "Yes.")
1	Balance at beginning of tax year	6	Dist	ributions: a Cash	
2	Capital contributed:			b Property	
	· · · · · · · · · · · · · · · · · · ·	7	Othe	er decreases (itemize): \$	
	b Property				
3	Net income (loss) per books				
4	Other increases (itemize): \$				
		8	Add	lines 6 and 7	
		9		nce at end of tax year.	
5	Add lines 1 through 4		Sub	tract line 8 from line 5	

Form 8865 (2018)
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).

liai	isaction that occurred between th	e loreigh parthership and			
	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				
a	Add lines 1 through 8				
	Add inies i tiriough o				
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				
	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
20	Amounts borrowed (enter the				
	maximum loan balance				
	during the tax year). See				
	instructions				
21	Amounts loaned (enter the				
	maximum loan balance				
	during the tax year). See				
_	instructions				- 0005
					Form 8865 (2018)

SCHEDULE 0 (Form 8865)

Department of the Treasury

(Rev. December 2018)

Transfer of Property to a Foreign Partnership (Under Section 6038B)

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

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

OMB No. 1545-1668

nternal Revenue Service		20 to WWW.	3.g0 1/1 01111000	5 for instructions and	the latest iiii			
Name of transferor	ame of transteror INDIANAPOLIS MUSEUM OF ART, INC.						fying number	
		ART, INC.		Ent (c)		35-086		
Name of foreign partners	•			EIN (if any)		Reference II	O number (see inst	ructions)
MONROE CAPITA				98-1458911				
1.721(c)-1T(b If "Yes," was t	b)(14))? See i the gain deferra	nstructions I method applied	I to avoid the re	ned in Temporary Re cognition of gain upon tenticipated to be, at the	he contributio	n of propert	y?	Yes X No Yes No
•	•	•		egulations section 1.4				Yes X No
		e Under Section		egulations section 1	+02-7 (c)(1):			163 110
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of tra		er Reco	(e) very period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
 Cash	12/17/2018		150	,000.				
	12/1//2010		130	,000.				
Stock, notes receivable and payable, and other								
securities								
nventory								
Tangible property								
used in trade or business								
ntangible property described in section 197(f)(9)								
ntangible property, other than intangible property described n section 197(f)(9)								
Other property								
Totals								
				ship: (a) Before the transtructions):	nsfer	% (b) After the trans	1.359 %
Part II Dispos	itions Report	able Under Se	ction 6038B					
(a) Type of	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreci recapt recogni by partne	ure zed	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
	tronofor	tod on this set	hadula subis	4.40 min vo continu		tion 204"	(1)(2)	
			=	t to gain recognition		-		Yes X No

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

Schedule O (Form 8865) 12-2018

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**

Part I U.S. Transferor Information (see instructions)							
Name of transferor INDIANAPOLIS MUSEUM OF ART, I	INC.	Identifying number (see instructions)					
		35-0867955					
 1 Is the transferee a specified 10%-owned foreign corporation th 2 If the transferor was a corporation, complete questions 2a throi a If the transfer was a section 361(a) or (b) transfer, was the transfered or fewer domestic corporations? 	ugh 2d. nsferor controlled (under section	on 368(c)) by					
	b Did the transferor remain in existence after the transfer?						
If not, list the controlling shareholder(s) and their identifying nur		Yes No					
in not, list the controlling shareholder(s) and their identifying har	niber(3).						
Controlling shareholder	Iden	tifying 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	the parent corporation.	Yes No					
Name of parent corporation	EIN of p	parent corporation					
d Have basis adjustments under section 367(a)(4) been made? .		Yes No					
3 If the transferor was a partner in a partnership that was the complete questions 3a through 3d.a List the name and EIN of the transferor's partnership.	actual transferor (but is not	treated as such under section 367),					
Name of partnership	EIN	of partnership					
BAUPOST VALUE PARTNERS, L.PIV		2208448					
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?	otworkings)	Yes X No					
Part II Transferee Foreign Corporation Information (see in	istructions)						
4 Name of transferee (foreign corporation) BVP-IV CAYMAN XIV LIMITED		5a Identifying number, if any FOREIGNUS					
6 Address (including country)		5b Reference ID number (see instructions)					
PO BOX 309 UGLAND HOUSE		BPV-IV					
GEORGE TOWN GRAND CAYMAN CJ KY1-1104		DEV IV					
7 Country code of country of incorporation or organization (see in	isti uctions)						
CJ							
8 Foreign law characterization (see instructions)							
CORPORATION	ation?	7 V					
9 Is the transferee foreign corporation a controlled foreign corpor	auon.						
For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 11-2018)					

Form 926 (Rev. 11-2018) Page **2**

Part III Infor		Transfer of Property	(see instru	ctions)		
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
If "Yes," sk		Part III and go to Part IV.				X Yes No
Type of property	er Property (other	er than intangible prop (b) Description of property	Fair m	(c) arket value on of transfer	(d) (cost or other basis	(e) Gain recognized on transfer
Stock and securities		Frehany				
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
 Totals						
foreign cor If "Yes," go b Was the trace (including a If "Yes," co c Immediate transferee If "Yes," co d Enter the t	poration? to to line 12b. ansferor a domestical branch that is a forentinue to line 12c. It ly after the transferoreign corporation? continue to line 12d. It ransferred loss amounts of the properties of the	corporation that transfereign disregarded entity) to "No," skip lines 12c and er, was the domestic co	rred substar to a specified I 12d, and go orporation a go to line 13 ome as requ	oreign disregard ntially all of the d 10%-owned for to to line 13. a U.S. shareho dired under sect	assets of a foreign be briefly corporation?	Yes No
Section C - Inta	ngible Property S	Subject to Section 367	(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length pric on date of transfe		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
i otalo						

Page 3 Form 926 (Rev. 11-2018)

14a b c	reasonably anticipated to exceed 20 years?	Yes Yes	No No No
15	Regulations section 1.367(d)-1(c)(3)(ii) ► \$ 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)?	Yes	☐ No
3upp	plemental Part III Information Required To Be Reported (see instructions)		
Part	Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before . 273 % (b) After . 294 %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С		Yes	X No
d	Recapture under section 1503(d)	163	37
19		Yes	X No
20 a	Recapture under section 1503(d)		X No
	Recapture under section 1503(d)	Yes	
	Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes	X No
b	Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Yes Yes	X No
b c	Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions If "Yes," complete lines 20b and 20c.	Yes Yes	X No
	Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	Yes Yes	X No
	Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification? Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions. If "Yes," complete lines 20b and 20c. Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes Yes	X No X No

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**

Part I U.S. Transferor Information (see instructions)							
Name of transferor $\ \ \ \ \ \ \ \ \ \ \ \ \ $	INC.	Identifying number (see instructions)					
		35-0867955					
 1 Is the transferee a specified 10%-owned foreign corporation the 2 If the transferor was a corporation, complete questions 2a through the transfer was a section 361(a) or (b) transfer, was the transfered or fewer domestic corporations? 	ugh 2d. nsferor controlled (under section	on 368(c)) by					
	b Did the transferor remain in existence after the transfer?						
If not, list the controlling shareholder(s) and their identifying nu		Yes No					
Controlling shareholder	Iden	tifying 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	the parent corporation.						
Name of parent corporation	FINI of						
Name of parent corporation	Elivion	parent corporation					
d Have basis adjustments under section 367(a)(4) been made? .		Yes No					
3 If the transferor was a partner in a partnership that was the complete questions 3a through 3d.a List the name and EIN of the transferor's partnership.	actual transferor (but is not	treated as such under section 367)					
Name of partnership	FIN	of partnership					
Name of partnersing	LIN	or partifership					
HELLMAN & FRIEDMAN CAPITAL PTNRS VIII	98-	1186863					
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	0 ,						
securities market?		Yes X No					
Part II Transferee Foreign Corporation Information (see in	istructions)	Foldowiif view womb on if any					
4 Name of transferee (foreign corporation) NETS TOPCO 2 SARL FKA EVERGOOD LUX	2 SARL	5a Identifying number, if any 98–1390938					
5 RUE GUILLAUME KROLL L-1882 LUXEN	Address (including country) 5 RUE GUILLAUME KROLL L-1882 LUXEMBOUR 5b Reference (see instruction)						
 Country code of country of incorporation or organization (see i LU 	nstructions)						
8 Foreign law characterization (see instructions)							
CORPORATION							
9 Is the transferee foreign corporation a controlled foreign corpor	ation?	X Yes No					
For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 11-2018					

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Part III Infor	mation Regarding	Transfer of Property (see instru	ctions)		
Section A - Casl	n					
Type of property	(a) Date of transfer	(b) Description of property	I	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	03/12/2018	property		277,157.		
If "Yes," sk		art III and go to Part IV.				X Yes No
Section B - Oth		than intangible prope	erty subje			
Type of property	(a) Date of transfer	(b) Description of property	I	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
bant in 1000						
Totals						
foreign cor If "Yes," go b Was the tra (including a If "Yes," co c Immediate transferee a If "Yes," co d Enter the tra 13 Did the trai	poration? to to line 12b. ansferor a domestic of a branch that is a fore ontinue to line 12c. If "ly after the transfer, foreign corporation? ontinue to line 12d. If transferred loss amounts.	corporation that transferring disregarded entity) to No," skip lines 12c and was the domestic control skip line 12d, and interior included in gross incontrol transferring the section strions 14a through 15.	red substar of a specified 12d, and go rporation go to line 13 me as requ	ntially all of the of d 10%-owned for o to line 13. a U.S. shareho 3. uired under secti	assets of a foreign boreign corporation?	ranch Yes No
Section C - Inta	ngible Property Su	ubject to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfe		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
 Totals						
i otalo						222

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b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? 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? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost 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) 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)? Ilemental Part III Information Required To Be Reported (see instructions)	Yes Yes Yes	No No No
supp	Temental Part III Information Required To be Reported (see Instructions)		
Part	Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before <u>NONE</u> % (b) After <u>. 008233</u> %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions.	Yes	X No
_	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$		
С	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
04	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		X No
	covered by section 367(e)(1)? See instructions	Yes	X No

(Rev. November 2018) 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**

Part I U.S. Transferor Information (see instructions)	-	-				
Name of transferor INDIANAPOLIS MUSEUM OF ART, I	NC.	Identifying number (see instructions)				
		35-0867955				
1 Is the transferee a specified 10%-owned foreign corporation that	at is not a controlled foreign c	orporation? Yes X No				
2 If the transferor was a corporation, complete questions 2a through	ıgh 2d.					
a If the transfer was a section 361(a) or (b) transfer, was the tran	a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by					
five or fewer domestic corporations?						
b Did the transferor remain in existence after the transfer?		Yes No				
If not, list the controlling shareholder(s) and their identifying nun	nber(s).					
Controlling shareholder	lden	tifying 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		it the parent				
If not, list the name and employer identification number (EIN) of	the parent corporation.					
Name of parent corporation	EIN of p	parent corporation				
d Have basis adjustments under section 367(a)(4) been made?		Yes No				
3 If the transferor was a partner in a partnership that was the complete questions 3a through 3d.	actual transferor (but is not	treated as such under section 367).				
a List the name and EIN of the transferor's partnership.						
Name of partnership	EIN	of partnership				
MITHRIL II LP	81-	1910436				
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 a	an established				
securities market?		Yes X No				
Part II Transferee Foreign Corporation Information (see in	structions)					
4 Name of transferee (foreign corporation)		5a Identifying number, if any				
GREY ORANGE PTE, LTD.		FOREIGNUS				
6 Address (including country)	D	5b Reference ID number (see instructions)				
20 BENDEMMER ROAD #3-12, CYBERHUB B	UTLD	GREY				
SINGAPORE SN 339914 7 Country code of country of incorporation or organization (see in	etructions)					
	an uoliona)					
SN 8 Foreign law characterization (see instructions)						
CORPORATION						
9 Is the transferee foreign corporation a controlled foreign corporation	ation?	Yes X No				
For Panaryuark Bodystian Act Notice and controlled instructions		- 026 (5 1100				

		Transfer of Property	(see instru	ıctions)		
Section A - Casl						
Type of property	(a) Date of transfer	(b) Description of property		(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	08/17/2018			182,165.		
If "Yes," sk		nsferred? Part III and go to Part IV. er than intangible prop	nerty subje	ct to section 3		X Yes No
Type of property	(a) Date of transfer	(b) Description of property	Fair m	(c) narket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities	Transier -	proposity		0 01 11 01 101 01	240.0	
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
Totals						
foreign cor If "Yes," go b Was the tra (including a If "Yes," co c Immediate transferee If "Yes," co d Enter the tra 13 Did the trai	poration? to to line 12b. ansferor a domestical branch that is a forentinue to line 12c. If ly after the transferoreign corporation? ontinue to line 12d. If ransferred loss amounts of the properties of the p	corporation that transfe eign disregarded entity) is "No," skip lines 12c and r, was the domestic control of "No," skip line 12d, and unt included in gross incoerty described in section estions 14a through 15.	rred substa to a specifie 1 12d, and g orporation go to line 1 ome as req	ntially all of the ed 10%-owned for jo to line 13. a U.S. shareho	assets of a foreign be preign corporation?	ranch Yes No
Section C - Inta	ngible Property S	Subject to Section 367	(d)	1		
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfe		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
i Ulais						

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b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years?	Yes Yes Yes	No No No
Part	IV Additional Information Regarding Transfer of Property (see instructions)		
16 17 18 a b c d 19 20a	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before < 10	Yes Yes Yes Yes Yes Yes Yes Yes	X No X No
c 21	Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions	Yes Yes	□ No X No

(Rev. November 2018) Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0026

Attachment Sequence No. **128**

V.S. Transferor information (see instructions)	
Name of transferor INDIANAPOLIS MUSEUM OF ART, INC.	Identifying number (see instructions)
4	35-0867955 foreign corporation? Yes X No
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled	foreign corporation? Yes
If the transferor was a corporation, complete questions 2a through 2d.If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (ur	der coation 369(a)) by
five or fewer domestic corporations?	
b Did the transferor remain in existence after the transfer?	
If not, list the controlling shareholder(s) and their identifying number(s).	res Ino
ii not, list the controlling shareholder(s) and their identifying humber(s).	
Controlling shareholder	Identifying number
c If the transferor was a member of an affiliated group filing a consolidated ret	. — —
corporation? If not, list the name and employer identification number (EIN) of the parent corporat	on.
Name of parent corporation	EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been made?	Yes No
3 If the transferor was a partner in a partnership that was the actual transferor (b complete questions 3a through 3d.	ut is not treated as such under section 367
a List the name and EIN of the transferor's partnership.	
Name of partnership	EIN of partnership
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets	? Yes No
c Is the partner disposing of its entire interest in the partnership?	
d Is the partner disposing of an interest in a limited partnership that is regularly tra	
securities market?	
Part II Transferee Foreign Corporation Information (see instructions)	
4 Name of transferee (foreign corporation) CERBERUS GLOBAL NPL FEEDER FUND, L.P.	5a Identifying number, if any FOREIGNUS
6 Address (including country)	5b Reference ID number
	(see instructions)
875 THIRD AVENUE, 12TH FLOOR NEW YORK, NY 10022	CERBERUS
7 Country code of country of incorporation or organization (see instructions)	
CJ	
8 Foreign law characterization (see instructions)	
CAYMAN ISLANDS EXEMPTED LIMITED PARTNERSHIP	
9 Is the transferee foreign corporation a controlled foreign corporation?	
For Paperwork Reduction Act Notice, see separate instructions.	Form 926 (Rev. 11-2018

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Part III Infor	mation Regarding	Transfer of Property (see instru	ctions)		
Section A - Casl	n					
Type of property	(a) Date of transfer	(b) Description of property	I	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR	property		1,046,069.		
If "Yes," sk	the only property trans	art III and go to Part IV.				X Yes No
Section B - Oth		than intangible prope	erty subje			(2)
Type of property	(a) Date of transfer	Description of property	I	(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						_
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
 Totals						
foreign cor If "Yes," go b Was the tra (including a If "Yes," co c Immediate transferee of If "Yes," co d Enter the tra Did the tra	poration? to to line 12b. ansferor a domestic of a branch that is a foreigntinue to line 12c. If "ly after the transfer, foreign corporation? ontinue to line 12d. If "ransferred loss amou	orporation that transferr gn disregarded entity) to No," skip lines 12c and was the domestic co No," skip line 12d, and on tincluded in gross incourty described in section of	red substar o a specifie 12d, and g rporation go to line 13 me as req	ntially all of the and	assets of a foreign b reign corporation?	ranch Yes No
Section C - Inta	ngible Property Su	bject to Section 367(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
						000

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b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? 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? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost 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) 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)?	Yes Yes Yes	No No No
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Part	Additional Information Regarding Transfer of Property (see instructions)		
	.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
. •	(a) Before < 10 % (b) After < 10 %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Yes	X No
	If "Yes." complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) > \$		
C	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
_	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

Department of the Treasury Internal Revenue Service

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OMB No. 1545-0026

Attachment Sequence No. **128**

Part I	U.S. Transferor Information (see instructions)					
Name of trans	sferor INDIANAPOLIS MUSEUM OF ART, I	INC.	Identifying number (s		ons)	
			35-086795	5		1
2 If the	transferee a specified 10%-owned foreign corporation the transferor was a corporation, complete questions 2a through	ugh 2d.	•	Yes	X	No
	transfer was a section 361(a) or (b) transfer, was the transfer was a section 361(a) or (b) transfer.			٦		1
	r fewer domestic corporations?			Yes		No
	ne transferor remain in existence after the transfer?			Yes		No
If not	, list the controlling shareholder(s) and their identifying nur	mber(s).				
	Controlling shareholder	Iden	tifying number			
corpo	e transferor was a member of an affiliated group filing pration? I list the name and employer identification number (EIN) of		. —	Yes		No
	Name of parent corporation	EIN of p	parent corporation			
d Have	basis adjustments under section 367(a)(4) been made? .			Yes		No
comp	transferor was a partner in a partnership that was the elete questions 3a through 3d. the name and EIN of the transferor's partnership.	actual transferor (but is not	treated as such t	under se	ction	367),
	Name of partnership	EIN	of partnership			
h Did th	ne partner pick up its pro rata share of gain on the transfer	of partnership accets?		Yes	$\overline{}$	Na
	partner disposing of its entire interest in the partnership?			+		No
	 partner disposing of an interest in a limited partnership 			Yes	Ш	No
	partner disposing of an interest in a limited partnership ities market?			Yes		No
Part II	Transferee Foreign Corporation Information (see in	nstructions)		163		110
	e of transferee (foreign corporation)		5a Identifying nu	ımber. if	anv	
	EQUITY PARTNERS FUND III, L.P.		FOREI	-	arry	
	ess (including country)		5b Reference ID			
		SQUAR	(see instructions			
	DHABI CJ KY1 9005	~ ~	GC EPF III			
	try code of country of incorporation or organization (see in	nstructions)				
CJ		·				
	gn law characterization (see instructions)					
	I ISLANDS EXEMPTED LIMITED PARTNE	RSHIP				
	transferee foreign corporation a controlled foreign corporation			Yes	X	No
	3 1 2 2 2 2 2 3 3 3 4 2 4 2 4 2 4 2 4 2 4 2					

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Part III Infor	mation Regarding	Transfer of Property (see instruct	ions)		
Section A - Casl	า					
Type of property	(a) Date of transfer	(b) Description of property	Fair mark	(c) ket value on f transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR	property		104,890.		
If "Yes," sk	the only property trans	art III and go to Part IV.				X Yes No
Section B - Oth		than intangible prope				
Type of property	(a) Date of transfer	(b) Description of property	Fair mark	(c) ket value on f transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
Inventory						
Other property						
(not listed under another category)						
Property with built-in loss						
Totals						
foreign cor If "Yes," go b Was the tra (including a If "Yes," co c Immediate transferee a If "Yes," co d Enter the tra 13 Did the trai	poration? to line 12b. cansferor a domestic can branch that is a foreign time 12c. If " ly after the transfer, foreign corporation? continue to line 12d. If " cansferred loss amounts.	orporation that transferr gn disregarded entity) to No," skip lines 12c and was the domestic column. No," skip line 12d, and on tincluded in gross incolumnty described in section 3 tions 14a through 15.	ed substanti a specified 12d, and go rporation a go to line 13. me as requir	ally all of the a 10%-owned for to line 13. U.S. sharehold ed under sectio	ssets of a foreign b eign corporation? der with respect to	ranch Yes No
Section C - Inta	naible Property Su	bject to Section 367(c	d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						000

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14a b c	reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? 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? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in	Yes Yes	No No No
15	Regulations section 1.367(d)-1(c)(3)(ii) ► \$ 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)?	Yes	☐ No
3upp	plemental Part III Information Required To Be Reported (see instructions)		
Part	V Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before < 10		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions.	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Forting the detail account of main and account of main and account to December 1 and		
С	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) > \$		
	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes	□ No X No

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

OMB No. 1545-0026

Attachment Sequence No. **128**

Par	U.S. Transferor Information (see instructions)	•	 	
Name	of transferor INDIANAPOLIS MUSEUM OF ART, I	NC.	Identifying number (see instruction	ons)
			35-0867955	V
1	Is the transferee a specified 10%-owned foreign corporation the lift the transferor was a corporation, complete questions 2a through		orporation? L Yes	X No
2 a	If the transfer was a section 361(a) or (b) transfer, was the transfer was a section 361(a) or (b) transfer, was the transfer was the transfer was a section 361(a) or (b) transfer, was the transfer was a section 361(a) or (b) transfer, was the transfer was a section 361(a) or (b) transfer.	=	on 368(c)) by	
а	five or fewer domestic corporations?			No
b	Did the transferor remain in existence after the transfer?		l l	No
	If not, list the controlling shareholder(s) and their identifying nur			
	Controlling shareholder	lden	tifying number	
С	If the transferor was a member of an affiliated group filing corporation? If not, list the name and employer identification number (EIN) of		it the parent	□ No
	Name of parent corporation	EIN of p	parent corporation	
d	Have basis adjustments under section 367(a)(4) been made? .		Yes	No
3	If the transferor was a partner in a partnership that was the complete questions 3a through 3d.	actual transferor (but is not	treated as such under sec	ction 367),
a	List the name and EIN of the transferor's partnership.	<u> </u>		
	Name of partnership	EIN	of partnership	
	Did the partner pick up its pro rata share of gain on the transfer	of partnership assets?	Yes	No
	Is the partner disposing of its entire interest in the partnership?			No
	Is the partner disposing of an interest in a limited partnership			
	securities market?			No
Par		structions)		
4	Name of transferee (foreign corporation)		5a Identifying number, if	any
	COMMONFUND GLOBAL ABSOLUTE ALPHA CO		FOREIGNUS	
6	Address (including country)		5b Reference ID number (see instructions)	
	5 OLD DANBURY ROAD WILTON, CT 06897		CF GLOBAL	
7	Country code of country of incorporation or organization (see in	nstructions)		
	CJ			
8 C7.5	Foreign law characterization (see instructions)			
<u>CA</u>	YMAN ISLANDS EXEMPTED COMPANY Is the transferee foreign corporation a controlled foreign corporation.	ation?	Yes	X No
	In any work Reduction Act Notice are consists instructions	шшт.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		A NO

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Part III Infor		Transfer of Property	(see instru	ctions)		
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR			10,700,000.		
	the only property trai cip the remainder of I	nsferred? Part III and go to Part IV.				Yes No
Section B - Oth		er than intangible prop	erty subje			(a)
Type of property	(a) Date of transfer	(b) Description of property	I	(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
 Totals						
foreign cor If "Yes," go b Was the tra (including a If "Yes," co c Immediate transferee If "Yes," co d Enter the t 13 Did the tra	poration? to to line 12b. ansferor a domestic a branch that is a for ontinue to line 12c. If ly after the transfer foreign corporation? ontinue to line 12d. If ransferred loss amo nsferor transfer prop	corporation that transfereign disregarded entity) to "No," skip lines 12c and r, was the domestic control of "No," skip line 12d, and unt included in gross incontrol described in section estions 14a through 15.	rred substar to a specified I 12d, and go orporation a go to line 13 ome as requ	ntially all of the d 10%-owned fo o to line 13. a U.S. shareho d	assets of a foreign broreign corporation?	Yes No
Section C - Inta	ngible Property S	Subject to Section 367	(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfe		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

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b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? 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? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost 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) 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)?	Yes Yes Yes	No No No
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Part	Additional Information Regarding Transfer of Property (see instructions)		
	.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
. •	(a) Before < 10 % (b) After < 10 %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Yes	X No
	If "Yes." complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) > \$		
C	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
_	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

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**

Part I U.S. Transferor Information (see instructions)				
Name of transferor INDIANAPOLIS MUSEUM OF ART,	INC.	Identifying number (s		ons)
		35-086795	5	
 1 Is the transferee a specified 10%-owned foreign corporation t 2 If the transferor was a corporation, complete questions 2a three a If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? 	ough 2d. ansferor controlled (under secti	on 368(c)) by	Yes	X No
b Did the transferor remain in existence after the transfer?			Yes	No
If not, list the controlling shareholder(s) and their identifying no				
Controlling shareholder	Iden	ntifying number		
c If the transferor was a member of an affiliated group filin corporation?	•	. —	Yes	□ No
If not, list the name and employer identification number (EIN) of	of the parent corporation.			
Name of parent corporation	EIN of	parent corporation		
d Have basis adjustments under section 367(a)(4) been made?			Yes	No
3 If the transferor was a partner in a partnership that was the complete questions 3a through 3d.a List the name and EIN of the transferor's partnership.	e actual transferor (but is not	t treated as such u	under se	ction 367)
Name of partnership	FIN	of partnership		
The state of the s		or partition only		
b Did the partner pick up its pro rata share of gain on the transfe	or of partnership assets?		Yes	No
c Is the partner disposing of its entire interest in the partnership			Yes	No
d Is the partner disposing of an interest in a limited partnersh] 103	
securities market?			Yes	No
Part II Transferee Foreign Corporation Information (see	instructions)			
4 Name of transferee (foreign corporation) WMA INTERNATIONAL EQUITY 130/30 OF	FSHORE FUND	5a Identifying nu		any
6 Address (including country)		5b Reference ID (see instructions		
C/O MILL. MGMT, 666 FIFTH AVENUE, 8		WMA INTERNATION	NAL	
7 Country code of country of incorporation or organization (see	instructions)			
CJ				
8 Foreign law characterization (see instructions)				
CAYMAN ISLANDS EXEMPTED COMPANY			1	T ==1
9 Is the transferee foreign corporation a controlled foreign corpo	oration?		Yes	X No
For Paperwork Reduction Act Notice, see separate instructions.		Fo	orm 926	(Rev. 11-2018

Part III Infor	mation Regarding	Transfer of Property (see instru	ctions)		
Section A - Cash	า					
Type of property	(a) Date of transfer	(b) Description of property		(c) parket value on e of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR			10,600,000.		
If "Yes," sk		art III and go to Part IV.				X Yes No
	er Property (otner (a)	r than intangible prope	erty Subje	(c) Section 3	(d)	(e)
Type of property	Date of transfer	Description of property		e of transfer	Cost or other basis	Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
 Totals						
foreign cor If "Yes," go b Was the tra (including a If "Yes," co c Immediate transferee a If "Yes," co d Enter the tra Did the trail	poration? ansferor a domestic of a branch that is a fore ontinue to line 12c. If ly after the transfer foreign corporation? ansferred loss amounts for transfer propores.	anch (including a branch corporation that transferreign disregarded entity) to "No," skip lines 12c and was the domestic corporation skip line 12d, and gunt included in gross incorporations 14a through 15.	ed substant a specified 12d, and grooration go to line 13 me as req	ntially all of the and	assets of a foreign b reign corporation?	ranch Yes No
Section C - Inta	ngible Property S	ubject to Section 367(c	d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfel		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
				<u> </u>		

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b c d	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? 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? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost 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) 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)?	Yes Yes Yes	No No No
Supp	Iemental Part III Information Required To Be Reported (see instructions)		
Part	Additional Information Regarding Transfer of Property (see instructions)		
	.		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
. •	(a) Before < 10 % (b) After < 10 %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions	Yes	X No
	If "Yes." complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) > \$		
C	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
_	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No

Form **926** (Rev. 11-2018)

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**

Part I U.S. Transferor Information (see instructions)				
Name of transferor INDIANAPOLIS MUSEUM OF ART,	INC.	Identifying number	•	ons)
		35-08679	<u>55</u>	
 1 Is the transferee a specified 10%-owned foreign corporation t 2 If the transferor was a corporation, complete questions 2a three a If the transfer was a section 361(a) or (b) transfer, was the transfer or fewer domestic corporations? 	ough 2d. ansferor controlled (under secti	on 368(c)) by	Yes	X No
b Did the transferor remain in existence after the transfer?			Yes	No
If not, list the controlling shareholder(s) and their identifying no				
Controlling shareholder	Iden	tifying number		
c If the transferor was a member of an affiliated group filing corporation?			Yes	□ No
If not, list the name and employer identification number (EIN) of	of the parent corporation.			
Name of parent corporation	EIN of	parent corporatio	n	
d Have basis adjustments under section 367(a)(4) been made?		L	Yes	No
3 If the transferor was a partner in a partnership that was the complete questions 3a through 3d.a List the name and EIN of the transferor's partnership.	e actual transferor (but is not	treated as such	under se	ction 367)
Name of partnership	EIN	of partnership		
·				
b Did the partner pick up its pro rata share of gain on the transfe	ur of partnership assets?		Yes	No
c Is the partner disposing of its entire interest in the partnership'			Yes	No
d Is the partner disposing of an interest in a limited partnersh				
securities market?			Yes	No
Part II Transferee Foreign Corporation Information (see	instructions)			
4 Name of transferee (foreign corporation) WMA U.S. EQUITY 130/30 OFFSHORE FU	ND	5a Identifying I	number, if IGNUS	any
6 Address (including country)		5b Reference II (see instruction		
C/O MILL. MGMT, 666 FIFTH AVENUE, 8		WMA U.S.		
7 Country code of country of incorporation or organization (see	instructions)			
CJ				
8 Foreign law characterization (see instructions)				
CAYMAN ISLANDS EXEMPTED COMPANY		T		77
9 Is the transferee foreign corporation a controlled foreign corpo	oration?		Yes	X No
For Paperwork Reduction Act Notice, see separate instructions.			Form 926	(Rev. 11-2018

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		Transfer of Property	(see instrud	ctions)		
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	VAR			9,200,000.		
If "Yes," sk	ip the remainder of F	nsferred? Part III and go to Part IV.				X Yes No
Section B - Oth		r than intangible prop	erty subjec			(0)
Type of property	(a) Date of transfer	(b) Description of property		(c) arket value on of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities						
Inventory						
Other property (not listed under another category)						
Property with built-in loss						
 Totals						
foreign cor If "Yes," go b Was the tra (including a If "Yes," co c Immediate transferee of If "Yes," co d Enter the tra Did the trail	poration? to line 12b. ansferor a domestic branch that is a for ontinue to line 12c. If ly after the transferoreign corporation? antinue to line 12d. If ransferred loss amonsferor transfer proporation?	corporation that transfer eign disregarded entity) to "No," skip lines 12c and r, was the domestic common transfer eign disregarded entity) to "No," skip lines 12c and r, was the domestic common transfer eign and untincluded in gross incompetity described in section estions 14a through 15.	red substant of a specified aspecified aspecified and go or poration aspecified aspecified aspecified as a specified aspecified as required as required as required.	tially all of the all 10%-owned for the line 13. In U.S. sharehold the line with the line is the line is the line is the line is the line with the line is the line with the line is the	led entity) transferred assets of a foreign breign corporation?	ranch Yes No
Section C - Inta	ngible Property S	Subject to Section 367	(d)			
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals						

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14a b c	reasonably anticipated to exceed 20 years? At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? 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? If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in	Yes Yes	No No No
15	Regulations section 1.367(d)-1(c)(3)(ii) ► \$ 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)?	Yes	☐ No
3upp	plemental Part III Information Required To Be Reported (see instructions)		
Part	V Additional Information Regarding Transfer of Property (see instructions)		
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer. (a) Before < 10		
17	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)	Yes	X No
d	Exchange gain under section 987	Yes	X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? See instructions.	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Forting the detail account of main and account of main and account to December 1 and		
С	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$		
	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did the domestic corporation not recognize gain or loss on the distribution of property because the	Yes Yes	□ No X No

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CASH

12/18/2018

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER 204,204.

CASH

03/12/2018

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER 277,157.

CASH

08/17/2018

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER 182,165.

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 1,046,069.

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 104,890.

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 10700000.

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 10600000.

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 9,200,000.

PRE-2018 NOL CARRYFORWARDS

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
6/30/2019	-	33,131	1,989,329

POST-2017 NOL CARRYFORWARD ACTIVITY: INCOME FROM K-1 INVESTMENTS

YEAR END	GENERATED	UTILIZED	BALANCE
6/30/2019	237,006	-	237,006

POST-2017 NOL CARRYFORWARD ACTIVITY: RETAIL SHOP

YEAR I	END GE	NERATED U	TILIZED B	ALANCE
6/3	0/2019	262,955	-	262,955

POST-2017 NOL CARRYFORWARD ACTIVITY: UNRELATED DEBT-FINANCED INCOME

YEAR	END G	ENERATED	UTILIZED	BALANCE
6/3	30/2019	218,479	_	218,479

INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2019 CHARITABLE CONTRIBUTIONS

YEAR END	GENERATED	UTILIZED	BALANCE
6/30/2016	4,400	-	4,400
6/30/2017	-	-	4,400
6/30/2018	-	-	4,400
6/30/2019	-	-	4,400

Form 990-T, Schedule E Line 3B Detail

Salaries & wages	67,816
Employee benefit programs	14,169
Rent expense	9,670
Accounting Fees	1,360
Other miscellaneous expense	3,845
Total other deductions	96,860

Indianapolis Museum of Art EIN: 35-0867955 Year End: 06/30/2019

Contribution Carryover Attachment

Charitable Contributions	-
Charitable Contributions from Pass-Throughs	
Total Charitable Contributions	-

Catering and Event Income - Sch M, Part II, Line 20, Contribution Carryover:

Line 20 - Contribution Deduction

1. Taxable Income (Excluding Contributions)

2. Less: NOL Carryover

3. Taxable Income without regard to Contributions

4. Contribution Deduction Limitation (Taxable Income X 10%)

5. Amount of Deductible Contributions

4,400

6. Contribution Deduction (Lesser of Line 4 or Line 5)

-

5 Year Contribution Carryover

Year Ending	Amount Generated	Amount Available	Amount Utilized	Carryover to Next Year
		71141141515		TTOAL TOUL
6/30/2016	4,400	4,400	-	4,400
6/30/2017	-	4,400	-	4,400
6/30/2018	-	4,400	-	4,400
6/30/2019	-	4,400	-	4,400