990 eom

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

2019

Open to Public
Inspection

07/01 . 2019, and ending 06/30, 20 20 A For the 2019 calendar year, or tax year beginning D Employer identification number C Name of organization B Check if applicable INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Doing business as $\overline{\texttt{NEWFIELDS}}$ Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change 4000 MICHIGAN ROAD (317) 923-1331 Initial return Final return/ City or town, state or province, country, and ZIP or foreign postal code terminated Amended INDIANAPOLIS, IN 46208 309,623,149. G Gross receipts \$ Application pending H(a) Is this a group return for F Name and address of principal officer: JEREMIAH WISE Yes Χ Nο subordinates' 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208 No H(b) Are all subordinates included? Yes X | 501(c)(3) If "No," attach a list. (see instructions) 501(c) (4947(a)(1) or Website: ▶ WWW.DISCOVERNEWFIELDS.ORG H(c) Group exemption number Form of organization: X Corporation L Year of formation: 1883 M State of legal domicile: ΤN Other > Summary Part I Briefly describe the organization's mission or most significant activities: TO ENRICH LIVES THROUGH EXCEPTIONAL EXPERIENCES WITH ART AND NATURE. Governance 2 Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 29. **Activities &** 28. Number of independent voting members of the governing body (Part VI, line 1b) 483. 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 893. Total number of volunteers (estimate if necessary) 207,560. 7a Total unrelated business revenue from Part VIII, column (C), line 12 0. **b** Net unrelated business taxable income from Form 990-T, line 39 **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 24,266,965. 21,145,333. 4,462,457. 5,404,090. Program service revenue (Part VIII, line 2g) 47,989,239. 24,032,935. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 305,854. 286,671. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 50,888,212. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 77,005,332. 0. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. 14 15,305,742. 16,045,583. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) **16a** Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 21,128,279. 19,610,038. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 36,434,021. 35,655,621. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 40,571,311. 15,232,591. Revenue less expenses. Subtract line 18 from line 12 ts or nces **Beginning of Current Year End of Year** Assets | 475,988,844. 469,323,358. 20 Total assets (Part X, line 16) 81,240,635. 80,232,558. Total liabilities (Part X, line 26) 21 394,748,209. 389,090,800. 22 Net assets or fund balances. Subtract line 21 from line 20. Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. 05/17/2021 Sign Signature of officer Date Here JEREMIAH WISE CFO Type or print name and title Preparer's signature Print/Type preparer's name Date Check Paid NICOLE B FISHBACK 05/17/2021 self-employed P01279475 Preparer Firm's name ▶BKD, LLP Firm's EIN \triangleright 44-0160260 **Use Only** Firm's address ▶201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204 317.383.4000 X Yes No For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2019)

Page 2 Form 990 (2019)

Pa	rt III		t of Program			ny line in this Par	rt III	X
1			organization's		isc of flote to a			
2							ear which were not listed	
	If "Yes,"	describe th	nese new servi	ces on Schedu	le O.			
3	services?	·				_	how it conducts, any p	-
4	Describe expenses	the orga s. Section	nization's prog 501(c)(3) and	gram service a I 501(c)(4) org	accomplishmen	required to rep		n services, as measured by s and allocations to others
4a		RIAL -	_)(Expenses \$ THE STUDY, FUTURE GEN	PRESERVA	2. including gra)(Revenue \$ _ F ART FOR THE	2,202,185.
	(Code: _ EDUCAT	IONAL -	_) (Expenses \$ TO COMMUN		4. including gra)(Revenue \$_ DUT THE ART	1,775,717.
	COLLEC	TED, TO	MEMBERS C)F THE GENI	ERAL PUBLIC			
				DS FOSTERS		ON NOT ONLY)(Revenue \$_ Y OF THE ART /IRONMENT AND	892,118.
	THE HI	STORIC				HAS BEEN		
	STEWAR	DSHIP.						
4d	Other pr	ogram ser	vices (Describe	e on Schedule (D.) ATTA	CHMENT 2		
4-	(Expense		,509,824. inclu		91/1 175) (Revenu	e \$ 762,928.)	

Part	Checklist of Required Schedules		V	N1 -
	le the expenientian described in section 501/c)/2) or 4047/c)/4) /other than a private foundation)? If "Vee"		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1	X	
2	complete Schedule A	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		- 11	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<u> </u>		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Χ
6	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			
	"Yes," complete Schedule D, Part I	6		Χ
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more		,,	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more			v
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		Х
a	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	444		Х
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	X	Λ
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
'	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12 2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111		- 21
12 a	Schedule D, Parts XI and XII.	12a		Х
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		
b	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	1		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Χ
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	16		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Χ
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	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 12 If "Ves." complete Schedule I, Parts Land II	21	1	X

Part	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	
2/12	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
27 a	\$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	24-	X	
		24a	Λ	v
	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
d	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			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
		25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
				Х
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26		
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		Χ
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
·	"Yes," complete Schedule L, Part IV	28c		Х
20		29	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	- 21	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		3.7	
	conservation contributions? If "Yes," complete Schedule M	30	Х	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	000		
50	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
27		36		- 21
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Х
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and			
-	reportable gaming (gambling) winnings to prize winners?	1c		
	1 0 0 (3			

Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)		V-	
•			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 483			
h	Statements, filed for the calendar year ending with or within the year covered by this return.	2b	Х	
Ø	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Χ
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	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		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6-		Х
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Λ
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).	35		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	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	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	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		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
	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			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	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.	4.6		
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	14a		X
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
. •	excess parachute payment(s) during the year?	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.			_
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
	If "Yes," complete Form 4720, Schedule O.			
		Form	990	(2019

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 on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Sect	ion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 29			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
	Enter the number of voting members included on line 1a, above, who are independent	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	,	Х	
_	any other officer, director, trustee, or key employee?	2	21	
3	Did the organization delegate control over management duties customarily performed by or under the direct	,		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		71
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	7-		X
	one or more members of the governing body?	7a		Λ.
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	7.		X
	stockholders, or persons other than the governing body?	7b		Λ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		Х	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Λ	
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? <i>If "Yes," provide the names and addresses on Schedule O.</i>	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue		.)	
			Yes	No
102	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,			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
b	rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
·	describe in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
iou	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
~	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		
Secti	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $ ightharpoonup IN$,			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	T (Sec	tion 5	01(c)
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict	of inte	rest p	olicy,
	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 recordered Hubban Road Indianapolis, in 46208 317-923-1331	as 🕨		

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. See instructions for the order in which to list the persons above.

	Check this box if neith	er the organization ne	or anv relate	d organization	compensated ar	nv current officer.	director, or trustee.
_	,	9	- · · · · · · · · · · · · · · · · · · ·			,	,

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more the box, unless person is be officer and a director/t (Key employee or director or		n is both an ctor/trustee)		(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations		
(1) CHARLES VENABLE	50.00									
MELVIN & BREN SIMON DIR & CEO	0.	Х		Х				821 , 538.	0.	36,122.
(2) KATHRYN HAIGH	60.00							, , , , , , , , , , , , , , , , , , , ,		
CHIEF OPERATING OFFICER	0.			Χ				216,850.	0.	37,390.
(3) KIM GATTLE	50.00									
DEPUTY DIR - INSTL ADVANCEMENT	0.					Х		223,128.	0.	19,829.
(4) JEREMIAH WISE	50.00									
CFO	0.			Χ				214,384.	0.	23,925.
(5) PRESTON BAUTISTA	40.00									
DEPUTY DIR FOR PUBLIC PROGRAMS	0.					X		194,620.	0.	15,291.
(6) GREG SMITH	50.00									
SENIOR CONSERVATION SCIENTIST	0.					Х		161,883.	0.	20,676.
(7) JONATHAN WRIGHT	50.00									
DEPUTY DIR - HORTICULTURE	0.					Х		166,861.	0.	13,639.
(8) JONATHAN BERGER	50.00									
DEPUTY DIR - MKT & EXT AFFAIRS	0.					Х		143,892.	0.	13,442.
(9) GARY BUTKUS	2.00									
EX-OFFICIO	0.	Х		Χ				0.	0.	0.
(10) MATTHEW GUTWEIN	2.00							_	_	_
BOARD MEMBER	0.	Х						0.	0.	0.
(11) C. DANIEL YATES	2.00							_	0	
BOARD MEMBER	0.	Х						0.	0.	0.
(12) PETER A. MORSE, JR	2.00	17							^	
BOARD MEMBER	2.00	Х						0.	0.	0.
(13) MARYA ROSE AT-LARGE	2.00	Х		Χ				0.	0.	0.
(14) DANIEL SKOVRONSKY	2.00	^		Λ				0.	0.	
BOARD MEMBER	0.	Х						0.	0.	0.
		21						<u> </u>	<u> </u>	<u> </u>

Form **990** (2019)

JSA

Part VII Section A. Officers, Directors	, Trustees, Ke	y Em	ploy	ees/	s, and	Hig	hest Compensat	ed Employees (d	continued)
(A) Name and title	(B) Average		F	(C) Positio			(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for	box,	not che unless	eck m pers	ore than on is both ector/trus	n an	compensation from the	compensation from related organizations	amount of other compensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Highest compensated employee Key employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
15) MICHAEL KUBACKI VICE CHAIR/TREASURER	2.00	X		Х			0	0.	C
16) DAVID BARRETT	2.00	Λ.		^			0	·	
FIRST VICE CHAIR		X		X			0	0.	C
17) DAVID ESKENAZI	2.00	Λ.		^			0	·	
BOARD MEMBER		X					0	0.	(
18) DORIT PAUL	2.00	21		+				·	
BOARD MEMBER		X					0	0.	(
19) KENT HAWRYLUK	2.00							· ·	
BOARD MEMBER		X					0	0.	(
20) IAN RUPERT	2.00			+					
BOARD MEMBER		X					0	0.	(
21) RACHEL SIMON	2.00								
BOARD MEMBER		Х					0	0.	(
22) MICHAEL ROBERTSON, MD	2.00								
BOARD MEMBER	0.	Х					0	0.	(
23) KATHRYN G. BETLEY	2.00								
CHAIR	0.	Х		Х			0	0.	(
24) SHIRLEY MUELLER	2.00								
BOARD MEMBER	0.	Х					0	0.	(
25) SUSAN MCALISTER	2.00								
AT-LARGE	0.	Х		X			0	0.	(
1b Sub-total		•				▶	2,143,156.	0.	180,314.
c Total from continuation sheets to Part \						>	0.	0.	0 .
d Total (add lines 1b and 1c)						>	2,143,156.	0.	180,314.
2 Total number of individuals (including but reportable compensation from the organization)	not limited to t		listed				eceived more than	\$100,000 of	
									Yes No
3 Did the organization list any former	officer, directo	or. or	trus	stee	kev (emr	olovee or highes	t compensated	
employee on line 1a? If "Yes," complete Se									3 X
4 For any individual listed on line 1a, is									
any mantada notod on mio 14, 15		- ou.		- · · · P		u			

organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

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

3		A
4	Х	
-		
5		X
•		

Section B. Independent Contractors

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

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

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

Form 990 (2019) 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	do not check more than one box, unless person is both an officer and a director/trustee)					an ee)	an from	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former		(W-2/1099-MISC)	org an	om the panization direlated anization	t
26) TONI BADER	2.00											
BOARD MEMBER	0.	X						0.	0.			0.
27) DARRIANNE CHRISTIAN	2.00											
SECRETARY	0.	X		Х				0.	0.			0.
28) TOM PENCE	2.00											
BOARD MEMBER	0.	X						0.	0.			0.
29) MYRTA PULLIAM	2.00											
AT-LARGE	0.	X		Χ				0 .	0.			0.
30) SHERRON ROGERS	2.00							_				
BOARD MEMBER	0.	X						0.	0.			0.
31) GARY SCHAHET	2.00											
BOARD MEMBER	0.	X						0.	0.			0.
32) NANCY CAPRENTER	2.00											
BOARD MEMBER	0.	X						0.	0.			0.
33) OTTO FRENZEL IV	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
34) GARY HIRSCHBERG	2.00											
BOARD MEMBER	0.	Х						0.	0.			0.
35) SARAH LECHLEITER	2.00								_			^
BOARD MEMBER	0.	Х						0.	0.			0.
36) TINA PASQUINELLI	2.00								_			^
BOARD MEMBER	0.	X						0.	0.			0.
1b Sub-total c Total from continuation sheets to Part VII, S d Total (add lines 1b and 1c)	ection A				 		* * *	0.	0.			0.
Total number of individuals (including but not reportable compensation from the organization)		hose 12		d at	oove	e) who	o re	ceived more than	\$100,000 of			
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu										3	Yes	No X
For any individual listed on line 1a, is the organization and related organizations graindividual	sum of rep eater than	ortab \$15	le c 50,00	om)0?	per <i>If</i>	ısatioı "Yes	n ai	nd other compens complete Schedu	sation from the le J for such	4	X	

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

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

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

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

Part VII

Χ

Part VIII Statement of Revenue

		Check if Schedule O cor	ntains a respon	se or note to any				
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclude from tax under sections 512-514
말	1a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b	936,867.				
	С	•						
	d	Related organizations						
	е	o	, L	470,981.				
	f	, , ,	-					
		and similar amounts not included		19,737,485.				
5	g	Noncash contributions include						
2		lines 1a-1f.						
, (6	h	Total. Add lines 1a-1f			21,145,333.			
,				Business Code				
1	2a	ADMISSION FEES		900099	2,858,284.	2,858,284.		
Revenue	b	PROJECT INCOME		900099	28,700.	28,700.		
[e]	С	RESTAURANT AND CATERING IN	ICOME	722511	810,132.	713,510.	96,622.	
S é	d	RENTAL INCOME		531190	1,287,748.	1,287,748.		
<u> </u>	е	OTHER INCOME		900099	419,226.	419,226.		
-	f	All other program service reve						
	g	Total. Add lines 2a-2f			5,404,090.			
	3	Investment income (includi	•		4 000 545		0.40	4 604 05
		other similar amounts)			1,390,547.		-243,730.	1,634,27
	4	Income from investment of to	•	•	0.			
	5	Royalties	(i) Real	(ii) Personal	0.			
			.,,	(II) I elsoliai				
	6a	Gross rents 6a	247,778.					
	b	Less: rental expenses 6b	366,480.					
	C	Rental income or (loss) 6c	-118,702.		110 700		110.700	
	_d	Net rental income or (loss)	(i) Securities	(ii) Other	-118,702.		-118,702.	
	7a	Gross amount from	(i) Securities	(II) Other				
		sales of assets	200 527 000	117 066				
_		other than inventory 7a	280,537,000.	117,066.				
evenue	b	Less: cost or other basis	250 011 670					
Ş		and sales expenses 7b	258,011,678.	117.066				
		Gain or (loss) 7c	22,525,322.	117,066.	22 642 200	117,066.	257 220	22 268 00
je	d	Net gain or (loss)			22,642,388.	117,000.	257,228.	22,268,09
Other R	8a	Gross income from fu	١					
		events (not including \$						
		of contributions reported						
		1c). See Part IV, line 18		0.				
	b	Less: direct expenses			0.			
	С	Net income or (loss) from fun			0.			
	9a	Gross income from	gaming					
		activities. See Part IV, line 19		0.				
	b	Less: direct expenses			0.			
		Net income or (loss) from ga			0.			
	10a	Gross sales of inventor	•	781,335.				
		returns and allowances		356,779.				
	b c	Less: cost of goods sold Net income or (loss) from sale	s of inventory		424,556.	208,414.	216,142.	
		moomo or (1000) nom sale	or involutory	Business Code	724,330.	200,414.	210,142.	
" (24011000 0040				
100	11a							
S	b			 				
Revenue	C	All other revenue						
É	d	All other revenue Total. Add lines 11a-11d	'		0.			
- 1								

Page 10 Form 990 (2019)

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	<u> </u>		<u> </u>		
Check if Schedule O contains a response or note to any line in this Part IX						
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	Management and	Fundraising	
			expenses	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	1,350,211.	337,553.	675,105.	337,553.	
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	11,853,840.	9,822,318.	698,645.	1,332,877.	
	Pension plan accruals and contributions (include					
	section 401(k) and 403(b) employer contributions)	412,355.	315,071.	49,989.	47,295.	
9	Other employee benefits	1,530,275.	1,169,247.	185,514.	175,514.	
10	Payroll taxes	898,902.	686,830.	108,973.	103,099.	
11	Fees for services (nonemployees):					
а	Management	0.				
	Legal	26,030.	20,004.	2,787.	3,239.	
c	Accounting	70,258.		70,258.		
	Lobbying	0.				
	Professional fundraising services. See Part IV, line 17.	0.				
1	f Investment management fees	1,983,400.		1,983,400.		
g	Other. (If line 11g amount exceeds 10% of line 25, column					
	(A) amount, list line 11g expenses on Schedule O.)	2,921,474.	2,245,151.	312,843.	363,480.	
12	Advertising and promotion	644,812.	495,538.	69,049.	80,225.	
13	Office expenses	1,082,091.	831,586.	115,875.	134,630.	
14	Information technology	15,726.	12,085.	1,684.	1,957.	
15	Royalties	0.				
16	Occupancy	1,085,270.	834,029.	116,215.	135,026.	
17	Travel	326,479.	250,899.	34,961.	40,619.	
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	0.				
19	Conferences, conventions, and meetings	35,293.	27,123.	3 , 779.	4,391.	
20	Interest	2,613,573.	2,008,529.	279,872.	325,172.	
21	Payments to affiliates	0.				
22	Depreciation, depletion, and amortization	6,603,208.	5,074,561.	707,098.	821,549.	
23	Insurance	461,394.	354,581.	49,408.	57,405.	
24	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses on line 24e. If					
	line 24e amount exceeds 10% of line 25, column					
	(A) amount, list line 24e expenses on Schedule O.)					
u	FINANCIAL EXPENSES	169,968.	130,620.	18,201.	21,147.	
	PURCHASES OF ART	36,700.	36,700.			
c	MISCELLANEOUS EXPENSES	1,534,362.	1,261,750.	126,103.	146,509.	
d	l					
е	All other expenses					
	Total functional expenses. Add lines 1 through 24e	35,655,621.	25,914,175.	5,609,759.	4,131,687.	
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					
	following SOP 98-2 (ASC 958-720)	0.				

Form 990 (2019)
Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	7,283.	1	7,283.
	2	Savings and temporary cash investments	3,185,244.	2	2,821,666.
	3	Pledges and grants receivable, net	14,381,026.	3	13,990,817.
	4	Accounts receivable, net	350,559.	4	603,829.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	6	0.
Ŋ	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	410,233.	8	460,698.
As	9	Prepaid expenses and deferred charges	425,078.	9	679,928.
	_	Land, buildings, and equipment: cost or other	•		•
		basis. Complete Part VI of Schedule D 10a 216,038,636.			
	b	107 (10 05)	90,974,453.	100	88,419,380.
	11	Investments - publicly traded securities	69,906,179.	11	69,572,173.
	12	Investments - other securities. See Part IV, line 11	277,643,167.	12	276,404,186.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0.
	14		0.	14	0.
	15	Intangible assets	18,705,622.	15	16,363,398.
	16		475,988,844.	16	469,323,358.
_		Total assets. Add lines 1 through 15 (must equal line 33)	1,562,481.	17	1,188,320.
	17	Accounts payable and accrued expenses	0.	18	0.
	18	Grants payable	785,645.	19	746,254.
	19	Deferred revenue.	77,213,852.	20	73,891,786.
	20 21	Tax-exempt bond liabilities	0.	21	0.
"	22	Loans and other payables to any current or former officer, director,		21	0.
Liabilities	22	trustee, key employee, creator or founder, substantial contributor, or 35%			
į		controlled entity or family member of any of these persons	0.	22	0.
Lia	22		0.	23	0.
	23 24	Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties	0.		2,878,500.
	25	Other liabilities (including federal income tax, payables to related third		24	2,070,300.
	25	parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	1,678,657.	25	1,527,698.
	26	•	81,240,635.		80,232,558.
	26	Total liabilities. Add lines 17 through 25	01,240,033.	26	00,232,330.
Ses		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
au	27	Net assets without donor restrictions	92,833,710.	27	87,935,400.
Bal	28	Net assets with donor restrictions.	301,914,499.	28	301,155,400.
Б	20	Organizations that do not follow FASB ASC 958, check here ▶	301,314,433.	20	301,133,400.
Ī		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ass	31	Retained earnings, endowment, accumulated income, or other funds		31	
et	32	Total net assets or fund balances	394,748,209.	32	389,090,800.
Z	33	Total liabilities and net assets/fund balances	475,988,844.	33	469,323,358.
					Form 990 (2019)

Form **990** (2019)

orm 9	90 (2019)				Pa	ge IZ
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		50,8	88,2	212.
2	Total expenses (must equal Part IX, column (A), line 25)	2		35 , 6	55,6	521.
3	Revenue less expenses. Subtract line 2 from line 1	3		15 , 2	32,5	91.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		94 , 7		
5	Net unrealized gains (losses) on investments	5	_	20,8	90,0	00.
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 on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	3	89,0	90,8	300.
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e.	xplair	ı in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
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 audit	ed o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	rsigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	nt?.		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	on			
	Schedule O.					
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set for	th in	the			
	Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	ıdits		3b		

Form **990** (2019)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury

► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Inspection Employer identification number Name of the organization INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(y). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 9 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 331/3 % of its support from contributions, membership fees, and gross 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions), You must complete Part IV, Sections A. D. and E.

f Enter the number of supported	l organizations					
g Provide the following information	on about the supp	orted organization(s).				
(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
		, , , , , ,	Yes	No		,
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness

requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

functionally integrated, or Type III non-functionally integrated supporting organization.

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

Schedule A (Form 990 or 990-EZ) 2019

d

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

000	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,690,294.	11,923,971.	16,648,322.	24,266,965.	21,145,333.	88,674,885.
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	14,690,294.	11,923,971.	16,648,322.	24,266,965.	21,145,333.	88,674,885.
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)						33,263,318.
6	Public support. Subtract line 5 from line 4						55,411,567.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	14,690,294.	11,923,971.	16,648,322.	24,266,965.	21,145,333.	88,674,885.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4,527,358.	5,918,323.	2,669,670.	2,697,920.	1,638,325.	17,451,596.
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						106,126,481.
12	Gross receipts from related activities, etc. (s	see instructions) .				12	22,850,940.
13	First five years. If the Form 990 is forganization, check this box and stop here	.		d, third, fourth,	or fifth tax yea	ar as a section	501(c)(3) ►
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (li					14	52.21%
15	Public support percentage from 2018					15	51.73 %
16a	33 1/3 % support test - 2019. If the org	=					
	box and stop here. The organization q						
b	33 1/3 % support test - 2018. 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 organizati				_	-	
	supported organization						
18	Private foundation. If the organization						
	instructions					abadula A (Form 0	

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513 .						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
. •	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						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support		•		•		
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
40							1
12	Other income. Do not include gain or loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	tion's first seco	nd third fourth	or fifth tax v	ear as a sectio	n 501(c)(3)
	organization, check this box and stop here .	~			-		
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		_	ımn (f))		15	%
16	Public support percentage from 2018 Sched	٠,	•			16	%
	tion D. Computation of Investment					10	70
17	Investment income percentage for 2019 (lin			13 column (f))		17	%
18	Investment income percentage for 2019 (in					18	
	331/3% support tests - 2019. If the org						
ısa							. —
L	17 is not more than 331/3%, check this		_				
D	331/3% support tests - 2018. If the orga						. \square
20	line 18 is not more than 331/3%, check		-	•		0	

Schedule A (Form 990 or 990-EZ) 2019 Page **4**

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3с		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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	0-		
b	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI . Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	9a		

c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*

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

10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.

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

9b

9c

10a

10b

Schedule A (Form 990 or 990-EZ) 2019 Page 5

				J -
Part l	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	44.		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above? A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	on B. Type I Supporting Organizations	1110		
	21. 21. Type i Capperining Ciganina and in		Yes	No
	Did the directors twisters or membership of any or many supported examinations have the neuron to			
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,			
C = =41	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations		Vaa	Na
			Yes	NO
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Section	on D. All Type III Supporting Organizations	<u> </u>		
	And the section of th		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	ions).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	instru	ctions).	
•	Activities Test Anguay (a) and (b) helevy		Yes	No
2	Activities Test. <i>Answer (a) and (b) below.</i>			
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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	0 t-		
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
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		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
J	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	3h		

Page 6

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

Schedule A (Form 990 or 990-EZ) 2019

Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		
2	Amounts paid to perform activity that directly furthers exen	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 2019 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-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>а</u>	Excess from 2015			
b	Excess from 2016			
<u> </u>	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

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

Schedule A (Form 990 or 990-EZ) 2019

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury Name of the organization

Internal Revenue Service

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

TNDTANADOLIC MICEIM	OF ADD INC	
INDIANAPOLIS MUSEUM	35-0867955	
Organization type (check one):	
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 for	ındation
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private founda	tion
	501(c)(3) taxable private foundation	
Note: Only a section 501(c)(7 instructions. General Rule), (8), or (10) organization can check boxes for both the General Rule and a \$	Special Rule. See
For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributor property) from any one contributor. Complete Parts I and II. See instruction on tributions.	_
Special Rules		
regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 d that received from any one contributor, during the year, total contributions f the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line s of the greater of (1)
contributor, during t	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that r the year, total contributions of more than \$1,000 exclusively for religious, chall purposes, or for the prevention of cruelty to children or animals. Comple	naritable, scientific,
contributor, during t contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that replace the year, contributions exclusively for religious, charitable, etc., purposes, but more than \$1,000. If this box is checked, enter here the total contributions an exclusively religious, charitable, etc., purpose. Don't complete any of the set to this organization because it received nonexclusively religious, charitable more during the year.	ut no such s that were received parts unless the e, etc., contributions
_	isn't covered by the General Rule and/or the Special Rules doesn't file Sche at answer "No" on Part IV, line 2, of its Form 990; or check the box on line I	•

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) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Part I	Contributors (see instructions). Use duplicate copies of	Part	l if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4		(c) Total contributions	(d) Type of contribution
1_		\$	9,845,500.	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		. \$	503,959.	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_		\$	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
4		. \$	555,000.	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		\$	450,000.	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_		\$	1,000,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
7		\$ 1,010,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
8		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
9		\$ 1,156,174.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
10		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Part I	Contributors (see instructions). Use duplicate copies	of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13		\$25,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14		\$1,004,341.	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
14	PUBLICLY TRADED STOCK		
		\$1,004,341.	11/01/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization INDIANAPOLIS MUSEUM OF ART, INC. Employer identification number 35-0867955 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

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 Name of the organization

Employer identification number

INI	DIANAPOLIS MUSEUM OF ART, INC.	35-0867955
$\overline{}$	organizations Maintaining Donor Advised Funds or Other Similar Funds or A	
1 6	Complete if the organization answered "Yes" on Form 990, Part IV, line 6.	toodine.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(a) - and and and account
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
3	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 fun	
Ü	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any	
	conferring impermissible private benefit?	
Pa	Int 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 terminal	·
•	tax year ▶	atou 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	
_	violations, and enforcement of the conservation easements it holds?	-
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing co	
	→	3 ,
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing con	servation easements during the year
	►\$	ű ,
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section	n 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	expense statement and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	statements that describes the
	organization's accounting for conservation easements.	
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 FASB ASC 958, not to report in its revenue	statement and balance sheet works
	of art, historical treasures, or other similar assets held for public exhibition, education, o service, provide in Part XIII the text of the footnote to its financial statements that describes the	r research in furtherance of public
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue sta	
b	art, historical treasures, or other similar assets held for public exhibition, education, or research provide the following amounts relating to these items:	arch in furtherance of public service,
	(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 FASB ASC 958 relating to these items:	3, p
а	Revenue included on Form 990, Part VIII, line 1	▶ \$
b	Assets included in Form 990, Part X	> \$

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)	$\overline{}$	Tule D (Form 990) 2019							Page Z
collection items (check all that apply): a	Pa								
a	3			other records, che	ck any of th	e follow	ing that make sig	nificant use	of its
b		collection items (check all that app	ly):						
c	а	X Public exhibition		d X Loan	or exchange	e prograr	n		
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	b	X Scholarly research		e Othe	r				
Sull Sull Surprise Sull Surprise Sull Surprise Sull Su	С	X Preservation for future gene	rations						
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4	Provide a description of the organ	nization's collections	and explain how	they furthe	r the org	ganization's exemp	t purpose in	Part
Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. 1b If "Yes," explain the arrangement in Part XIII and complete the following table: C		XIII.							
Part IV	5	During the year, did the organization	on solicit or receive o	donations of art, his	torical treas	ures, or o	other similar		
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?		assets to be sold to raise funds rath	ner than to be mainta	ained as part of the	organizatio	n's collec	tion?	Yes X	No
990, Part X, line 2f. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Pa	rt IV Escrow and Custodial A	rrangements.						
1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? No If Yes, explain the arrangement in Part XIII and complete the following table: Amount Complete the organizations Co		Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line	e 9, or re	eported an amou	nt on Form	
Included on Form 990, Part X?									
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance	1a	Is the organization an agent, truste	ee, custodian or othe	er intermediary for	contributions	s or other	assets not		
b If "Yes," explain the arrangement in Part XIII and complete the following table: c Beginning balance		included on Form 990, Part X?					[Yes	No
C Beginning balance d Additions during the year. f Ending balance 7 Ending balance 1 Ending balance 1 Ending balance 1 Ending balance 2 Distributions during the year 1 Ending balance 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2 Did the organization include an amount on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1 Beginning of year balance 335, 721, 000. 335, 734, 000. 349, 915, 000. 343, 738, 000. 363, 386, 000. b Contributions. 7,741,000. 4,053,000. 3,433,549. 2,774,506. 9,287,986. d Grants or scholarships. 707,000. 14,719,000. 23,399,451. 37,478,494. −8,646,986. d Grants or scholarships. 9 Other expenditures for facilities and programs. 1 14,009,257. 15,967,250. 34,861,900. 28,964,600. 17,245,650. g End of year balance. 1 2,766,743. 2,817,750. 6,152,100. 5,111,400. 3,043,350. g End of year balance. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasis-endowment ▶ 46.3806 % C Term endowment ▶ 27,5147 % D Describe in Part XIII the intended uses of the organization sisted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part V Land, Buildings, and Equipment. (investment)	b	If "Yes," explain the arrangement i	n Part XIII and comp	olete the following ta	ıble:				
d Additions during the year, d 16							Amount		
Expression Ex	С	Beginning balance			1c				
Ending balance 10th to organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No If Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No If Yes No If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII No If Yes If Yes No If Yes If Yes If Yes If Yes If	d	Additions during the year			1d				
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. 1a Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a No Contributions (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a No Contributions (a) Cart year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Cart year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Contributions (a) Cart year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back 1a Contributions (a) Cart year (c) Two years back (d) Three years back (e) Four year	е	Distributions during the year			1e				
Describe in Part XIII Check here if the explanation has been provided on Part XIII	f	Ending balance			1f				
Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	2a	Did the organization include an am	ount on Form 990,	Part X, line 21, for	escrow or c	ustodial	account liability?	Yes	No
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.	b	If "Yes," explain the arrangement i	n Part XIII. Check h	ere if the explanatio	n has been p	provided (on Part XIII		
(a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years (d) Three yea	Pa	rt V Endowment Funds.							
1a Beginning of year balance 335,721,000. 335,734,000. 349,915,000. 343,738,000. 363,386,000. b Contributions 7,741,000. 4,053,000. 3,433,549. 2,774,506. 9,287,986. c Net investment earnings, gains, and losses 707,000. 14,719,000. 23,399,451. 37,478,494. -8,646,986. d Grants or scholarships 14,009,257. 15,967,250. 34,861,900. 28,964,600. 17,245,650. g End of year balance 2,766,743. 2,817,750. 6,152,100. 5,111,400. 3,043,350. g End of year balance 2,766,743. 2,817,750. 6,152,100. 5,111,400. 3,043,350. g End of year balance 2,766,743. 2,817,750. 6,152,100. 5,111,400. 3,043,350. g End of year balance 2,766,743. 2,817,750. 6,152,100. 5,111,400. 3,043,350. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 36,000. 34,738,900. 349,915,000. 343,738,000. 3 Are there endowment ▶ 46.3806 % 27.5147 % 40.3806 % 36(i) 34(i) X 4 Describe in Part XIII the intended uses of the organizations list		Complete if the organiza	ation answered "Ye	es" on Form 990,	Part IV, line	e 10.			
b Contributions 7,741,000 4,053,000 3,433,549 2,774,506 9,287,986 c Net investment earnings, gains, and losses 707,000 14,719,000 23,399,451 37,478,494 -8,646,986 d Grants or scholarships 14,009,257 15,967,250 34,861,900 28,964,600 17,245,650 and programs 2,766,743 2,817,750 6,152,100 5,111,400 3,043,350 g End of year balance 327,393,000 335,721,000 335,734,000 349,915,000 343,738,000 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 26.1047 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii) X X X X X X X X X			(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Four years	back
b Contributions	1a	Beginning of year balance	335,721,000.	335,734,000.	349,915	,000.	343,738,000.	363,386	,000.
c Net investment earnings, gains, and losses	_		7,741,000.	4,053,000.	3,433	3,549.	2,774,506.	9,287	, 986.
and losses									
d Grants or scholarships	•		707,000.	14,719,000.	23,399	,451.	37,478,494.	-8,646	,986.
e Other expenditures for facilities and programs	А								
and programs .									
f Administrative expenses 2,766,743. 2,817,750. 6,152,100. 5,111,400. 3,043,350. g End of year balance. 327,393,000. 335,721,000. 335,734,000. 349,915,000. 343,738,000. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ► 26.1047 % b Permanent endowment ► 46.3806 % C Term endowment ► 27.5147 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:	·	•	14,009,257.	15,967,250.	34,861	. , 900.	28,964,600.	17,245	, 650.
g End of year balance	f	. •	2,766,743.	2,817,750.			5,111,400.	3,043	,350.
2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 26.1047 % b Permanent endowment ▶ 46.3806 % c Term endowment ▶ 27.5147 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	'	•	327,393,000.	335,721,000.	335,734	1,000.	349,915,000.	343,738	,000.
a Board designated or quasi-endowment ▶ 26.1047 % b Permanent endowment ▶ 46.3806 % c Term endowment ▶ 27.5147 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations	•	•			r column (a)) held as			
b Permanent endowment ▶ 46.3806 % c Term endowment ▶ 27.5147 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations .		Board designated or quasi-endown	nent ▶ 26.1047	' %	j, coluiiii (a)) Held as	•		
Term endowment ▶ 27.5147 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation depreciation of property 1a Land. Description of property (a) Cost or other basis (other) (investment) (investment) (b) Cost or other basis (c) Accumulated depreciation depreciation of property (a) Equipment. 4 Description of property (a) Cost or other basis (other) (b) Cost or other basis (c) Accumulated depreciation of property (c) Accumulated depreciation (d) Book value depreciation 79, 252, 754. C Leasehold improvements 4 Equipment. 5 German 990, Part IV, line 11a. See Form 990, Part X, line 10. 8 German 991, 861. 921, 861. 921, 861. 921, 861. 921, 861. 921, 861. 921, 861.	b			_					
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (other) 1a Land. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861. 921,861.	С								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations. (ii) Related organizations. (ii) Related organizations. (iii) Related organizations. (ii) Tyes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value 1 Land. 921,861. 921,861. 921,861. 921,861. 4,697,146. Equipment. 38,546,962. 33,849,816. 4,697,146. Other			and 2c should equal [·]	100%.					
organization by: (i) Unrelated organizations. (ii) Related organizations. (iii) Related organizations. (iii) Related organizations (iii) Relat	3a		·		t are held ar	nd admin	istered for the		
(i) Unrelated organizations			•	J				Yes	No
(ii) Related organizations .		•						3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?. 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (ot								3a(ii)	X
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (other) 1a Land 921, 861. 921, 861. b Buildings 172, 391, 754. 93, 139, 000. 79, 252, 754. c Leasehold improvements 38,546,962. 33,849,816. 4,697,146. e Other 4,178,059. 630,440. 3,547,619.	b								
Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 921, 861 921, 861 921, 861 b Buildings 172, 391, 754 93, 139, 000 79, 252, 754 c Leasehold improvements 38,546,962 33,849,816 4,697,146 e Other 4,178,059 630,440 3,547,619	_	* * *	•	•					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 921, 861. 921, 861. 921, 861. b Buildings 172, 391, 754. 93, 139, 000. 79, 252, 754. c Leasehold improvements 38,546,962. 33,849,816. 4,697,146. e Other 4,178,059. 630,440. 3,547,619.	Pa	rt VI Land, Buildings, and Equ	uipment.						
tal Land (investment) (other) depreciation b Buildings 921,861 921,861 c Leasehold improvements 172,391,754 93,139,000 79,252,754 c Leasehold improvements 38,546,962 33,849,816 4,697,146 e Other 4,178,059 630,440 3,547,619		Complete if the organize	ation answered "Y)
1a Land 921,861 921,861 b Buildings 172,391,754 93,139,000 79,252,754 c Leasehold improvements 38,546,962 33,849,816 4,697,146 e Other 4,178,059 630,440 3,547,619		Description of property						d) Book value	
b Buildings 172,391,754. 93,139,000. 79,252,754. c Leasehold improvements 38,546,962. 33,849,816. 4,697,146. e Other 4,178,059. 630,440. 3,547,619.	1a	Land	,			азы		921,	861.
c Leasehold improvements. 38,546,962. 33,849,816. 4,697,146. e Other 4,178,059. 630,440. 3,547,619.	_			172,		93,1	39,000.		
d Equipment. 38,546,962. 33,849,816. 4,697,146. e Other 4,178,059. 630,440. 3,547,619.				,	<u> </u>	, ·	•	. ,	
e Other 4,178,059. 630,440. 3,547,619.	_			38.	546,962.	33.8	49,816.	4,697.	146.
				· · · · · · · · · · · · · · · · · · ·					
				· · · · · · · · · · · · · · · · · · ·					

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019 Page 3

	- Other Securities. ne organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990,	Part X, line 12.
(a) Description of s (including nar		(b) Book value	(c) Method of valuation Cost or end-of-year marke	
(1) Financial derivatives				
(2) Closely held equity interest	ests			
(3) Other		0.5.6.4.0.4.0.6		
(A) ALTERNATIVE INV	ESTMENTS	276,404,186.	FMV	
(B)				
(C)				
(D) (E)				
(F)				
(G)				
(H)				
Total. (Column (b) must equal Form	990, Part X, col. (B) line 12.) .	276,404,186.		
	Program Related.			
Complete if the	ne organization answered	"Yes" on Form 990	, Part IV, line 11c. See Form 990,	Part X, line 13.
(a) Description	of investment	(b) Book value	(c) Method of valuation	
			Cost or end-of-year marke	et value
<u>(1)</u>				
(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.				
		l "Yes" on Form 990	, Part IV, line 11d. See Form 990,	Part X, line 15.
		scription		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
<u>(7)</u>				
(8)				
(9)	/F 000 D ()/ / (D)	" 4F)		
		ine 15.)		
Part X Other Liabilitie		l "Ves" on Form 000	, Part IV, line 11e or 11f. See Forn	n 000 Part Y
line 25.	ie organization answered	1 163 0111 01111 990	, raitiv, line the or thi. See For	11 990, 1 att X,
1.	(a) Descrir	otion of liability		(b) Book value
(1) Federal income taxes	(u) Descrip	otion of hability		(b) Book value
(2) LIABILITY FOR CH	HARITABLE ANNUI			189,557
(3) LIABILITY FOR AN				775,374
(4) ACCRUED INTEREST				561,190
(5) STATE SALES TAXE				1 , 577
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Fo	orm 990, Part X, col. (B) line 25.)			1,527,698
2. Liability for uncertain tax pos	sitions. In Part XIII, provide the	text of the footnote to	the organization's financial statements th	at reports the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form
34379U D310 4/29/2021 2:45:57 PM

Schedule D (Form 990) 2019 Page 4

Concau	5 D (1 01111 000) 2010		r agc -r
Part 2	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	28,371,591.
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		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	1	00 500 001
е	Add lines 2a through 2d	2e	-20,533,221.
3	Subtract line 2e from line 1	3	48,904,812.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b. 4a 1,983,400.		
_	investment expenses not included on Form 350, Fait Viii, line 75	-	
b	Other (Describe in Part XIII.)	4c	1,983,400.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	50,888,212.
Part :	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Retu	ırn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	34,029,000.
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	.	
C	Other (Describe in Part XIII.) 2c 2d 356,779.	-	
d	other (besonbe in a country)	2e	356,779.
	Add lines 2a through 2d	3	33,672,221.
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a 1,983,400.		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	1,983,400.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.).	5	35,655,621.
	Supplemental Information.	N4 N/	Proc. 4. Don't V. Proc.
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		
	PAGE 5		

Schedule D (Form 990) 2019 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART III, LINE 1A

ELECTION UNDER SFAS 116:

IF ELECTED UNDER SFAS 116 PROVIDE FOOTNOTE FROM FINANCIAL STATEMENTS

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

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

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

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

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

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

ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE MUSEUM'S

INCEPTION, ARE NOT RECOGNIZED AS AN ASSET ON THE CONSOLIDATED 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

Schedule D (Form 990) 2019 Page **5**

Part XIII Supplemental Information (continued)

ROBUST COLLECTION UTILIZING 102,107 SQUARE FEET OF GALLERY SPACE, ALONG WITH IN-HOUSE ART STORAGE FACILITIES, A CONSERVATION DEPARTMENT, AND A CONSERVATION SCIENCE LAB. 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 \$356,779

Schedule D (Form 990) 2019 Page **5**

Part XIII Supplemental Information (continued)

SCHEDULE D, PART XII, LINE 2D

RECONCILIATION OF EXPENSES PER AFS:

COST OF GOOD SOLD \$356,779

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

IND	DIANAPOLIS MUSEUM OF AR	r, INC.			35-08679	55
	General Information o	n Activities	Outside the	United States. Compl	ete if the organization a	inswered "Yes" or
1	For grantmakers. Does the orgother assistance, the grantees'	ganization mail eligibility for t	he grants or	assistance, and the selec	ction criteria used to	Yes No
2	outside the United States.		•		-	d other assistance
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of	(f) Total expenditures for and investments in the region
(1)	EUROPE (INCLUDING ICELAND AND	0.	0.	PASSIVE INVESTMENTS	N/A	2,379,599.
(2)	CENTRAL AMERICA AND THE CARIBB	0.	0.	PASSIVE INVESTMENTS	N/A	60,906,315.
(3)	NORTH AMERICA	0.	0.	PASSIVE INVESTMENTS	N/A	981,374.
(4)						
(5)						
(6)						
Form 990, Part IV, line 14b. 1 For grantmakers. Does the organizar other assistance, the grantees' eligible award the grants or assistance? 2 For grantmakers. Describe in Part V outside the United States. 3 Activities per Region. (The following Part of organization (a) Region (b) If of organization (c) Europe (INCLUDING ICELAND AND (c) CENTRAL AMERICA AND THE CARIBB						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
						64,267,288.
b	Total from continuation					

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

64,267,288. Schedule F (Form 990) 2019

c Totals (add lines 3a and 3b)

Schedule F (Form 990) 2019

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, othe
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									
by t		t organizations listed above antee or counsel has provide	d a section 501(c)(3)	equivalency lette	r		▶		

Schedule F (Form 990) 2019

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)							
<u>(10)</u>							
<u>(11)</u>							
(12)							
(13)							
(14)							
<u>(</u> 15)							
<u>(16)</u>							
(17)							
<u>(</u> 18)							

Schedule F (Form 990) 2019

Schedule F (Form 990) 2019 Page **4**

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

Instructions for Form 5713; don't file with Form 990)

Schedule F (Form 990) 2019

X No

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** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Par	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 X Health or social club dues or initiation fees			
	Discretionary spending account X Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment			
_	or reimbursement or provision of all of the expenses described above? If "No," complete Part III to		3.7	
_	explain	1b	X	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line		Х	
	1a?	2	Λ	
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee X Written employment contract			
	X Independent compensation consultant X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
4	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
	compensation contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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:	60		Х
a	The organization?	6a 6b		X
b	If "Yes" on line 6a or 6b, describe in Part III.	UD		
7				
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III.	7	X	
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	<u> </u>		
•	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 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.

(A) Name and Title		(B) Breakdown of	f W-2 and/or 1099-MIS	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(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)	556,903.	140,317.	124,318.	22,276.	13,846.	857 , 660.	0.
1 ^{MELVIN & BREN SIMON DIR & CEO}	(ii)	0.	0.	0.	0.	0.	0.	0.
KATHRYN HAIGH	(i)	181,350.	35,500.	0.	26,254.	11,136.	254,240.	0.
2 ^{CHIEF} OPERATING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
JEREMIAH WISE	(i)	178,884.	35 , 500.	0.	7,155.	16 , 770.	238,309.	0.
3 ^{CFO}	(ii)	0.	0.	0.	0.	0.	0.	0.
KIM GATTLE	(i)	197 , 628.	25 , 500.	0.	7,905.	11,924.	242 , 957.	0.
DEPUTY DIR - INSTL ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
PRESTON BAUTISTA	(i)	164,120.	30,500.	0.	6,565.	8 , 726.	209,911.	0.
DEPUTY DIR FOR PUBLIC PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
JONATHAN WRIGHT	(i)	126,861.	40,000.	0.	5,074.	8 , 565.	180,500.	0.
6 DEPUTY DIR - HORTICULTURE	(ii)	0.	0.	0.	0.	0.	0.	0.
GREG SMITH	(i)	159,383.	2,500.	0.	6,375.	14,301.	182,559.	0.
7 ^{SENIOR} CONSERVATION SCIENTIST	(ii)	0.	0.	0.	0.	0.	0.	0.
JONATHAN BERGER	(i)	133,392.	10,500.	0.	5,336.	8,106.	157,334.	0.
8 DEPUTY DIR - MKT & EXT AFFAIRS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
9	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
44	(i)							
	(ii)							
45	(i) (ii)							
15	_							
40	(i) (ii)							
16	(II)							

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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) 2019

(e) Issue price

(f) Description of purpose

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

Name of the organization

(a) Issuer name

Open to Public

OMB No. 1545-0047

Inspection

(h) On

behalf of issuer No

Yes

(g) Defeased

Νo

Yes

(i) Pooled financing

Yes No

Employer identification number 35-0867955 INDIANAPOLIS MUSEUM OF ART, INC. Part I **Bond Issues**

(d) Date issued

(c) CUSIP#

(b) Issuer EIN

A IN	DIANA FINANCE AUTHORITY	35-1602316	45506DJM8	05/08/20	13 39	,950,000.	2013B - REFU	JNDING OF SI	ERIES 2002	в х	Х	Х
B IN	DIANA FINANCE AUTHORITY	35-1602316		12/28/20	17 26	,105,000.	2017C - REFU	JNDING OF SI	ERIES 2013A	х	х	Х
C IN	DIANA FINANCE AUTHORITY	35-1602316		08/01/20	17 10	,000,000.	2017B - REFU	JNDING OF SI	ERIES 2014 :	в х	X	Х
D IN	DIANA FINANCE AUTHORITY	35-1602316		08/01/20	17 10	,000,000.	2017A - REFU	JNDING OF SI	ERIES 2014 :	в х	X	X
Part	Proceeds				·							
						A		В	C	;	D	
1	Amount of bonds retired				8,9	60,000.	4,0	00,000.	1	50,000.		
2	Amount of bonds legally defeased											
3	Total proceeds of issue				39 , 9	50,000.	. 26,1	05,000.	10,0	00,000.	10,0	00,000.
4	Gross proceeds in reserve funds											
5	Capitalized interest from proceeds											
6	Proceeds in refunding escrows											
7	Issuance costs from proceeds				2	33,489	. 1	73,829.		55,965.		55,965.
8	Credit enhancement from proceeds											
9	Working capital expenditures from proceeds											
10	Capital expenditures from proceeds											
11	Other spent proceeds				39,7	16,511.	. 25,9	31,171.	9,9	44,035.	9,9	44,035.
12	Other unspent proceeds											
13	Year of substantial completion				201	3	201	7	201	7	201	7
					Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a refundir	ng issue of tax	x-exempt bo	onds (or,								
	if issued prior to 2018, a current refunding issue)?				X		X		X		X	
15	Were the bonds issued as part of a refund	ng issue of ta	axable bond	ls (or, if								
	issued prior to 2018, an advance refunding issue)	?				X		X		X		X
16	Has the final allocation of proceeds been made?				X		X		X		Х	
17	Does the organization maintain adequate bo	oks and reco	rds to sup	port the								
	final allocation of proceeds?				Χ		X		Х		X	
For Pa	aperwork Reduction Act Notice, see the Instructions for	Form 990.								80	hadula K (Eo	rm 000\ 2010

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

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019

Pa	rt III Private Business Use GRO	OUP 1								
			Α	ı	В	(С	1)	
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No	
_	which owned property financed by tax-exempt bonds?		Х		Х		Х		Х	
2	Are there any lease arrangements that may result in private business use of									
	bond-financed property?		X		Х		X		X	
3 a	Are there any management or service contracts that may result in private									
	business use of bond-financed property?		X		X		X		Х	
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside									
	counsel to review any management or service contracts relating to the financed property?									
С	Are there any research agreements that may result in private business use of									
	bond-financed property?		Х		Х		X		Х	
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other									
	outside counsel to review any research agreements relating to the financed property?									
4	Enter the percentage of financed property used in a private business use by entities									
	other than a section 501(c)(3) organization or a state or local government ▶		%		%		%			%
5	Enter the percentage of financed property used in a private business use as a									
	result of unrelated trade or business activity carried on by your organization,						_			
	another section 501(c)(3) organization, or a state or local government ▶		%		%		%			%
6	Total of lines 4 and 5		%		%		%			%
7	Does the bond issue meet the private security or payment test?		Х		X		X		Х	
8a	Has there been a sale or disposition of any of the bond-financed property to a									
	nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		Х	
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or									
	disposed of		%		%		%			%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations									
	sections 1.141-12 and 1.145-2?									
9	Has the organization established written procedures to ensure that all									
	nonqualified bonds of the issue are remediated in accordance with the									
	requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X		X		
Pa	rt IV Arbitrage									
			A		В		C)	
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		Х		X	
	If "No" to line 1, did the following apply?		7.7		37		37		7.7	
	Rebate not due yet?	3.7	X		X		X		X	
	Exception to rebate?	X	7.7		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		37		7.7	_
3	Is the bond issue a variable rate issue?		X		X		X		X	

Schedule K (Form 990) 2019

Schedule K (Form 990) 2019 Page 3

Part IV	Arbitrage (continued)								
		Α			3	С		I	D
4a Has t	he organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	with respect to the bond issue?		X		Х		X		X
	of provider								
	of hedge								
	ne hedge superintegrated?								
	ne hedge terminated?								
	gross proceeds invested in a guaranteed investment contract (GIC)?		Х		Х		Х		Х
	of provider								
	of GIC								
	ne regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	any gross proceeds invested beyond an available temporary period?		X		X		Х		Х
	the organization established written procedures to monitor the								
	ements of section 148?	X		X		X		X	
Part V	Procedures To Undertake Corrective Action								
· are v			A		 3		С		D
∐oc th	ne organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	leral tax requirements are timely identified and corrected through the		- 110	100		100		100	
	ary closing agreement program if self-remediation isn't available under								
	able regulations?	X		X		X		X	
Part VI	Supplemental Information. Provide additional information for responses to		ns on Sche	edule K. S	ee instruc	tions			
are vi		40.00							

SCHEDULE M (Form 990)

Noncash Contributions

2019

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

Open to Public Inspection

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Par	Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash cont			
1	Art - Works of art	X	33.	895,500.	APPRAISAL			
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
Ū	goods	X		6,628.	COST			
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		41.	1,613,473.	STOCK OUC	TE		
10	Securities - Closely held stock			, ,	~			
11	Securities - Partnership, LLC,							
••	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
10	contribution - Historic							
	structures							
14	Qualified conservation							
1-7	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory		6.	53,575.	COST			
20	Drugs and medical supplies			,				
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►(ATCH 1)		3.	17,798.				
26	Other ►()							
27	Other ►()							
	Other ►(
	Number of Forms 8283 received	by the ora	anization during the tax v	ear for contributions for				
	which the organization completed F		•		29			6.
	e and erganization completes i	0200,	,	,			Yes	No
30a	During the year, did the organizat	ion receive	by contribution any prope	rtv reported in Part I. line	s 1 through			
	28, that it must hold for at least the				_			
	to be used for exempt purposes for	-			•	30a		Х
b	If "Yes," describe the arrangement i							
31	Does the organization have a		tance policy that require	es the review of any	nonstandard			
	contributions?	•		•		31	Х	
32a	Does the organization hire or use							
	contributions?	-	_			32a		Х
b	If "Yes," describe in Part II.							
33	If the organization didn't report an	amount in a	column (c) for a type of pro	perty for which column (a) is checked			
	describe in Part II.		()	, , 22.2 (4.	,,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page 2

Part II

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

SCHEDULE M, PART I, COLUMN (B)

NUMBER OF CONTRIBUTORS:

NEWFIELDS REPORTS THE NUMBER OF CONTRIBUTORS IN COLUMN (B).

Schedule M (Form 990) (2019)

JSA

Schedule M (Form 990) (2019) Page **2**

Part II Supplem

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

ATTACHMENT 1

SCHEDULE M, PART I - OTHER NONCASH CONTRIBUTIONS

DESCRIPTION	(A) CHECK	(B) NUMBER OF CONTRIBUTIONS	(C) REVENUES REPORTED	(D) METHOD OF DETERMINING
PRINTED MATERIALS	X	1.	1,000.	COST
EQUIPMENT	X	1.	15,998.	COST
PLANTS	X	1.	800.	COST
TOTALS	_	3.	17,798.	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

gov/form990. Inspection

Employer identification number

35-0867955

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

FORM 990, PART VI, SECTION A, LINE 2

BOARD MEMBER RELATIONSHIPS:

TOM PENCE HAS A BUSINESS RELATIONSHIP WITH KATIE BETLEY AND DAVID ESKENAZI; GARY HIRSCHBERG HAS BUSINESS RELATIONSHIPS WITH A NUMBER OF OTHER TRUSTEES. DUE TO THE CONFIDENTIAL NATURE OF OUR BUSINESS, WE CANNOT DISCLOSE THE SPECIFIC INDIVIDUALS.

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

FINANCE AND 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.

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

35-0867955

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

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

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

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

PROVIDES IT TO THE COMPENSATION COMMITTEE TO REVIEW AND USE IN

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

LAST COMPREHENSIVE COMPENSATION REVIEW TOOK PLACE IN MARCH OF 2016 BY

OPPENHEIM AND ASSOCIATES AND A 10-YEAR CONTRACT WAS CREATED FOR HIM AT

THAT TIME. COMPENSATION WAS MAPPED OUT AND AGREED UPON IN 2016 DURING THE

RENEWAL OF THE CEO'S CONTRACT, AND SO ARE PREDETERMINED, DESIGNATED

AMOUNTS UP THROUGH 2026. EACH YEAR, THE BOARD OF TRUSTEES REVIEWS HIS

TOTAL COMPENSATION PACKAGE AND GOAL ACHIEVEMENT AND APPROVES HIS

INCENTIVE COMPENSATION. THE CEO, IN CONJUNCTION WITH THE CHAIR OF THE

BOARD OF TRUSTEES, ASSIGNS ANNUAL RAISES AND INCENTIVE COMPENSATION TO

HIS SENIOR LEADERSHIP TEAM. KEY EMPLOYEE COMPENSATION WAS LAST DISCUSSED

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

BY THE BOARD AND THE CONSULTANTS IN 2018.

TO ENRICH LIVES THROUGH EXCEPTIONAL EXPERIENCES WITH ART AND NATURE.

NEWFIELDS OFFERS DYNAMIC EXPERIENCES WITH ART AND NATURE FOR GUESTS

Employer identification number

35-0867955 ATTACHMENT 1 (CONT'D)

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

OF ALL AGES. THE 152-ACRE CULTURAL CAMPUS FEATURES ART GALLERIES,
LUSH GARDENS, A HISTORIC HOME, PERFORMANCE SPACES, A NATURE PRESERVE
AND SCULPTURE PARK. FROM INSPIRING EXHIBITIONS IN THE IMA GALLERIES,
TO CONCERTS IN THE TOBY, TO A STROLL THROUGH THE GARDEN WITH A GLASS
OF SOMETHING COLD, GUESTS ARE INVITED TO INTERACT WITH ART AND NATURE
IN EXCITING NEW WAYS.

NEWFIELDS IS HOME TO THE INDIANAPOLIS MUSEUM OF ART, AMONG THE TEN LARGEST AND TEN OLDEST GENERAL ART MUSEUMS IN THE NATION; THE LILLY HOUSE, A NATIONAL HISTORIC LANDMARK; THE GARDEN, FEATURING 40 ACRES OF CONTEMPORARY AND HISTORIC GARDENS, A WORKING GREENHOUSE AND AN ORCHARD; AND THE VIRGINIA B. FAIRBANKS ART & NATURE PARK, ONE OF THE LARGEST ART AND NATURE PARKS IN THE COUNTRY. THE NEWFIELDS CAMPUS EXTENDS OUTSIDE OF INDIANAPOLIS WITH MILLER HOUSE AND GARDEN IN COLUMBUS, INDIANA, ONE OF THE NATION'S MOST HIGHLY REGARDED EXAMPLES OF MID-CENTURY MODERNIST ARCHITECTURE.

		ATTACHMENT 2	
FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES	_		
DESCRIPTION	GRANTS	EXPENSES	REVENUE
MUSEUM STORE		3,509,824.	762,928.
TOTALS		3,509,824.	762,928.

ATTACHMENT 3

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

NAME AND ADDRESS

DESCRIPTION OF SERVICES

COMPENSATION

Name of the organization	Employer identification number
INDIANAPOLIS MUSEUM OF ART, INC.	35-0867955
	ATTACHMENT 3 (CONT.D)

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	306,813.
DIVERSE EXCELLENCE TECHNOLOGY LLC 5640 DAPPLE CT INDIANAPOLIS, IN 46228	IT CONSULTING	1,065,232.
BLOCKHOUSE STUDIOS 2051 W FOUNDTAIN DR BLOOMINGTON, IN 47404	VIDEO PRODUCTION	579,165.
MILESTONE CONTRACTORS LP 5160 E 65TH STREET INDIANAPOLIS, IN 46220	CONTRACTOR	140,275.
BKD, LLP 201 N. ILLINOIS STREET INDIANAPOLIS, IN 46204	ACCOUNTING SERVICES	121,866.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

2019
Open to Public Inspection

Name of the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Employer identification number 35-0867955

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. Part I (c) Legal domicile (state (e) End-of-year assets Total income Direct controlling Name, address, and EIN (if applicable) of disregarded entity Primary activity or foreign country) (1) OLDFIELDS, LLC 4000 MICHIGAN ROAD INDIANAPOLIS, IN 46208 REAL ESTATE ΙN 118,714. 4,367,709. 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	conti	g) 512(b)(13) rolled tity?
						Yes	No
_(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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)	Gen man	ij) eral or aging tner?	(k) Percentage ownership
		oounity)					Yes	No		Yes	No	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
<u>(7)</u>												

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)(1 controlle entity?
								Yes No
(1) CHARITABLE REMAINDER TRUSTS (2)								
	TRUST	IN	N/A	TRUST				
(2)								
(3)								
(4)								
(E)								\vdash
(5)								
(6)								
(7)								

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

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

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

а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	L	1a	X
	Gift, grant, or capital contribution to related organization(s)		1b	X
	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	X
-		•		
f	Dividends from related organization(s)		1f	X
	Sale of assets to related organization(s)		1g	X
	Purchase of assets from related organization(s).		1h	X
ï	Exchange of assets with related organization(s).	• •	1i	X
	Lease of facilities, equipment, or other assets to related organization(s).		1j	X
J	Lease of facilities, equipment, of other assets to related organization(s)	• • •		
l,	Lease of facilities, equipment, or other assets from related organization(s)		1k	Х
ı	Performance of services or membership or fundraising solicitations for related organization(s)	• • •	11	X
I 	n Performance of services or membership or fundraising solicitations by related organization(s)	•••	1m	X
			1n	X
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		10	X
0	Sharing of paid employees with related organization(s)	• • •	10	- 1
			4 m	X
-	Reimbursement paid to related organization(s) for expenses		1p	X
q	Reimbursement paid by related organization(s) for expenses	• • •	1q	21
			4	X
r	Other transfer of cash or property to related organization(s)	• • •	1r	X
<u>s</u>	Other transfer of cash or property from related organization(s). If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction	throo	1s	
				<u> </u>
	(a) (b) (c) Name of related organization Transaction Amount involved M	ethod o	(d) f deten	mining
	type (a-s)	amour	it invol	ved
(1)				
(2)				
(2)				
/2\				
(3)				
(4)				
(4)				
(5)				
(5)				
(6)				
(6)	Schedul	e R (F	orm o	90) 2019
SA	Schedul	e ix (F	J. 111 9	30, 2019

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

Yes No

Schedule R (Form 990) 2019

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	(state or foreign country) income (related, section unrelated, excluded 501(c)(3) from tax under organizations		(c)(3) zations?	(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	ner?	(k) Percentage ownership		
			sections 512-514)	Yes	No			Yes	No		Yes	No	
(2)													
(3)													
(4)													
(5)													
(6)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(40)													
(16)													

Schedule R (Form 990) 2019 Page 5

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

Form **8868**

(Rev. January 2020)

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. 1545-0047

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

iling of this	form, visit www.irs.gov/e-file-providers/e-file-f	for-charities	s-and-non-profits.				
	6-Month Extension of Time. Only subm		` ' '				
•	ons required to file an income tax return othe orm 7004 to request an extension of time to f		, -	O-C filers), partnerships	, RE	MICs,	and trusts
Гуре or	Name of exempt organization or other filer, see in	structions.		Taxpayer identification nu	umbe	r (TIN)	,
orint	INDIANAPOLIS MUSEUM OF ART, I	NC.		35-086795	5		
ile by the lue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.				
iling your	4000 MICHIGAN ROAD						
eturn. See nstructions.	City, town or post office, state, and ZIP code. For INDIANAPOLIS, IN 46208	a foreign ad	ldress, see instructions.				
Enter the Re	eturn Code for the return that this application	is for (file	a separate application fo	or each return)			0 1
Application		Return	Application				Return
s For		Code	Is For				Code
	r Form 990-EZ	01	Form 990-T (corporati	on)			07
Form 990-B		02	Form 1041-A				08
orm 4720 Form 990-Pl	,	03 04	Form 4720 (other that Form 5227	n individual)			10
orm 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11							
	(trust other than above)	06	Form 8870				12
Telephon If the orga If this is for the whole	JEREMIAH WISE s are in the care of ▶ 4000 MICHIGAN R e No. ▶ 317 923-1331 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box e names and TINs of all members the extens	l business ir ur digit Gro f it is for pa ion is for.	Fax No. ▶ n the United States, checoup Exemption Number (art of the group, check t	ck this box		If t and a	this is ittach
	est an automatic 6-month extension of time u			21, to file the exemp	t org	janiza	tion return
2 If the ta	calendar year 20 or tax year entered in line 1 is for less than 12 m change in accounting period	<u>)1</u> , 20 <u>1</u>	9, and ending	06/30_, eturn Final retur		<u>20</u> .	
	application is for Forms 990-BL, 990-PF, 9	90-T, 4720	0, or 6069, enter the	tentative tax, less any			
	undable credits. See instructions.				3a	\$	0.
b If this	application is for Forms 990-PF, 990-T,	4720, o	r 6069, enter any re	fundable credits and	Т		
	ted tax payments made. Include any prior yea				3b	\$	0.
	te due. Subtract line 3b from line 3a. Include		ent with this form, if re	quired, by using EFTPS			2
	onic Federal Tax Payment System). See instru			- 0.150 - 0 · -	3c	_	0.
	u are going to make an electronic funds withdrawa	ı (direct deb	oit) with this Form 8868, se	e Form 8453-EO and Forr	n 88	/9-EO	tor payment
nstructions.	Act and Danamucally Daduction Act Notice	ustion -			F-:	. 000	0 (Day 4.0000)
OF FITTACY A	Act and Paperwork Reduction Act Notice, see insti	นะแบบร.			LOL	000	8 (Rev. 1-2020)

Form **990-T**

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) calendar year 2019 or other tax year beginning 07/01 2019 and and inc. 06/30 202

Modern Comparison Michigan			For cale	ndar year 2019 or other tax year begin				0 <u>∠ ∪</u> .	2019
B Denda Nort and address changed and see instructions. D Employer identification analysis and address changed and see instructions. D Employer identification analysis and address changed and see instructions. S D Denda Nort S D D Denda Nort S D D D D D D D D D			▶ Do					\/2\ 	Open to Public Inspection for
Bearet purse standard Bea	$\overline{}$		▶ 00				· I		
Number, street, and room or suite no. If a P.O. box, see instructions. 30-0867955		address changed		,		· ·		(Emplo	oyees' trust, see instructions.)
406(e) 220(e) 408(a) 50(a)	B Exempt	t under section		INDIANAPOLIS MUSEUM	OF	ART, INC.			
4080 2200 3201	X 501	1(C <u>)(</u> 3)		Number, street, and room or suite no. I	f a P.O	box, see instructions.		35-0	867955
2016 530(a) 530(a) 620(a) Clause of all assets at seasons 2016 Clause of all assets are not 9 year F Group exemption number (See instructions) More trust 46.9, 323, 358. G. Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust 46.9, 323, 328. G. Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust 46.9, 323, 358. G. Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust 46.9, 323, 358. G. Check organization type ▶ X 501(c) corporation 501(c) trust 401(a) trust Other trust 46.9, 323, 323, 328. G. Check organization type P X 501(c) corporation 501(c) trust 401(a) trust Other trust 46.9, 323, 323, 328. G. Check organization type P X 501(c) corporation 501(c) trust 401(a) trust Other trust 46.9, 323, 323, 323, 323, 323, 323, 323, 32	408	3(e) 220(e)							
Code and substant of all assets and red of years 469, 323, 358. Forum presemption number (See instructions.) ▶ Forum presemption number (See instructions.)	408	8A530(a)	.,,,,	4000 MICHIGAN ROAD				(366 111	structions.)
Forcing exemption number (See instructions.) Forcing exemption exemption Forcing exemption	529	9(a)				IP or foreign postal code			
H Enter the number of the organization symbol register in the part of the previous sentence, possible that the number of the organizations' unrelated trades or businesses. ▶ 4 Describe the only (or first) unrelated trade or business shere ▶ NCOME FROM K-1 INVESTMENTS . If only one, complete Parts I-V. If men one, describe the first in the blank space at the end of the previous sentence, complete Parts I-I will not not be such that the previous sentence, complete Parts I-I will not not be such additional trade or business, then complete Parts I-II.V. I During the tax year, was the complete Parts I-II.V. I During the tax year, was the complete Parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts I-II.V. I During the tax year, was the complete parts III.V. I During the tax year, was the complete parts III.V. I During the tax year, was the complete parts III.V. I During the tax year, was the complete parts III.V. I During the tax year, was the complete parts III.V. I During the tax year, was the complete parts III.V. I During the tax year, was the part year the complete parts III.V. I During the tax year, was the complete parts III.V. I During the tax year, was the complete parts III.V.				•				5259	90
Hence the number of the organization's unrelated trades or businesses. ▶ 4		·						1	
trade or business here ►INCOME FROM K-1 INVESTMENTS If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II. complete a Schedule M for each additional trade or business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No If Yes, *entre the name and identifying number of the parent corporation. ▶ I The books are in care of ▶IEEE/MIAH WISS Telephone number ▶ 31.7-923-1331 Jack				<u> </u>					
Trist in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts IIII-V.								•	,
Trade or business, then complete Parts IIII.									
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Ves X No If "Yes," enter the name and Identifying number of the parent corporation. ▶ Telephone number ▶ 317-923-1331 The books are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The books are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of Parents are in care of Parents are income. The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ▶ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ≥ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ≥ EIREMIAH NISE Telephone number ▶ 317-923-1331 The lock are in care of ≥ EIREMIAH NISE The lock are in care of ≥ EIREMIAH NISE The lock are in care of ≥ EIREMIAH NISE The lock are in care of ≥ EIREMIAH NISE The lock are in care of ≥ EIREMIAH NISE The lock are in care of ≥ EIREMIAH NISE The lock are in care of ≥ EIREMIAH NISE The lock are in care of ≥ EIREMIAH NISE The lock					nplete	Parts I and II, complete a Sc	hedule M for eac	h addition	nal
If "Yes," enter the name and identifying number of the parent corporation.									N V V N
The books are in care of Implicated Trade or Business Income (A) Income (B) Expenses (C) Not		-			_		ontrolled group?		Yes A No
Table Compensation of officers, directors, and rustees (Schedule K). 10 12 13 13 14 18 18 18 18 18 19 18 18				, , , , , , , , , , , , , , , , , , ,	porau		number > 31	7-923-	
1									
b Less returns and allowances				Dusiness income		(A) medilic	(D) Expen	303	(o) net
2 Cost of goods sold (Schedule A, line 7) . 2		•		c Balance	10				
3 Gross profit. Subtract line 2 from line 1c									
4a		•	•						
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797),					4a	260,837.			260,837.
c Capital loss deduction for trusts 4c 4c 5 Income (loss) from a partnership or an S corporation (attach statement). 5 — 243,730. ATCH 1 −243,730. 6 Rent income (Schedule C). 6 — — 7 Unrelated debt-financed income (Schedule E). 7 — 8 Interest, annullies, royalties, and rents from a controlled organization (Schedule F). 8 — 9 Investment income of a section 501(c)(7), (8), or (17) organization (Schedule F). 10 — 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 13,498. 13,498. Part III Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 — 14 Salaries and wages 15 — 15 — — 14 — — — 14 — — — 15 — — — — —<						-3,609.			-3,609.
5 Income (loss) from a partnership or an S corporation (attach statement) 5 -243,730 ATCH 1 -243,730 6 Rent income (Schedule C) 7					4c				
6 Rent income (Schedule C) . 6 6 7 7 Unrelated debt-financed income (Schedule E) . 7 8 Interest, annulities, royalties, and rents from a controlled organization (Schedule G) 9 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) . 11 11 Advertising income (Schedule J) . 11 12 Other income (See instructions; attach schedule) . 12 13 Total. Combine lines 3 through 12 . 13 13, 498 . 13, 498 . 13, 498 . 13, 498 . 13, 498 . 13, 498 . 13, 498 . 13, 498 . 13, 498 . 13, 498 . 13, 498 . 13, 498 . 14 14 Compensation of officers, directors, and trustees (Schedule K) . 17 15 Salaries and wages . 15 16 Repairs and maintenance . 16 17 Bad debts . 17 18 Interest (attach schedule) (see instructions) . 18 18 Interest (attach schedule) (see instructions) . 18 19 Taxes and licenses . 19 1, 812 . 20 20 Lepreciation (attach Form 4562) . 20 21 Less depreciation claimed on Schedule A and elsewhere on return . 21a 21b . 21b . 22c					5	-243,730.	ATCH 1		-243,730.
The compensation of officers, directors, and trustees (Schedule K)					6				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule 6) 10 Exploited exempt activity income (Schedule I) 11 Advertising income (Schedule J) 12 Other income (See instructions; attach schedule) 13 Total. Combine lines 3 through 12. 14 Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 16 Bad debts 17 Interest (attach schedule) (see instructions) 18 Interest (attach schedule) (see instructions) 19 Taxes and licenses 19 1, 812 20 Depreciation (attach Form 4562), 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Depletion 22 Contributions to deferred compensation plans 23 Employee benefit programs 24 Excess exempt expenses (Schedule I), 25 Excess exempt expenses (Schedule I), 26 Cother deductions (attach schedule) 27 Other deductions (attach schedule) 28 Total deductions (attach schedule) 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 29 on after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 29 on after January 1, 2018 (see instructions) 31 Unrelated business taxable income. Subtract line 29 on after January 1, 2018 (see instructions) 31 One of the deductions and the semble of the programs of after January 1, 2018 (see instructions) 31 One of the deductions and the programs of after January 1, 2018 (see instructions) 31 One of the program of the program of the program of after January 1, 2018 (see instructions) 31 One of the program of the program of the program of the program of after January 1, 2018 (see instructions) 31 One of the program of the program of the program of after January 1, 2018 (7				
10 Exploited exempt activity income (Schedule I)	8 Inte	erest, annuities, roya	alties, and re	nts from a controlled organization (Schedule F)	8				
11	9 Inv	estment income of a	section 50	1(c)(7), (9), or (17) organization (Schedule G)	9				
12			-	,	10				
Total. Combine lines 3 through 12. 13					11				
Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K).		`		, , , , , , , , , , , , , , , , , , , ,		10.400			12.400
Compensation of officers, directors, and trustees (Schedule K)						·			
14 Compensation of officers, directors, and trustees (Schedule K). 14 15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts. 17 18 Interest (attach schedule) (see instructions). 18 19 Taxes and licenses 19 1,812. 20 Depreciation (attach Form 4562). 20 21 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Contributions to deferred compensation plans 23 23 Employee benefit programs 24 24 Excess exempt expenses (Schedule I). 25 25 Excess readership costs (Schedule J). 26 27 Other deductions (attach schedule) ATCH. 2. 27 20,014. 28 21,826. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -8,328. 30 Unrelated business taxable income. Subtract line 29 from line 29 31 -8,328.	Part II					ons for limitations on de	eductions.) (L	eduction (ons must be directly
15 Salaries and wages 15 16 Repairs and maintenance 16 17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 Taxes and licenses 19 1,812 20 Depreciation (attach Form 4562) 20 21 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 Contributions to deferred compensation plans 23 23 Employee benefit programs 24 24 Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 27 Other deductions (attach schedule) ATCH 2 27 20,014 28 21,826 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -8,328 30 Unrelated business taxable income. Subtract line 30 from line 29 31 -8,328									<u> </u>
Repairs and maintenance									
17 Bad debts 17 18 Interest (attach schedule) (see instructions) 18 19 1,812. 20 19 1,812. 21 Less depreciation (attach Form 4562) 20 21 Less depreciation claimed on Schedule A and elsewhere on return 21a 21b 22 23 24 23 24 25 24 25 26 25 26 27 26 27 20,014. 27 20,014. 27 28 21,826. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 -8,328. 30 Unrelated business taxable income. Subtract line 30 from line 29 31 -8,328.									
Interest (attach schedule) (see instructions). 18 19 Taxes and licenses 19 1,812. 20 Depreciation (attach Form 4562). 21 Less depreciation claimed on Schedule A and elsewhere on return 21 Depletion 22 Contributions to deferred compensation plans 23 Employee benefit programs 24 Excess exempt expenses (Schedule I). 25 Excess readership costs (Schedule J). 26 Cother deductions (attach schedule) 27 Other deductions (attach schedule) 28 Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income. Subtract line 20 from line 29 31 -8,328.									
Taxes and licenses 19 1,812. Depreciation (attach Form 4562) 20 21b 21b 22b 21b 22b 22c 22c 22c 22c 22c 22c 22c 22c 22									
Depreciation (attach Form 4562). Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule) Total deductions. Add lines 14 through 27. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 20 from line 29 Total deductions. Subtract line 28 from line 13 Unrelated business taxable income. Subtract line 20 from line 29 Total deductions. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 20 from line 29									1,812.
Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 1 Unrelated business taxable income. Subtract line 30 from line 29 21									,
Depletion								21b	
Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 Total deductions. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Total deductions. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Total deductions. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Total deductions. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Total deductions. Subtract line 29 Total deductions. Add lines 14 through 27 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)								. 22	
Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions (attach schedule) Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 Total deductions. Add lines 14 through 27 28 20, 014 29 -8, 328 30 Unrelated business taxable income. Subtract line 30 from line 29 31 -8, 328									
Excess exempt expenses (Schedule I). Excess readership costs (Schedule J). Other deductions (attach schedule). Total deductions. Add lines 14 through 27. Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13. Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions). Unrelated business taxable income. Subtract line 30 from line 29. 25 27 20, 014. 28 21, 826. 29 -8, 328.									
26 Excess readership costs (Schedule J) 26 Other deductions (attach schedule) 27 Other deductions. Add lines 14 through 27 28 Total deductions. Add lines 14 through 27 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) 30 Unrelated business taxable income. Subtract line 30 from line 29 31 -8,328.									
Total deductions. Add lines 14 through 27 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 28 21,826. 29 -8,328.	26 Ex	cess readership	costs (S	chedule J)				. 26	
Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income. Subtract line 30 from line 29 10									
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)									
31 Unrelated business taxable income. Subtract line 30 from line 29				•					-8,328.
									0.000
					29 .	<u> </u>		. 31	

m 990-T (2019)

Form	990-1 (2019)			F	⊃age ∠
Par	t III Total Unrelated Business Taxable Income				
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see				
	instructions)	32		51,9	978.
33	Amounts paid for disallowed fringes	33			
34	Charitable contributions (see instructions for limitation rules)	34			
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line				
33		35		51,9	978
00	34 from the sum of lines 32 and 33	35		υ ± / .	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see			E1 (070
	instructions)			51,9	9/8.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38		1,	000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,				
	enter the smaller of zero or line 37	39			0.
Par					
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40			
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on				
71	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41			
40					
42	Proxy tax. See instructions				
43	Alternative minimum tax (trusts only)				
44	Tax on Noncompliant Facility Income. See instructions				
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45			
Par	tV Tax and Payments				
46 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a				
b	Other credits (see instructions)				
С	General business credit. Attach Form 3800 (see instructions)				
	Credit for prior year minimum tax (attach Form 8801 or 8827)				
	Total credits. Add lines 46a through 46d	46e			
47					
	Subtract line 46e from line 45				
48					0.
49	Total tax. Add lines 47 and 48 (see instructions)	49			
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3.	50			
51 a	Payments: A 2018 overpayment credited to 2019				
b	2019 estimated tax payments				
С	Tax deposited with Form 8868				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d				
е	Backup withholding (see instructions)				
	Credit for small employer health insurance premiums (attach Form 8941)				
	Other credits, adjustments, and payments: Form 2439	1			
9					
5 2		52			
52	Total payments. Add lines 51a through 51g				
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached.	53			
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54			
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55			
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax Refunded				
Par	tVI Statements Regarding Certain Activities and Other Information (see instruction	ıs)			
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or	other a	uthority	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay have	to file		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country		
	here ►	-	-		Х
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ian trust?			Х
	If "Yes," see instructions for other forms the organization may have to file.	.g a aoc.			
E0					
<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	heet of mi	knowlodge	and hall	iof it :-
٥.	true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge	ມ ເ ວເ ∪ເ IIIY ∣		and pell	ei, it l
Sigr		ay the IR	S discuss	this r	eturn
Her		ith the pr			elow
	Signature of officer Date Title (se	ee instructions	s)? X Y e	s	No
p-··	Print/Type preparer's name Preparer's signature Date Chec	k LLI if	PTIN		
Paid	NICOLE B FISHBACK Y O Yuhback 05/17/2021 self-t	employed	P012		
	Darer Firm's name ► BKD, LLP Firm's	s EIN ► 4	4-016	0260	
use	Only Firm's address ▶ 201 N. ILLINOIS STREET, INDIANAPOLIS, IN 46204 Phon	ne no. 317	.383.4	4000	

Form 990-T (2019)							Page 🕃
Schedule A - Cost of Goods Solo	d. Enter method	of inventory valuation	>				
1 Inventory at beginning of year 1				ar	6		
2 Purchases 2				ld. Subtract line			
3 Cost of labor 3		6 from lin	ne 5. Enter	here and in Part			
4a Additional section 263A costs		I, line 2 .			7		
(attach schedule) 4a				section 263A (w	ith re	spect to	Yes No
b Other costs (attach schedule) 4b				or acquired for			
5 Total. Add lines 1 through 4b . 5				<u> </u>			X
Schedule C - Rent Income (From Re	eal Property a	nd Personal Property	Leased V	Vith Real Proper	rty)	I	
(see instructions)				•	• /		
1. Description of property							
(1)							
(2)							
(3)							
(4)							
	received or accrue	ed					
(a) From personal property (if the percentage of r	ent (h) F	rom real and personal property	(if the	3(a) Deductions di	rectly co	nnected with the	he income
for personal property is more than 10% but not	t percenta	age of rent for personal property	exceeds	in columns 2(
more than 50%)	50% or	if the rent is based on profit or	income)				
(1)							
(2)							
(3)							
(4)							
Total	Total						
(c) Total income. Add totals of columns 2(a) a				(b) Total deductio			
here and on page 1, Part I, line 6, column (A)	` '			Enter here and on Part I, line 6, colur			
Schedule E - Unrelated Debt-Finance		e instructions)		, -,	, ,		
	(2. Gross income from or	3. [Deductions directly cor			e to
1. Description of debt-financed prop	perty	allocable to debt-financed	(-) Otii	debt-financ		•	
		property		nt line depreciation ch schedule)		o) Other deduction(attach scheduction)	
(1)			,	,			
(2)							
(3)							
(4)							
	e adjusted basis	2.01					
	allocable to	6. Column 4 divided		income reportable		Allocable dedu nn 6 x total of	
	anced property ch schedule)	by column 5	(column	n 2 x column 6)	`	3(a) and 3(b	
(1)		%					
(2)		%					
(3)		%					
(4)		%					
<u> </u>		,,,	Enter her	e and on page 1,	Enter	here and or	 n page 1.
				e 7, column (A).		I, line 7, colu	
Totala							
Totals Total dividends received deductions included	l in column 8			•			

Form **990-T** (2019)

Form 990-T (2019) Page 4

Schedule F - Interest, Ann	uities, Royaltie	s, and Rei	nts Fr	om Contro	lled O	rganiza	tions (se	e instructi	ions)	
		Exer	npt Co	ontrolled Org	ganizatio	ons	•			
Name of controlled organization	2. Employer identification numb	ei		ated income instructions)		of specified	included	f column 4 ti in the contri ion's gross ir	olling	6. Deductions directly connected with income in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organi	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc	I .		Total of specific payments made		includ	rt of column led in the co zation's gros	ntrolling		I. Deductions directly nected with income in column 10
(1)										
(2)										
(3)										
(4)										
Totals					.) Orga	Enter Part	columns 5 a here and on l, line 8, colu	page 1, mn (A).	Ent	dd columns 6 and 11. er here and on page 1, rt I, line 8, column (B).
1. Description of income	2. Amount of		1	3. Deduction directly correctly corr	tions inected		4 . Se	t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and Part I, line 9, c	olumn (A).		A.J				<i>"</i>		Enter here and on page 1, Part I, line 9, column (B).
Schedule I-Exploited Ex	empt Activity in	come, Ou	ier i i	lan Adverti	sing ir	icome (see instru	Ctions)		<u> </u>
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directl connected production unrelated business in	y I with on of ed	4. Net inconfrom unrelated or business 2 minus coll f a gain, colls. 5 three	ed tradé (column umn 3). ompute	from ac	ss income ctivity that unrelated ss income	6. Expe	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,							Enter here and on page 1, Part II, line 25.
Schedule J-Advertising I	ncome (see instr	uctions)								
Part I Income From Per			onsol	idated Bas	sis					
			0.100.							T
1. Name of periodical	2. Gross advertising income	3. Dire advertising		4. Advertigain or (los 2 minus co a gain, co cols. 5 thro	s) (col. ol. 3). If mpute		culation come	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)										
(2)										
(3)										
(4)										
Totals (carry to Part II, line (5))										

Form **990-T** (2019)

Form 990-T (2019) Page 5

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

	,	,								
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).				
(1)										
(2)										
(3)										
(4)										
Totals from Part I ▶										
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.				
Totals, Part II (lines 1-5)										
Schedule K - Compensatio	Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)									
				3. Percent of						

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

Form **990-T** (2019)

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

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 the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Unrelated Business Activity Code (see instructions) ▶ 453220

Advertising income (Schedule J)

Other income (See instructions; attach schedule)

Total. Combine lines 3 through 12

Employer identification number

35-0867955

Describe the unrelated trade or business ▶ RETAIL SHOP **Unrelated Trade or Business Income** Part I (A) Income (B) Expenses (C) Net 382,126. Gross receipts or sales 382,126. c Balance ▶ 1c b Less returns and allowances 165,984. Cost of goods sold (Schedule A, line 7) 2 2 216,142. 216,142. Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10

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

11

12

216,142.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		285,560.
16	Repairs and maintenance		4,205.
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	28,171.
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	71,174.
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	58,786.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	331,524.
28	Total deductions. Add lines 14 through 27	28	779,420.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-563,278.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29		-563,278.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

216,142.

11

12

13

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

2019

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 the organization

INDIANAPOLIS MUSEUM OF ART, INC.

Unrelated Business Activity Code (see instructions) ▶ 722100

Employer identification number

35-0867955

Describe the unrelated trade or business ▶ CATERING AND EVENT INCOME **Unrelated Trade or Business Income** Part I (A) Income (B) Expenses (C) Net Gross receipts or sales c Balance ▶ 1c b Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 5 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 96,622. 96,622. 12 Other income (See instructions; attach schedule) ATCH 5 12 96,622. 96,622. Total. Combine lines 3 through 12 13

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		18,907.
16	Repairs and maintenance		
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	l	
20	Depreciation (attach Form 4562)		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	l	
24	Employee benefit programs	24	4,493.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	21,244.
28	Total deductions. Add lines 14 through 27	28	44,644.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	51,978.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions).	30	
31	Unrelated business taxable income. Subtract line 30 from line 29		51,978.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

06/30 .20 20 07/01 , 2019, and ending For calendar year 2019 or other tax year beginning

► 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 the organization

INDIANAPOLIS MUSEUM OF ART, INC. Unrelated Business Activity Code (see instructions) ▶ 900002 **Employer identification number**

35-0867955

Describe the unrelated trade or business ► UNRELATED DEBT-FINANCED INCOME Part I **Unrelated Trade or Business Income** (A) Income (B) Expenses (C) Net Gross receipts or sales c Balance ▶ 1c b Less returns and allowances Cost of goods sold (Schedule A, line 7) 2 2 Gross profit. Subtract line 2 from line 1c 3 3 4a Capital gain net income (attach Schedule D) 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) . . 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach 5 5 6 Rent income (Schedule C) 168,381 203,983. 7 Unrelated debt-financed income (Schedule E) ATCH 7 7 -35,602.Interest, annuities, royalties, and rents from a controlled organization (Schedule F) ATCH 8 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) ATCH 9 9 10 Exploited exempt activity income (Schedule I) ATCH 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions; attach schedule) 12 168,381. 203,983. -35,602.

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

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages		39,117.
16	Repairs and maintenance		
17	Bad debts	1	
18	Interest (attach schedule) (see instructions)		
19	Taxes and licenses	1	
20	Depreciation (attach Form 4562) 20		
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	9,295.
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	42,729.
28	Total deductions. Add lines 14 through 27	28	91,141.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	-126,743.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	
31	Unrelated business taxable income. Subtract line 30 from line 29	31	-126,743.
F 1	Annual Deducation And Notice and Instrument	_	

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

13

Total. Combine lines 3 through 12

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

PARK STREET NFR III AIV PARK STREET VII PARK STREET VIII PARK STREET VIII 14,858. PARK STREET VIII SPECIAL OPPORTUNITIES FUND IV TIFF THE VARDE FUND X LP -10,463.	ABERDEEN VENTURE PARTNERS VII LP AMBERBROOK IV AMBERBROOK VI BAUPOST VALUE PARTNERS LP CHARLESBANK EQUITY FUND IX LP CHARLESBANK EQUITY FUND VII LP CHARLESBANK EQUITY FUND VIII LP COMMONFUND CAPITAL SECONDARY PARTNERS II LP COMMONFUND CAPITAL VENTURE PARTNERS XII LP COMMONFUND CAPITAL VENTURE PARTNERS XIII LP COMMONFUND CAPITAL OO-INVESTMENT OPPORTUNITIES COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS V COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS V COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS XI DENHAM OIL AND GAS FUND LP DUNE REAL ESTATE PARALLEL FUND II LP DUNE PARALLEL AIV II LP FIRST RESERVE FUND XI LP FIR XII-A DEL CITY 1 AIV GC EQUITY PARTNERS FUND III LP 2019 K-1 TRG FORESTRY FUND 8-BLP HELLMAN & FRIEDMAN CAPITAL PARTNERS IX PARALLEL LP HIGHFIELDS CAPITAL IV LP LEGACY VENTURE VI LEVEL EQUITY GROWTH PARTNERS I LP LEGF I AIV LEGP II AIV LEGP II AIV LEVEL EQUITY OPPORTUNITIES FUND 2015 LP MREP IV-B MREP V MONNCE CAPITAL FUND PARK STREET NFR III	3,248853. 29730,52465,74320,89726,9353,26331,0335,2655,74839531,266. 55,575. 13,928. 3,26845,631. 355. 2,21653327,884507311,773. 5,26934,7827,37713,8434,270. 171,414. 28,364.
SPECIAL OPPORTUNITIES FUND IV TIFF 1,494. -184.	PARK STREET NFR III AIV PARK STREET VII	-4,237. 14,858.
WAYZATA OPPORTUNITIES FUND OFFSHORE II LP -2,783.	SPECIAL OPPORTUNITIES FUND IV TIFF THE VARDE FUND X LP	1,494. -184. -10,463.

ATTACHMENT 2

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

ACCOUNTING FEES INVESTMENT FEES

2,288. 17,726.

PART II - LINE 27 - OTHER DEDUCTIONS

20,014.

ATTACHMENT 3

SCHEDULE M - INTEREST DEDUCTION

INTEREST EXPENSE 28,171.

TOTAL 28,171.

ATTACHMENT 4

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

SUPPLIES	204,946.
PURCHASED SERVICES	14,414.
INSURANCE	13,527.
UTILITIES	47,892.
OTHER MISCELLANEOUS EXPENSES	49,601.
ACCOUNTING FEES	1,144.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS 331,524.

ATTACHMENT	5

SCHEDULE M - OTHER INCOME

CATERING AND EVENT REVENUE

96,622.

TOTAL

96,622.

ATTACHMENT	6	

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

RENT EXPENSE 4,592.
SUPPLIES 455.
OTHER MISCELLANEOUS EXPENSES 15,053.
ACCOUNTING FEES 1,144.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS 21,244.

ATTACHMENT 7	7
--------------	---

RENTAL

SCHEDULE M - SCHEDULE E UNRELATED DEBT-FINANCED INCOME

1. DESCRIPTION OF DEBT-FINANCED	PROPERTY		INCOME FROM BLE TO DEBT- PROPERTY	3. DEDUCTIONS DIRECTLY OR ALLOCABLE TO DEBT-F (A) STRAIGHT LINE DEPR.	******
DEER ZINK PAVILION & SUTPHIN	FOUNTAIN RO	19	99,904.	242,171.	
4. AMOUNT OF AVERAGE ACQUISITION DEBT ON OR ALLOCABLE TO DEBT-FINANCED PROPERTY	5. AVERAGE ADJUST OF OR ALLOCABLE TINANCED PROPERT	TO DEBT-	6. COLUMN 4 DIVIDED BY COLUMN 5	REPORTABLE (COLUMN	3. ALLOCABLE DEDUCTIONS (COLUMN 6 × TOTAL OF COLUMNS 3(A) AND 3(B))
75,552,819.	89,696,9	17.	.84231	168,381.	203,983.
				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 INCLUDE	ID IN COLUMN		<u>168,381.</u>	<u>203,983.</u>

34379U D310 4/29/2021 2:45:57 PM PAGE 71

ATTACHMENT	11
------------	----

42,729.

FORM 990T - PART II LINE 27 TOTAL OTHER DEDUCTIONS

RENT EXPENSE	9,501.
SUPPLIES	940.
OTHER MISCELLANEOUS EXPENSES	31,144.
ACCOUNTING FEES	1,144.

DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)

PART II - LINE 27 - OTHER DEDUCTIONS

SCHEDULE D (Form 1120)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

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

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

OMB No. 1545-0123

2019

Name Employer identification number INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 X No Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? Yes If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses (See instructions.) (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) the lines below. or loss from Form(s) Subtract column (e) from Proceeds Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (g) whole dollars. 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked Totals for all transactions reported on Form(s) 8949 46,619. 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 46,619. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Long-Term Capital Gains and Losses (See instructions. (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (d) (e) or loss from Form(s) Subtract column (e) from Proceeds Cost 8949. Part II. line 2. This form may be easier to complete if you round off cents to column (d) and combine (sales price) (or other basis) whole dollars column (a) the result with column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 214,218. Enter gain from Form 4797, line 7 or 9 11 Long-term capital gain from installment sales from Form 6252, line 26 or 37 12 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 Capital gain distributions (see instructions) Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 214,218. Part III Summary of Parts I and II Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 46,619. 16 214,218. Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 260,837. Note: If losses exceed gains, see Capital Losses in the instructions

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

Schedule D (Form 1120) 2019

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.

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 hoves, complete as many forms with the same hov checked as you need

	Adjustment, if any, to gain or loss.							
Χ	(C) Short-term transactions not reported to you on Form 1099-B							
	(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS							
	(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)							
Oi	of the of the boxes, complete as many forms with the same box checked as you need.							

1 (a) Description of property	(Mo day vr.) disposed of	Date sold or	of (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions			(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)		disposed of (Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
AMERBROOK VI							1.
BAUPOST VALUE PARTNERS, LP							1,263.
COMMONFUND CAPITAL SECONDARY PART							2,093.
COMMONFUND CAPITAL VENTURE PARTNE							1,201.
COMMONFUND CAPITAL CO-INVESTMENT							213.
COMMONFUND CAPITAL NATURAL RESOUR							1,541.
DENHAM OIL AND GAS FUND LP							2,927.
WAYZATA OPPORTUNITIES FUND OFFSHO							37,380.
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 inc is checked), lin	lude on your e 2 (if Box B					46,619.

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** (2019)

Form 8949 (2019) 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
Х	(F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) (c) Date sold or disposed of	(d) Proceeds	(e) Cost or other basis. See the Note below			(h) Gain or (loss). Subtract column (e) from column (d) and	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	(Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
AERDEEN VENTURE PARTNERS VII LP							-110.
AMBERBROOK VI							265.
BAUPOST VALUE PARTNERS LP							-6,105.
CHARLESBANK EQUITY FUND VII LP							3,396.
COMMONFUND CAPITAL SECONDARY PART							33,395.
COMMONFUND CAPITAL VENUTRE PARTNE							11,422.
COMMONFUND CAPITAL CO-INVESTMENT							2,063.
COMMONFUND NATURAL RESOURCES PART							1,465.
DENHAM OIL AND GAS FUND LP							27,602.
MREP V							-38.
PARK STREET VII							-446.
PARK STREET VIII							18,759.
SPECIAL OPPORTUNITIES FUND IV							120,160.
TIFF							2,390.
2 Totals. Add the amounts in columns in 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 second of the secon	here and incluis checked), line F above is ch	ude on your • 9 (if Box E ecked) ▶					214,218.

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** (2019)

Form 4797

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

OMB No. 1545-0184

27 Sequence No.

Identifying number

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

INDIANAPOLIS MUSEUM OF ART, INC. 35-0867955 Enter the gross proceeds from sales or exchanges reported to you for 2019 on Form(s) 1099-B or 1099-S (or

substitute statement) that you are including on line 2, 10, or 20. See instructions Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Most Property Held More Than 1 Year (see instructions) (e) Depreciation (f) Cost or other (g) Gain or (loss) 2 (b) Date acquired (c) Date sold allowed or basis, plus Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) allowable since improvements and sum of (d) and (e) acquisition expense of sale -3,609. ATTACHMENT 3 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows -3,609.Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 3,6091 12 12 13 13 Net gain or (loss) from Form 4684, lines 31 and 38a.......... 14 15 15 16 -3,609.17 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040 or Form 1040-SR), line 16. (Do not include any loss 18a on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 18b

For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

35-0867955 Form 4797 (2019) Page 2

Pa	rt III Gain From Disposition of Property (see instructions)	/ Un	der Sections 124	5, 1250, 1252, 1	254, and 1255	
19	· · · · · · · · · · · · · · · · · · ·	or 12	55 property:		(b) Date acquired	(c) Date sold
					(mo., day, yr.)	(mo., day, yr.)
A						
	,					
	These columns relate to the properties on lines 19A through 19E). >	Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20				
	Cost or other basis plus expense of sale	21				
22		22				
	Adjusted basis. Subtract line 22 from line 21	23				
	7.4,40.00 200.0. 002.000 22.00 22.00					
24	Total gain. Subtract line 23 from line 20	24				
	If section 1245 property:					
	Depreciation allowed or allowable from line 22	25a				
	Enter the smaller of line 24 or 25a.					
	If section 1250 property: If straight line depreciation was					
	used, enter -0- on line 26g, except for a corporation subject to section 291.					
а	Additional depreciation after 1975. See instructions	26a				
	Applicable percentage multiplied by the smaller of					
		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.					
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					
а	a partnership. Soil, water, and land clearing expenses	27a				
	Line 27a multiplied by applicable percentage. See instructions					
	Enter the smaller of line 24 or 27b					
	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					
	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				
Su	mmary of Part III Gains. Complete propert	у сс	lumns A through	D through line 29	9b before going to li	ne 30.
	Total gains for all properties. Add property columns A					
31	Add property columns A through D, lines 25b, 26g, 2	27c, 2	28b, and 29b. Enter he	re and on line 13		
32	Subtract line 31 from line 30. Enter the portion from					
	other than casualty or theft on Form 4797, line 6				32	
Paı	Recapture Amounts Under Section (see instructions)	ıs 17	79 and 280F(b)(2)	When Business	s 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		3	
34	Recomputed depreciation. See instructions				4	
35	Recapture amount. Subtract line 34 from line 33. Se	e the	instructions for where	o report 3	5	
						Form 1797 (2010)

Form **4797** (2019)

	Date	Date	Gross Sales	Depreciation Allowed	Cost or Other	Gain or (Loss)
Description	Acquired	Sold	Price	or Allowable	Basis	for entire year
ABERDEEN VENTURE	VAR	VAR			11.	-11.
AMERBROOK VI	VAR	VAR	81.			81.
BAUPOST VALUE	VAR	VAR			8 , 329.	-8 , 329.
CHARLESBANK EQ. IX	VAR	VAR			818.	-818.
CHARLESBANK EQ. VII	VAR	VAR			684.	-684.
CHARLESBANK EQ. VIII	VAR	VAR			166.	-166.
COMMONFUND CAP II	VAR	VAR	459.			459.
COMMONFUND CO-INV II	VAR	VAR	175.			175.
COMMONFUND NATURAL V	VAR	VAR			7 , 956.	-7 , 956.
COMMONFUND NATUAL XI	VAR	VAR	680.			680.
DENHAM OIL AND GAS	VAR	VAR	14,653.			14,653.
FIRST RESERVE FND XI	VAR	VAR			369.	-369.
LEVEL EQ. GROWTH	VAR	VAR			2.	-2.
LEGP III AIV	VAR	VAR			11.	-11.
LVL EQ. OPPORTUNITY	VAR	VAR			2.	-2.
MREP V	VAR	VAR			149.	-149.
PARK STREET NFR III	VAR	VAR			983.	-983.
PARK STREET VII	VAR	VAR			192.	-192.
PARK STREET VIII	VAR	VAR	15.			15.
Totals						-3,609.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

Attachment Sequence No. 179

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

Identifying number

35-0867955 INDIANAPOLIS MUSEUM OF ART, INC. Business or activity to which this form relates GENERAL DEPRECIATION **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 10 Carryover of disallowed deduction from line 13 of your 2018 Form 4562 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 2020. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part | Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions 14 15 Other depreciation (including ACRS) 16 Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 71,174 MACRS deductions for assets placed in service in tax years beginning before 2019 17 If you are electing to group any assets placed in service during the tax year into one or more general Section B - Assets Placed in Service During 2019 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 vrs S/I 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 2019 Tax Year Using the Alternative Depreciation System 20a Class life S/L **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 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter

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

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

71.174

35-0867955 Form 4562 (2019) 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) Business Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Flected section 179 investment use (business/investment vehicles first) Convention deduction cost in service percentage Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions Property used more than 50% in a qualified business use: % Property used 50% or less in a qualified business use: S/I -% S/L -% S/L -Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. Add amounts in column (i), line 26. Enter here and on line 7, page 1 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (c) Vehicle 2 Vehicle 1 Vehicle 3 Vehicle 4 Vehicle 5 Vehicle 6 Total business/investment miles driven during the year (don't include commuting miles) Total commuting miles driven during the year. 32 Total other personal (noncommuting) 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal Yes No Yes No Yes No Yes No Yes No Yes No use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? Is another vehicle available for personal 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. Yes No Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) (b) (c) (d) (a) Amortization Date amortization Description of costs Amortizable amount Code section Amortization for this year period or begins percentage Amortization of costs that begins during your 2019 tax year (see instructions):

Form 4562 (2019)

43

44

JSA

Amortization of costs that began before your 2019 tax year

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

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

Taxpayer Name: INDIANAPOLIS MUSEUM OF ART, INC.

Taxpayer Address: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208

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

Year-End: 06/30/2020

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

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

Taxpayer Name: INDIANAPOLIS MUSEUM OF ART, INC.

Taxpayer Address: 4000 MICHIGAN ROAD, INDIANAPOLIS, IN 46208

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

Year-End: 06/30/2020

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: 6/30/2020

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:

ABERDEEN VENTURE PARTNERS VII, LP EIN: 26-2874862 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 47

AMBERBROOK VI, LP EIN: 90-0806597

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 392

BAUPOST VALUE PARTNERS, L.P.-IV EIN: 26-2208448 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 6,263

COMMONFUND CAPITAL SECONDARY PARTNERS II, LP EIN: 82-3170994 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 823

COMMONFUND CAPITAL CO-INVESTMENT OPPORTUNITIES II LP EIN: 82-0931142 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 1,860

COMMON FUND CAPITAL NATURAL RESOURCES PARTNERS XI LP EIN: 82-3512697 AMOUNT OF AMOTIZATION TAKEN IN CURRENT YEAR: 6,321

FIRST RESERVE FUND XI, LP EIN: 20-5069838 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 12,401

PARK STREET CAPITAL NATURAL RESOURCE FUND III AIV, LP EIN: 26-0438451 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 5,129

PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP EIN: 20-3362394 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 17,147

PARK STREET CAPITAL PRIVATE EQUITY FUND VIII, LP EIN: 20-8255115 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 1,946

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

AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 106,152

THE VARDE FUND X (B) (FEEDER), L.P. EIN: 27-1015088 AMOUNT OF AMORTIZATION TAKEN IN CURRENT YEAR: 1,069

Form **8868**

(Rev. January 2020)

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. 1545-0047

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

iling of this form, visit www.irs.gov/e-file-providers/e-file-fo	r-charities	-and-non-profits.				
Automatic 6-Month Extension of Time. Only submit			0.51		110	
All corporations required to file an income tax return other must use Form 7004 to request an extension of time to fil		` •	C filers), partnerships,	KEN	viiCs, and trusts	
Name of exempt organization or other filer, see ins	structions.	Т	axpayer identification nu	number (TIN)		
indianapolis museum of art, in	С.		35-086795	5		
Number, street, and room or suite no. If a P.O. box due date for 4000 MICHIGAN ROAD	, see instrud	ctions.				
liling your eturn. See nstructions. City, town or post office, state, and ZIP code. For a INDIANAPOLIS, IN 46208	a foreign ad	dress, see instructions.				
Enter the Return Code for the return that this application i	s for (file	a separate application for	each return)		0 7	
Application	Return	Application			Return	
s For	Code	Is For	``		Code	
Form 990 or Form 990-EZ	01	Form 990-T (corporatio	n)		07	
Form 990-BL	02	Form 1041-A	in all of all on 1)		08	
Form 4720 (individual)	03	Form 4720 (other than	individual)		09	
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust) Form 990-T (trust other than above)	05 06	Form 6069 Form 8870			11	
JEREMIAH WISE The books are in the care of ▶ 4000 MICHIGAN RC	AD IND	IANAPOLIS IN 4620	8			
Telephone No. ▶ 317 923-1331 If the organization does not have an office or place of b	_	ax No. ▶	this hov		▶□	
If this is for a Group Return, enter the organization's fou						
for the whole group, check this box	it is for no	ort of the aroun, check thi	s hox	Τ,	and attach	
a list with the names and TINs of all members the extension		int of the group, check the	3 DOX	—՝ ՙ	and attach	
1 I request an automatic 6-month extension of time un		05/17 20 2	1, to file the exempt	ora	anization return	
for the organization named above. The extension is			, to file the exempt	org	anization return	
for the organization harned above. The extension is	ioi tile oit	ganization's return for.				
and and ar year 20 or						
calendar year 20 or X tax year beginning 07/0	11 20 10	and anding	06/30 ,	20 3	20	
	<u>, 20 ± 3</u>	, and ending	,	20 _	<u> </u>	
If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return						
Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
nonrefundable credits. See instructions.						
b If this application is for Forms 990-PF, 990-T,	4720 o	r 6069 enter any refi	indable credits and	Ja	<u>ψ</u>	
estimated tax payments made. Include any prior year			andable credite and	3b	\$ 0.	
c Balance due. Subtract line 3b from line 3a. Include y			ired by using FFTPS	35	<u>ψ</u>	
(Electronic Federal Tax Payment System). See instruc		, 1040	_, _, g G	3с	\$ 0.	
Caution: If you are going to make an electronic funds withdrawal		it) with this Form 8868 see	Form 8453-FO and Form		•	
nstructions.	(3251 430	,	0 100 <u>Lo ana 7 om</u>	. 551	- 10 ici pajinoni	
For Privacy Act and Paperwork Reduction Act Notice, see instru	ıctions.			Form	8868 (Rev. 1-2020	

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
6/30/2020	-	51,978	1,937,351

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 END	GENERATED	UTILIZED	BALANCE
6/30/2019	262,955	-	262,955

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

YEAR END	GENERATED	UTILIZED	BALANCE
6/30/2019	136,539	-	136,539

INDIANAPOLIS MUSEUM OF ART, INC. EIN: 35-0867955 YEAR END: 06/30/2020 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
6/30/2020	-	_	4,400

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 inning 04/18/2019 , and ending 12/31/2019 beginning 04/18/2019

Attachment Sequence No. 118

Name of person filin	this return	<u> </u>		File	er's identific	ation numbe	er	'	
INDIANAPOLI	S MUSEUM OF AF	RT, INC.			35	-086795	55		
Filer's address (if yo	u aren't filing this form with	your tax return)	A Category	of filer (see Cate	egories of Filers	in the instru	ctions and check	applicable box(es	s)):
			1	2	3	X	4		
			B Filer's tax	year beginning	07/01	/2019	, and ending	06/30/	2020
C Filer's share	of liabilities: Nonrecours	e \$	Qualified no	onrecourse fina	ancing \$		Other \$		
D If filer is a m	ember of a consolidate	d group but not the	parent, ente	r the following	information a	bout the par	ent:		
Name				EIN	١				
Address									
	excepted specified fore			on this form. S	See instruction	ıs			
F Information a	bout certain other parti	ners (see instruction	ıs)				ı		
(*) Name		(2) Address		(3) Identifica	tion number	` ,	ck applicable bo	x(es) Constructive
	,	,	(=,		(-,		Category 1	Category 2	owner
C4 Name and a	Idress of foreign partner	-ahin					2/a) FINI (if an		
	'RIEDMAN CAPITA	•	77TTT T	D			2(a) EIN (if ar 98-118		
	KIEDMAN CAFII <i>F</i> IE PLAZA, 12TH		V 1 1 1 , 1 1 .	r .				e ID number (see	inetructions)
	CO, CA 94111	ILOOK					Z(b) Reference	e ib ilumber (see	ilistructions)
DZIIV TTUIIVOTE	00, 011 31111						3 Country un	der whose laws	s organized
							CJ	aci wiloco law	o organizou
4 Date of organization	5 Principal place business		l business code number	7 Principa	al business		ional currency	8b Exchang	e rate ructions)
04/18/20		5239		INVEST		Į t	JSD	(000 11100	radiono,
	ollowing information fo	r the foreign partne	ership's tax yea	r:					
	ss, and identification n				if the foreign	partnership	must file:		
United States	i			XF	orm 1042	Fori	m 8804	X Form 1065	5
				Service	Center where	Form 1065 is	filed:		
				EFI:	LE				
	Idress of foreign partne		intry of	4 Name ar	nd address of	person(s) with	n custody of the bo	ooks and records	of the
organization,	<mark>if any</mark> MAN INVESTORS VIII, I	.P.		JUDD SHER,	C/O HELLMAN	& FRIEDMAN		ia recoras, ii aine	ieni
WALKERS CORPORATED GEORGE TOWN, GRA	'E LIMITED, CAYMAN CC ND CAYMAN	ORP. CNTR,		ONE MARITIM	E PLAZA, 12	TH FLOOR			
CJ, KY1-9008				SAN FRANCIS	CO, CA 9411	1			
5 During the	e tax year, did the forei	gn partnership pay	or accrue an	y interest or ro	yalty for whic	h the deduct	tion is not		
	nder section 267A? See							► Yes	X No
	nter the total amount o							. • \$	V
•	nership a section 721(. , .	,, ,		X No
•	special allocations made	, , ,						Yes X Yes	No
	number of Forms 8858 Id Foreign Branches (FE							.	
9 How is th	s partnership classified	d under the law of t	the country in	which it's orgar	nized?	LIMITED	PARTNERSHIP		
10 a Does the	filer have an interest in	the foreign partne	rship, or an ir	nterest indirect	tly through the	foreign part	tnership, that's a	a	
•	init under Reg. 1.1503 ion 10b	. , . , . , .		•	-	. , . ,	. , . ,	▶ Yes	X No
	oes the separate unit o							163	
	oes the separate unit t							▶ Yes	No
	partnership meet both o					` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `		55	
	tnership's total receipt	• .		\$250,000.					
2. The va	ue of the partnership's	total assets at the			than \$1 millio	n.		► Yes	No
	on't complete Schedule nd Paperwork Reducti		the separate	instructions.				Form 8	865 (2019)

Form 8865 (2019) Page 2 Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to 12 a X No any amounts listed on Schedule N? If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in 13 the partnership or of receiving a distribution from the partnership NONE At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure 14 requirements of Regulations section 1.707-8? X No Yes Were there any transfers of property or money within a 2-year period between the partnership and any of its partners 15 a that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the XINO amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, Χ the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all if You're Filing information of which preparer has any knowledge. This Form Separately and Not With Your Date Signature of general partner or limited liability company member Tax Return Date PTIN Print/Type preparer's name Preparer's signature Check if **Paid** self-employed Preparer Firm's EIN ▶ Firm's name ▶ **Use Only** Firm's address Phone no. Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions. a X Owns a direct interest Owns a constructive interest Check if Check if Address Name Identification number (if any) foreign person partner Schedule A-1 Certain Partners of Foreign Partnership (see instructions) Check if foreign Name Address Identification number (if any) person Foreign Partners of Section 721(c) Partnership (see instructions) Schedule A-2 Country of organization (if any) U.S. taxpayer Percentage interest Check if related to U.S. transferor Name of foreign Address identification number partner (if any) Capital **Profits** % % % % Does the partnership have any other foreign person as a direct partner? Yes No Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest. Check if EIN (if any) Total ordinary Name Address foreign income or loss partnership

Form 8865 (2019) Page **3**

Sch	nedule	B Income Statement - Trade or Business Income *		
Cau	tion: Ir	nclude only trade or business income and expenses on lines 1a through 22 below. See the in	structi	ions for more information.
	10	Gross receipts or sales		
		5:555:555pts 5:56:551 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1c	
		Less returns and allowances	2	
Ф		Cost of goods sold	-	
Income		Gross profit. Subtract line 2 from line 1c	3	
ၓ		Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4	
=	5 I	Net farm profit (loss) (attach Schedule F (Form 1040))	5	
	6 I	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
	7	Other income (loss) (attach statement)	7	
	8 .	Total income (loss). Combine lines 3 through 7	8	
<u>~</u>	9 :	Salaries and wages (other than to partners) (less employment credits)	9	
ions		Guaranteed payments to partners	10	
ıitat		Repairs and maintenance	11	
for limitations)		Bad debts	12	
)s tc		Rent	13	
instructions		Taxes and licenses	14	
struc			15	
		Interest (see instructions)	-10	
ees)	16a	Depreciation (if required, attach Form 4562)	16c	
<u>s</u>		Less depreciation reported elsewhere on return		
<u>ö</u>		Depletion (Don't deduct oil and gas depletion.)	17	
걸		Retirement plans, etc	18	
Deductions		Employee benefit programs	19	
صّ		Other deductions (attach statement)	20	
		Total deductions . Add the amounts shown in the far right column for lines 9 through 20	21	
	22	Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8	22	
¥	23	Reserved for future use	23	
Payment	24	Reserved for future use	24	
×	25	Reserved for future use	25	
Ъ		Reserved for future use	26	
		Reserved for future use	27	
and		Reserved for future use	28	
Тах		Reserved for future use	29	
_		Reserved for future use	30	
Sc	hedul			Total amount
	1	Ordinary business income (loss) (Schedule B, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	2	a Other gross rental income (loss)		
	3			
		b Expenses from other rental activities (attach statement). 3b	2.	
		c Other net rental income (loss). Subtract line 3b from line 3a	3с	
ŝ	4	payments: a Services 4a b Capital 4b		
Ö		c Total. Add line 4a and line 4b	4c	
Income (Loss)	5	Interest income	5	
цe	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
Ö		b Qualified dividends 6b		
<u>=</u>		c Dividend equivalents . 6c		
	7	Royalties	7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9	a Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
		b Collectibles (28%) gain (loss) 9b		
		c Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
<u> </u>	12	Section 179 deduction (attach Form 4562)	12	
<u>o</u>	13		13a	
Deductions		b Investment interest expense	13b	
ਰੂ		c Section 59(e)(2) expenditures: (1) Type ▶(2) Amount ▶	-	
	1	(1) Timount	13d	

9X1913 2.000

Form 8	865 (2019)	HELLMAN & FRIEDMAN	CAPITAL PARTNE	RS VIII, L.P	9	8-118	36863	Page 4
Sche	edule K	Partners' Distributiv	e Share Items (conti	nued)			Total amou	ınt
		Net earnings (loss) from se	· · · · · · · · · · · · · · · · · · ·	,		14a		
÷e e e	b b	Gross farming or fishing in				-		
Self- Employ-	E	Gross nonfarm income						
		Low-income housing credi						
	b	Low-income housing credi				15b		
<u>it</u>	c	Qualified rehabilitation exp	·			15c		
Credits	d	Other rental real estate cre			,	15d		
$\bar{\mathbf{c}}$	e	Other rental credits (see in		Type ▶		15e		
	f	Other credits (see instructi	•	Type ▶		15f		
	16a	Name of country or U.S. po		•		131		
	b	Gross income from all soul				16b		
	1	Gross income sourced at p				16c		
2		Foreign gross income so				100		
<u>.</u> 6	d	Reserved for future use			rv 🕨	16e		
act				b Other (atta		16h		
US		Deductions allocated and			ch statement)	1011		
Foreign Transactions	i			j Other		161		
п	'	Interest expense ► Deductions allocated and				16j		
<u>eig</u>	l.					161		
Ö	1	Reserved for future use				161		
ш		Passive category ► Total foreign taxes (check	n General category	-	ch statement)	160		
	р	• ,	, — –			16p		
	q	Reduction in taxes availab	•	•		16q		
	17.0	Other foreign tax informati				470		
Alternative Minimum Tax	ջ 17a	Post-1986 depreciation ad	=			17a		
₹ <u>- 3</u>	E b	Adjusted gain or loss				17b		
ב ב ב	e c	Depletion (other than oil as						
E in E	d d	Oil, gas, and geothermal p				17d		
۶ <u>≡</u>	₹ e	Oil, gas, and geothermal p	17e					
	1	Other AMT items (attach s						
her Information		Tax-exempt interest incom				18a		
ati	b	Other tax-exempt income				18b		
Ē	C	Nondeductible expenses.				18c		
Ję.	1	Distributions of cash and r	19a					
=		Distributions of other prop	19b					
he		Investment income				20a		
ŏ		Investment expenses				20b		
Cole	edule L	Other items and amounts		I if Item H11, page 1, is	anewored "	/oc "\		
SCH	saule L	Daiance Sneets per E		g of tax year	answered 1		of tax year	
		Assets			(0)	Liiu		4/
1 (Cash		(a)	(b)	(c)		- "	<u>(t</u>
		es and accounts receivable						
		vance for bad debts						
		S						
		rnment obligations						
	_	ot securities						
		rent assets (attach statement)						
		partners (or persons related to						
	. ,	and real estate loans						
		estments (attach statement)						
		and other depreciable assets						
	_	mulated depreciation.						
		e assets						
	•	mulated depletion						
		of any amortization)						
		assets (amortizable only)						
	-	mulated amortization						

Page **5** Form 8865 (2019)

Scl	hedule L Balance Sheets per l	Books. (Not required		, page 1, is a		, ,
			of tax year			nd of tax year
		(a)	(b)	(c)	(d)
3	Other assets (attach statement)					
4	Total assets					
	Liabilities and Capital					
5	Accounts payable					
6	Mortgages, notes, bonds payable in less than 1 year					
7	Other current liabilities (attach statement)					
8	All nonrecourse loans					
_	Loans from partners (or persons related to partners)					
	Mortgages, notes, bonds payable in 1 year or more					
0	Other liabilities (attach statement)					
11 22	Partners' capital accounts Total liabilities and capital					
	hedule M Balance Sheets for	Interest Allocation				
					(a)	(b)
					nning of	End of
				_	year	tax year
1	Total U.S. assets					
2	Total foreign assets:					
а	Passive category					
	General category					
С	Other (attach statement)	<u> </u>				
Sc	hedule M-1 Reconciliation of I		Books Witl	h Income (l	Loss) per Ret	turn. (Not required if Item
	H11, page 1, is answe	red "Yes.")				
			6 Inco	me recorded	on books this	
1	Net income (loss) per books		tax	year not	included on	
2	Income included on Schedule K,		Sch	edule K, lines	1 through 11	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		,	nize):		
	and 11 not recorded on books		a Tax-	exempt intere	st \$	
	this tax year (itemize):					
	\$		7 Ded	uctions include	ed on Schedule	
3	Guaranteed payments (other			_	3d, and 16p not	
	than health insurance)			-	ook income this	
4	Expenses recorded on books			rear (itemize):		
	this tax year not included on		a Dep	reciation \$		
	Schedule K, lines 1 through					
_	13d, and 16p (itemize): Depreciation \$					
	Travel and entertainment \$		0	lines 6 and 7		
b	inaver and entertainment p				ubtract line 8	
5	Add lines 1 through 4					
	hedule M-2 Analysis of Partner	s' Capital Accounts.				swered "Yes.")
1	Balance at beginning of tax year	<u> </u>			ash	,
2	Capital contributed:				roperty	
_	a Cash · · · · ·		7 Oth		itemize): \$	
				c. 400104363 (
3	Net income (loss) per books					
4	Other increases (itemize): \$					
•	ΣΣσ.σσσσ (ποιτιέσ). ψ		8 Add	lines 6 and 7		
					of tax year.	
5	Add lines 1 through 4				m line 5	

Form 8865 (2019) 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 loreign partnersnip and	1		
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
14	Commissions paid				
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				
20	maximum loan balance				
	during the tax year). See				
21	instructions				
	maximum loan balance				
	during the tax year). See				
	instructions				
			1	ı	Form 8865 (2019)

SCHEDULE O (Form 8865)

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

(Rev. December 2019) ➤ Attach to Form 8865. See the Instructions for Form 8865. ➤ Go to www.irs.gov/Form8865 for instructions and the latest information. Department of the Treasury

OMB No. 1545-1668

Name of transferor		,	J				Filer's identi	ifying number		
INDIANAPOLIS		ART, INC.					35-086	7955		
Name of foreign partne	•			EIN (if an			Reference II	D number (see ins	tructions)	
HELLMAN & FR					1186863					
b If "Yes," was	(b)(14))? See in the gain deferra	n 721(c) partne instructions Il method applied y transferred co	to avoid the re	cognition	of gain upon th	e contributi	on of propert		Yes Yes	X No No
		contribution as							Yes	X No
		e Under Section		ogulatioi		<u> </u>				
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of tra		(d) Cost or other basis	Rec	(e) overy period	(f) Section 704(c) allocation method	(g) Gain reco	gnized
Cash	VAR		410	,818.						
Stock, notes receivable and payable, and other securities										
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)	Э									
Other property										
Totals			410	,818.						
Supplemental Inf	ormation Requ	centage interest	oorted (see in			sfer	.028 % (b) After the trans	sfer .	027 %
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition		(e) n recognized partnership	(f) Deprec recap recogr	iation ture iized	(g) Gain allocated to partner	(h) Deprec recapture a to par	iation allocated
	· · · · · · · · · · · · · · · · · · ·	ted on this sch	=	t to gair	recognition	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) 12-2019

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	X
H&F UNITE HOLDINGS VIII, L.P.	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	83-4165527	
H&F UNITE HOLDINGS VIII GP , LLC	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	83-4199949	
H&F COPPER HOLDINGS VIII, L.P.	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	84-2052385	
H&F COPPER HOLDINGS VIII GP, LLC	415 MISSION STREET, SUITE 5700, SAN FRANCISCO, CA 94105	84-2039515	

Museum Group investor@imamuseum.org 10/06/2020 15:34:47

Form **8865**

Return of U.S. Persons With Respect to Certain Foreign Partnerships Attach to your tax return. Go to www.irs.gov/Form8665 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 inning 01/01/2019, and ending 12/31/2019 $\textbf{beginning} \quad 01/01/2019$

Attachment Sequence No. 118

Name o	Name of person filing this return					Filer's identification number						
INDI	ANAPOLIS 1	MUSEUM OF AR	T, INC.			35-0867955						
Filer's a	address (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 a	nd check	applicable box(e	s)):
				1	2	2 [3	X	4			
				B Filer's tax	year begini	ning	07/01	/2019	, an	d ending	06/30/	2020
C F	iler's share of lia	abilities: Nonrecourse	\$	Qualified no	onrecourse	e fina	ncing \$			Other \$		
D If	filer is a memb	er of a consolidated	I group but not th	ne parent, ente	r the follow	ving i	nformation al	bout the par	ent:			
N	ame					EIN						
	ddress											
		epted specified fore			on this for	m. Se	ee instruction	s				
F In	formation abou	t certain other partn	ers (see instruction	ons)								
	(1) Na	me		(2) Address			(3) Identification	tion number			ck applicable bo	x(es) Constructive
									Cate	egory 1	Category 2	owner
G1 N	ame and addres	ss of foreign partners	shin						2(2)	EIN (if ar	nv)	
		EVERGREEN F	•							8-121		
		PORATE SERVI	•	GLAND HOU	SE. PO	ВО	x 309				e ID number (see	e instructions)
	ID CAYMAN		, -		,				-(,		(,
СJ,	KY1-1104								3 Co	untry und	der whose law	s organized
									C	J		•
	ate of	5 Principal place of		al business			l business	8a Funct	ional c	urrency	8b Exchang	
OI	rganization	business	activity	code number		ivity ESTI	MENT	US I	OLLA	AR	(see inst	tructions)
1(0/21/2014	CJ	525	990								
H P	rovide the follov	ving information for	the foreign partr	ership's tax yea	r:							
		and identification nu	imber of agent (if	any) in the	2 Che	eck if	the foreign	partnership	must f	ile:	_	
U	nited States					_ Fo	rm 1042	For	m 8804	4 L	Form 106	5
					Ser	vice (Center where I	Form 1065 is	filed:			
			1.1									• • • • • • • • • • • • • • • • • • • •
	ame and addres rganization, if ar	ss of foreign partne าง	rsnip's agent in co	ountry of	fore	ign pa	artnership, an				ooks and records nd records, if diffe	
MAPLES	CORPORATÉ SEI 309, UGLAND I	RVICES LIMITED			MR. JASC LEVEL 19		U O INT'L FIN	NANCE CENT	ER, 8	FINANCE		
GRAND	CAYMAN				, CENTRA	AL						
	71-1104						46 -:-	la 41a a al a al car				
5		year, did the foreig section 267A? See			y interest (or roy	alty for which	n the deduc	lion is i	101	▶ Yes	X No
		the total amount of									▶ \$	
6		ship a section 721(c						.721(c)-1T(b)(14)?	?	Yes	X No
7		cial allocations mad										No
8		ber of Forms 8858.										
		oreign Branches (FB									>	
9	How is this pa	rtnership classified	under the law of	the country in	which it's o	organi	zed?	EXEMPTE	D LIMI	TED PAR	TNERSHIP	
10 a	Does the filer	have an interest in	the foreign partn	ership, or an ir	nterest ind	lirectl	y through the	foreign par	tnershi	o, that's a	ì	
		under Reg. 1.1503(
	skip question	10b									► Yes	X No
b		the separate unit or										
											► Yes	No
11	•	nership meet both o	-	•	1050 000)				
	•	rship's total receipts	•					>			.	X No
		of the partnership's to complete Schedules			year was l	less tl	han \$1 millio	n.			► Yes	_X No
For Pr		Paperwork Reduction			instruction	ns.					Form 9	3865 (2019)
												(-0.0)

Form 8865 (2019) Page 2 Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to 12 a X No any amounts listed on Schedule N? If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in 13 the partnership or of receiving a distribution from the partnership At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure 14 requirements of Regulations section 1.707-8? X No Yes Were there any transfers of property or money within a 2-year period between the partnership and any of its partners 15 a that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the XINO amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, Χ the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all if You're Filing information of which preparer has any knowledge. This Form Separately and Not With Your Date Signature of general partner or limited liability company member Tax Return Date PTIN Print/Type preparer's name Preparer's signature Check if **Paid** self-employed Preparer Firm's EIN ▶ Firm's name ▶ **Use Only** Firm's address Phone no. Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions. a X Owns a direct interest Owns a constructive interest Check if Check if Address Name Identification number (if any) foreign person partner Schedule A-1 Certain Partners of Foreign Partnership (see instructions) Check if foreign Name Address Identification number (if any) person Foreign Partners of Section 721(c) Partnership (see instructions) Schedule A-2 Country of organization (if any) U.S. taxpayer Percentage interest Check if related to U.S. transferor Name of foreign Address identification number partner (if any) Capital **Profits** % % % % Does the partnership have any other foreign person as a direct partner? Yes No Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a Schedule A-3 direct interest or indirectly owns a 10% interest. Check if EIN (if any) Total ordinary Name Address foreign income or loss partnership

Form 8865 (2019) Page **3**

Sch	edule	B Income Statement - Trade or Business Income *		
Cau	tion: l	nclude only trade or business income and expenses on lines 1a through 22 below. See the in	struct	ions for more information.
	12	Gross receipts or sales		
		Less returns and allowances	1c	
Ф			2	
و		Cost of goods sold	3	
Income		Gross profit. Subtract line 2 from line 1c	4	
ည		Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)		
-		Net farm profit (loss) (attach Schedule F (Form 1040))	5	
		Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
		Other income (loss) (attach statement)	7	
	8	Total income (loss). Combine lines 3 through 7	8	
(s	9	Salaries and wages (other than to partners) (less employment credits)	9	
tion	10	Guaranteed payments to partners	10	
nita	11	Repairs and maintenance	11	
for limitations)		Bad debts	12	
ns f		Rent	13	
instructions		Taxes and licenses	14	
stru		Interest (see instructions)	15	
.⊑		Depreciation (if required, attach Form 4562)		
ees)	10a	Less depreciation reported elsewhere on return	16c	
ည			17	
Deductions		Depletion (Don't deduct oil and gas depletion.)	18	
걸		Retirement plans, etc.		
뒇		Employee benefit programs	19	
۵		Other deductions (attach statement)	20	
\dashv		Total deductions. Add the amounts shown in the far right column for lines 9 through 20		
-		Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8	22	
Ħ		Reserved for future use	23	
Payment	24	Reserved for future use	24	
돌	25	Reserved for future use	25	
	26	Reserved for future use	26	
and	27	Reserved for future use	27	
ā		Reserved for future use		
Тах		Reserved for future use		
		Reserved for future use	30	
Sc	hedul			Total amount
	1	Ordinary business income (loss) (Schedule B, line 22)	1	
	2		2	
	3	a 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	3с	
	4	Guaranteed		
ŝ		c Total. Add line 4a and line 4b	4c	
ő	5		5	
Income (Loss)	6		6a	
Ĕ	"	b Qualified dividends 6b	0a	
္မ		Dividend a minutesta Co		
드	_	c Dividend equivalents . 6c	_	
	7	,	7	
	8	1 3 ()(8	
		a 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	Net section 1231 gain (loss) (attach Form 4797)	10	
	10 11	Net section 1231 gain (loss) (attach Form 4797)	11	
su	10	Net section 1231 gain (loss) (attach Form 4797)	11 12	
tions	10 11	Net section 1231 gain (loss) (attach Form 4797)	11 12 13a	
uctions	10 11 12 13	Net section 1231 gain (loss) (attach Form 4797) Other income (loss) (see instructions) Type ▶ Section 179 deduction (attach Form 4562). Contributions b Investment interest expense.	11 12 13a 13b	
Deductions	10 11 12 13	Net section 1231 gain (loss) (attach Form 4797)	11 12 13a 13b	

Page 4

Sch	edule K	Partners' Distributiv	e Share Items (contin	ued)			Total amount	
- '	ب 14a	Net earnings (loss) from se	elf-employment			14a		
P E	e e	Gross farming or fishing in	come			14b		
Self- Employ-	E c	Gross nonfarm income				14c		
		Low-income housing credi						
		Low-income housing credi						
캺	I	Qualified rehabilitation exp						
Credits	d	Other rental real estate cr				15d		
ū	e	Other rental credits (see in	nstructions)	Type ▶		15e		
	f	Other credits (see instructi	•	Type N		15f		
	_	Name of country or U.S. po				-01		
	b	Gross income from all soul	ces			16b		
	I	Gross income sourced at						
JS		Foreign gross income so						
Ē	d	Reserved for future use ▶			rv >	16e		
Foreign Transactions	f	Passive category ▶	g General category ▶	h Other (atta	ich statement)	16h		
ııs		Deductions allocated and			, ,			
<u> </u>	i			Other	•	16j		
<u>.</u> ⊑		Deductions allocated and				,		
ej.	k	Reserved for future use ▶				161		
Ğ		Passive category ▶		• Other (atta				
_	р	Total foreign taxes (check						
	q	Reduction in taxes availab						
	r	Other foreign tax informati						
	17a	Post-1986 depreciation ac	liustment			17a		
Alternative Minimum Tax	S b	Adjusted gain or loss	=					
ָב בֿיַ	ē c	Depletion (other than oil a						
in a	≘ d	Oil, gas, and geothermal p						
E E	∑ e	Oil, gas, and geothermal p						
` Z `	f	Other AMT items (attach s						
	18 a	Tax-exempt interest incom						
Other Information		Other tax-exempt income						
πa		Nondeductible expenses.						
or.		Distributions of cash and r						
υĘ		Distributions of other prop						
er		Investment income						
듄	b	Investment expenses.				20b		
O	С	Other items and amounts	(attach statement)					
Sch	edule L	Balance Sheets per E	Books. (Not required	if Item H11, page 1, is	answered "Y	es.")		
			Beginning	of tax year		End	of tax year	
		Assets	(a)	(b)	(c)		(d)	
1	Cash							
2 a	Trade note	es and accounts receivable.						
b	Less allow	ance for bad debts						
3	Inventories							
4	U.S. gover	nment obligations						
5	Tax-exemp	t securities						
6	Other curr	ent assets (attach statement)						
7 a	Loans to p	artners (or persons related to						
	partners)							
b	Mortgage a	and real estate loans						
		stments (attach statement)						
	_	and other depreciable assets						
		mulated depreciation.						
		assets						
		mulated depletion						
		of any amortization)						
12 a	Intangible	assets (amortizable only) .						
b	Less accu	mulated amortization						

Page **5** Form 8865 (2019)

_	nedule L Balance Sheets per B	ooks. (Not required if	Item	H11,	page 1, is answered "Ye	es.") (continued)
		Beginning of	f tax y	ear		End of tax year	
		(a)		(b)) (c)		(d)
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						
Scl	nedule M Balance Sheets for I	Interest Allocation					
					(a)	,	b)
					Beginning of		d of
					tax year	tax	year
1	Total U.S. assets						
2	Total foreign assets:						
	Passive category						
	General category						
С	Other (attach statement)	oome (Lees) ner Be	oko	\A/:4L	lnoome (Loos) nor l	Datuma (Natura	
Sci	H11, page 1, is answere		oks	VVIU	i income (Loss) per i	teturn. (Not re	quirea ii ite
	HTT, page 1, is answere	<u>=u 1es. /</u>	Г				
_			6		me recorded on books th		
1	Net income (loss) per books				year not included		
2	Income included on Schedule K,				edule K, lines 1 through	1	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,			•	nize):		
	and 11 not recorded on books		a	ıax-	exempt interest \$	_	
	this tax year (itemize):		_				
3	\$ Guaranteed payments (other		7		uctions included on Sched		
3	than health insurance)				nes 1 through 13d, and 16p r ged against book income tl		
4	Expenses recorded on books				ear (itemize):	115	
•	this tax year not included on		9		reciation \$		
	Schedule K, lines 1 through			Бор	-τοσιατίστη φ	_	
	13d, and 16p (itemize):			-		_	
а	Depreciation \$					_	
	Travel and entertainment \$		8	Add	lines 6 and 7.		
			9		me (loss). Subtract line	-	
5	Add lines 1 through 4			from	ı line 5		
Scl	nedule M-2 Analysis of Partners	' Capital Accounts. (N	ot re	quire	ed if Item H11, page 1, is	answered "Yes	.")
1	Balance at beginning of tax year		6	Dist	ributions: a Cash		
2	Capital contributed:				b Property		
	a Cash		7	Othe	er decreases (itemize): \$		
	b Property					_	
3	Net income (loss) per books					_	
4	Other increases (itemize): \$						
			8	Add	lines 6 and 7		
			9		ince at end of tax ye		
5	Add lines 1 through 4				tract line 8 from line 5		

Form 8865 (2019) 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 th	e foreign partnership 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				
	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					
8	Other				
9	Add lines 1 through 8				
	Purchases of inventory				
11	Purchases of tangible property				
	other than inventory				
	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
14	Commissions paid				
	Rents, royalties, and license fees paid				
16	Distributions paid				
17	Interest paid				
18	Other				
19	Add lines 10 through 18				
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				
					Form 8865 (2019)

SCHEDULE 0 (Form 8865)

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

(Rev. December 2019) ► Attach to Form 8865. See the Instructions for Form 8865.

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

OMB No. 1545-1668

nternal Revenue Service		P GO to WWW.II	3.gov/i oriniooo	o for illistractions and						
Name of transferor						Filer's identifying number				
	MUSEUM OF ART, INC.				35-0867955					
Name of foreign partne	•	N DIND II				Reference ID number (see instructions)				
CAPITAL TODA				98-1217842	1.0					
	-			ned in Temporary Re	_			Yes X No		
, ,										
	-			cognition of gain upon the				Yes No		
•	•	•		anticipated to be, at the egulations section 1.4				Yes X No		
	fers Reportabl			egulations section 1.4	102-1 (C)(1) :			Tes A NO		
r arti				(4)		(0)	/5	(-)		
Type of property	(a) Date of transfer	(b) Description of property	Fair market on date of tra			(e) ery period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer		
Cash	VAR		892	,934.						
Stock, notes										
eceivable and										
payable, and other										
securities										
nventory										
Tangible										
property										
used in trade or business										
ntangible										
oroperty described in										
section 197(f)(9)										
ntangible property,										
other than intangible property described	•									
n section 197(f)(9)										
Other										
property										
. ,										
Fotals			800	2,934.						
	ansferor's perc	entage interes		ship: (a) Before the tran	sfer .	458 % (t	o) After the trans	sfer .458 %		
Supplemental Info						70 (2	7,71110. 1110 11111			
• •	·			,						
Part II Dispos	sitions Report	able Under Se	ction 6038B							
(a)	(b)	(c)	(d)	(e)	(f) Depreciat	rion	(g)	(h)		
Type of	Date of	Date of	Manner of	Gain recognized	recaptur	re (Gain allocated	Depreciation recapture allocated		
property	original transfer	disposition	disposition	by partnership	recognize by partner		to partner	to partner		
Part III Is any	transfer repor	ted on this sc	hedule subjec	t to gain recognition	under sect	ion 904(f)(3) or			
sectio	n 904(f)(5)(F)?	<u></u>	<u></u>		<u>.</u>	<u></u>	▶ □	Yes X No		

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

Schedule O (Form 8865) 12-2019

Form 8865 Information (cont'd)

Schedule A-1 - Certain Partners of Foreign Partnership: N/A

Schedule A-2 – Foreign Partners of Section 721(c) N/A

Partnership:

Schedule A-3 - Affiliation Schedule:

Name	Address	EIN	Total Ordinary Income or Loss	Entity Type	
CTG Evergreen Investment IV Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1218823	N/A	Foreign Check-the-Box Partnership	
CTG Evergreen Investment XV Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1261213	N/A	Foreign Check-the-Box Partnership	
CTG Evergreen Investment XXI Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1262381	N/A	Foreign Check-the-Box Partnership	
CTG Evergreen Investment XXII Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1352182	N/A	Foreign Check-the-Box Partnership	
CTG Evergreen Investment XXV Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1352684	N/A	Foreign Check-the-Box Partnership	
CTG Evergreen Investment XXVII Limited	3/F, Mandar House Johnson's Chut, Tortola British Virgin Islands	98-1352427	N/A	Foreign Check-the-Box Partnership	
CTG Evergreen Investment E Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1376071	N/A	Foreign Check-the-Box Partnership	
CTG Evergreen Investment F Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1375869	N/A	Foreign Check-the-Box Partnership	
LT Growth Investment XXIII Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1210640	N/A	Foreign Check-the-Box Partnership	
LT Growth Investment XXIV Limited	3/F, Mandar House Johnson's Ghut, Tortola British Virgin Islands	98-1217844	N/A	Foreign Check-the-Box Partnership	

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 01/01/2019 , and ending 12/31/2019

Attachment Sequence No. 118

Name of person filing this return					Filer's identification number							
INDIANAPOLIS MUSEUM OF ART, INC.						35-0867955						
A Category	of filer (see	Categories of Filers in the instructions and check applicable box(es					s)):					
1	2		3	X	4							
B Filer's tax	year beginni	ing	07/01	/2019	, and ending	06/30/	2020					
Qualified no	nrecourse	finan	ncing \$		Other \$							
e parent, enter	the followi	ing in	formation al	oout the par	ent:							
Name EIN												
Address												
E Check if any excepted specified foreign financial assets are reported on this form. See instructions												
าร)					T							
(2) Address			(3) Identification number		(4) Check applicable box(es)							
					Category 1	Category 2	owner					
					2(a) FIN (if ar	 						
- PCF II	Т	,				• /						
101 11.	_				2(b) Reference ID number (see instructions)							
					(1)	•	,					
					3 Country under whose laws organized							
					LU							
l business	ode number activity _{тт}			ional currency	(see instructions)							
code number												
900				DO	LLAR							
. ,												
1 Name, address, and identification number of agent (if any) in the												
United States				Form 1042 Form 8804 Form 1065								
	Serv	ice C	enter where I	Form 1065 is	filed:							
ıntrı of	4 Nome		l adduage of .	(-) ith			of the					
Name and address of foreign partnership's agent in country of organization, if any				foreign partnership, and the location of such books and records, if different								
organization, if any ALTER DOMUS ALTERNATIVE ASSET FUND ADMIN SARL 15 BOULEVARD F.W. RAIFFEISEN 15 BOULEVARD F.W. RAIFFEISEN 16 BOULEVARD F.W. RAIFFEISEN												
L-2411 LUXEMBOURG, BP 2501L-1025 LUXEMBOURG L-2411 LUXEMBOURG, BP 2501L-1025 LUXEMBOURG												
or coorde on	1	r rov	alty for which	a tha dadua	tion is not							
or accrue any	y interest o	i ioya	ally for write	i trie deduc	lion is not	Yes	X No					
anomal and a section 2017. See metabolish [] [] [] [] [] [] [] [] [] [
rn of U.S. Pers	ons With R	espe	ct to Foreigr	Disregarde	ed Entities							
						.						
the country in \	which it's or	ganiz	zed? I	PARTNER	SHIP							
ership, or an ir	nterest indir	ectly	through the	foreign par	tnership, that's a	а						
						. \square						
						► Yes	X No					
b If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1												
(\(\text{\text{\$\}\$}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}												
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. Yes X No												
end of the tax	year was le	ss th	ıan \$1 millio	n. J		res	NO					
the separate i	nstructions	 3.				Form 8	865 (2019)					
	Qualified not parent, enterest as are reported as) (2) Address - PCF II I business code number and parent, enterest as a code number and parent and par	A Category of filer (see of 1 2 2 B Filer's tax year beginning Qualified nonrecourse exparent, enter the following are reported on this formula: (2) Address - PCF III Dusiness code number active INVI 2 Chemistry of active INVI 2 Chemistry of 4 Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Name foreign ALTER DON 15 BOULEY L-2411 LU and INVI 2 Chemistry of A Nam	A Category of filer (see Category 1 2 B Filer's tax year beginning Qualified nonrecourse finance parent, enter the following in EIN s are reported on this form. Sens) (2) Address 7 Principal activity INVEST 3000 arship's tax year: ny) in the 2 Check if For Service Country of 4 Name and foreign part ALTER DOMUS 2 15 BOULEVARD L-2411 LUXEME LU arreship? or accrue any interest or roy. Interesting the country in which it's organizarship, or an interest indirectly of a combined separate unit undate unit have a dual consolidate uirements? In a Category of filer (see Category 1	A Category of filer (see Categories of Filers 1	A Category of filer (see Categories of Filers in the instruction of the control o	35 - 0867955 A Category of filer (see Categories of Filers in the instructions and check	A Category of filer (see Categories of Filers in the instructions and check applicable boxies 1					

Form 8865 (2019) Page 2 Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to 12 a X No any amounts listed on Schedule N? If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in 13 the partnership or of receiving a distribution from the partnership 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? X No Yes Were there any transfers of property or money within a 2-year period between the partnership and any of its partners 15 a that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the XINO amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, Χ the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all if You're Filing information of which preparer has any knowledge. This Form Separately and Not With Your Date Signature of general partner or limited liability company member Tax Return Date PTIN Print/Type preparer's name Preparer's signature Check if **Paid** self-employed Preparer Firm's EIN ▶ Firm's name ▶ **Use Only** Firm's address Phone no. Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions. a X Owns a direct interest Owns a constructive interest Check if Check if Name Address Identification number (if any) foreign person partner Schedule A-1 Certain Partners of Foreign Partnership (see instructions) Check if foreign Name Address Identification number (if any) person Foreign Partners of Section 721(c) Partnership (see instructions) Schedule A-2 Country of organization (if any) U.S. taxpayer Percentage interest Check if related to U.S. transferor Name of foreign Address identification number partner (if any) Capital **Profits** % % % % Χ Does the partnership have any other foreign person as a direct partner? No Yes Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest. Check if EIN (if any) Total ordinary Name Address foreign income or loss partnership

Form 8865 (2019) Page **3**

Sch	nedule	B Income Statement - Trade or Business Income *		
Cau	tion: l	nclude only trade or business income and expenses on lines 1a through 22 below. See the in	struct	ions for more information.
	10	Gross receipts or sales		
		0:000:000.pts 0: 00:001 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1c	
		Less returns and allowances	2	
Ф		Cost of goods sold		
Income		Gross profit. Subtract line 2 from line 1c	3	
ၓ		Ordinary income (loss) from other partnerships, estates, and trusts (attach statement)	4	
=	5	Net farm profit (loss) (attach Schedule F (Form 1040))	5	
	6	Net gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
	7	Other income (loss) (attach statement)	7	
	8	Total income (loss). Combine lines 3 through 7	8	
<u></u>	9	Salaries and wages (other than to partners) (less employment credits)	9	
ions		Guaranteed payments to partners	10	
nitat		Repairs and maintenance	11	
for limitations)		Bad debts	12	
ıs fc		Rent	13	
instructions		Taxes and licenses	14	
struc		Interest (see instructions)	15	
ees)	16a	Depreciation (if required, attach Form 4562)	16c	
2		Less depreciation reported elsewhere on return	17	
ö		Depletion (Don't deduct oil and gas depletion.)		
ŗ		Retirement plans, etc	18	
Deductions		Employee benefit programs	19	
صّ		Other deductions (attach statement)	20	
		Total deductions . Add the amounts shown in the far right column for lines 9 through 20	21	
	22	Ordinary business income (loss) from trade or business activities. Subtract line 21 from line 8	22	
¥	23	Reserved for future use	23	
Payment	24	Reserved for future use	24	
y	25	Reserved for future use	25	
Ра		Reserved for future use	26	
and		Reserved for future use	27	
ā		Reserved for future use	28	
Тах		Reserved for future use	29	
_		Reserved for future use	30	
Sc	hedul		,	Total amount
	1		1	
	2		2	
	3	a Other gross rental income (loss)	_	
	"	b Expenses from other rental activities (attach statement). 3b		
			3с	
		Cuerenteed	30	
ŝ	4		4.	
SO		c Total. Add line 4a and line 4b	4c	
Income (Loss)	5		5	
шe	6		6a	
S		b Qualified dividends 6b		
므		c Dividend equivalents . 6c		
	7	,	7	
	8	1 3 ()(8	
	9	a 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	
	11	Other income (loss) (see instructions) Type ▶	11	
35	12		12	
<u> </u>	13		13a	
ij		b Investment interest expense	13b	
Deductions		c Section 59(e)(2) expenditures: (1) Type ▶(2) Amount ▶	-	
٦		d Other deductions (see instructions) Type ▶	13d	

9X1913 2.000

Sch	edule K	Partners' Distributiv	e Share Items (contin	nued)			Total amount	
.ز چ	14a ي	Net earnings (loss) from s	elf-employment			14a		
Self- Employ-	e b	Gross farming or fishing in	come			14b		
<u>" </u>	- с	Gross nonfarm income				14c		
	15 a	Low-income housing cred	t (section 42(j)(5))			15a		
10	b	Low-income housing cred	t (other)			15b		
ë ë	С	Qualified rehabilitation exp	enditures (rental real e	state) (attach Form 3468	3)	15c		
Credits	d	Other rental real estate cr	edits (see instructions)	Type ▶		15d		
O	е	Other rental credits (see in		Type ▶		15e		
	f	Other credits (see instruct		Type ▶		15f		
	16a	Name of country or U.S. p						
	b	Gross income from all sou				16b		
	C	Gross income sourced at				16c		
JS		Foreign gross income so						
ē	d	Reserved for future use ▶			rv	16e		
Foreign Transactions	f				ach statement)	16h		
us	-	Deductions allocated and			ion diatomont,	1011		
Ē	i			Other		16j		
_	•	Deductions allocated and				10)		
eig.	k	Reserved for future use ▶				161		
وَ		Passive category	n General category ▶		ach statement)	160		
-	m	Total foreign taxes (check			•			
	р	Reduction in taxes availab	, — —			16p		
	q			,		16q		
	17-	Other foreign tax informat	, ,			47-		
ă e	ဖူ 17 a	Post-1986 depreciation ad						
Alternative Minimum Tax		Adjusted gain or loss						
ב בי	E C	Depletion (other than oil a						
in te	E d	Oil, gas, and geothermal poil, gas, and geothermal p						
≥ ق	€ e					17e		
	f	Other AMT items (attach s						
Other Information	18a	Tax-exempt interest income				18a		
ati	b	Other tax-exempt income	18b					
Ē		Nondeductible expenses. Distributions of cash and i	18c					
٩	19a							
Ξ	b	Distributions of other prop						
he	20 a	Investment income						
ō	b	Investment expenses Other items and amounts				20b		
Soh	edule L			if Item H11, page 1, is	answord "\	(oc ")		
SCII	edule L	Dalatice Officets per t	· · · · · · · · · · · · · · · · · · ·	of tax year	answered		tax year	
		Assets	(a)	(b)	(c)	Liid Oi	(d)	
1	Cach		(ω)	(5)	(6)		(α)	
		es and accounts receivable						
		rance for bad debts						
		nment obligations						
	-	ot securities						
	•	ent assets (attach statement)						
		partners (or persons related to						
		earthers (or persons related to						
	. ,	and real estate loans						
		estments (attach statement)						
		and other depreciable assets						
	_	mulated depreciation						
		assets .						
		mulated depletion						
		of any amortization)						
		assets (amortizable only)						
	-	mulated amortization						
	∟ c oo duuu	muateu amultizativii	1	I .			l	

	nedule L Balance Sheets per B	looks. (Not required if	Item H	11, page 1, i	s answered "Yes.	") (continued)
	<u>. </u>	Beginning o				End of tax year
		(a)		(b)	(c)	(d)
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 Sal	Total liabilities and capital nedule M Balance Sheets for	Interest Allegation				
SU	Balance Sheets for	interest Anocation			(-)	(L)
				В	(a) eginning of	(b) End of
					tax year	tax year
1	Total U.S. assets					,
2	Total foreign assets:			•		
	Passive category					
	General category					
	Other (attach statement)					
Scl	nedule M-1 Reconciliation of In	come (Loss) per Bo	oks V	/ith Income	(Loss) per Re	turn. (Not required if Item
	H11, page 1, is answer	ed "Yes.")				
			6 1	ncome record	ded on books this	
1	Net income (loss) per books				ot included on	
2	Income included on Schedule K,		I	-	nes 1 through 11	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,		(itemize):	· ·	
	and 11 not recorded on books		a 7	ax-exempt in	terest \$	
	this tax year (itemize):		_			
	\$		7 [eductions inc	luded on Schedule	
3	Guaranteed payments (other		r	ັ້, lines 1 throug	gh 13d, and 16p not	
	than health insurance)			harged agains	t book income this	
4	Expenses recorded on books		t	ax year (itemize)):	
	this tax year not included on		a [epreciation \$		
	Schedule K, lines 1 through		-			
	13d, and 16p (itemize):		-			
	Depreciation \$		-			
b	Travel and entertainment \$		1		d 7	
_	Add lines 1 through 4				Subtract line 8	
5 Scl	Add lines 1 through 4 nedule M-2 Analysis of Partners	' Canital Δccounts (N				swered "Yes "\
	•	- Capital Accounts. (1)			•	1011010101010101010101010101010101010101
1	Balance at beginning of tax year Capital contributed:		6 [a Cash	
2	·		7 /		b Property	
	a Cash · · · · ·		7 (Julei decreas	es (itemize): \$	
2	b Property		-			
3 4	Net income (loss) per books Other increases (itemize): \$		1 -			
7	Other moreases (nemize). \$		8 /	dd lines 6 an	d 7	
					end of tax year.	
5	Add lines 1 through 4				from line 5	

Form 8865 (2019) 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 loreign partnersnip and	1		
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
14	Commissions paid				
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				
20	maximum loan balance				
	during the tax year). See				
21	instructions				
	maximum loan balance				
	during the tax year). See				
	instructions				
			1	ı	Form 8865 (2019)

SCHEDULE 0 (Form 8865)

(Rev. December 2019) 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

nternal Revenue Service		Go to www.ir	s.gov/Formood	o for instructions and	the latest int	ormation.		
Name of transferor							fying number	
INDIANAPOLIS N		ART, INC.				35-086		
lame of foreign partnersh	•			EIN (if any)		Reference II	D number (see inst	ructions)
MONROE CAPITAI				98-1458911				
1.721(c)-1T(b b If "Yes," was th 2 Was any intang)(14))? See in e gain deferral gible property	nstructions I method applied y transferred c	to avoid the reconsidered or a	ned in Temporary Re cognition of gain upon t anticipated to be, at the	he contribution	on of propert	y?	Yes X No
Part I Transfer	s Reportable	e Under Section	on 6038B					
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of tra	l l	er Reco	(e) every period	(f) Section 704(c) allocation method	(g) Gain recognized on transfer
Cash	VAR		1,956	,698.				
Stock, notes eceivable and payable, and other securities								
nventory								
angible roperty sed in trade r business								
ntangible roperty escribed in ection 197(f)(9)								
ntangible property, ther than intangible roperty described n section 197(f)(9)								
Other roperty								
otals			1 054	5,698.				
3 Enter the tran Supplemental Inform	mation Requ		t in the partner corted (see in	ship: (a) Before the tran	sfer 1	.359 % (b) After the trans	fer 1.359
(a) Type of	(b) Date of iginal transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	Depreci recapt recogni by partne	ure zed	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
	-		=	t to gain recognition		-		Yes X No

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

Information furnished for the foreign partnership's tax year Department of the Treasury

Attachment

mem	ai Revenue Service	ne(JII II III	ig 01/01/2019	, and endin	ig 12/31/	2019		Sequence No	D. 110
Name	of person filing this	s return			Fil	er's identific	ation numb	er		
		MUSEUM OF AR					-086795			
Filer's	address (if you are	en't filing this form with	your ta	, , ,	<u> </u>	<u> </u>		ctions and check	applicable box(es)):
				1	2	3	X	4		
					ax year beginning		/2019	, and ending	06/30/2	2020
		abilities: Nonrecourse			onrecourse fina			Other \$		
		per of a consolidated	d grou	p but not the parent, ente			bout the par	ent:		
	Name				EIN	N .				
	Address		: e :	:-	J 41-:- 5 C	N i44i	_			
				nancial assets are reported	on this form. S	see instruction	ıs			
<u> </u>	mormation abou	ıt certain other partr	iers (s	see instructions)				(4) Cho	ak applicable bay	·/oo)
	(1) Na	ame		(2) Address		(3) Identifica	tion number	Category 1	ck applicable box Category 2	Constructive
								Oategory 1	Outcgory 2	owner
G1	Name and addre	ss of foreign partner	∟ ship			l		2(a) EIN (if ar	ny)	
GC	C EQUITY PARTNERS FUND III LP							98-145	8911	
CAY	MAN CORPOR	ATE CENTRE,	27	HOSPITAL ROAD				2(b) Reference	e ID number (see	instructions)
GEC	RGE TOWN,	CAYMAN ISLAN	DS							
CJ								3 Country und	der whose laws	organized
								CJ		
	Date of organization	5 Principal place of business	of	6 Principal business activity code number				ional currency JSD	8b Exchange (see instr	
				523900	INVES	11110			1.000	00000000
Н	Provide the follow	wing information for	the f	oreign partnership's tax ye	ar:					
	Name, address, a United States	and identification nu	ımber	of agent (if any) in the	F	if the foreign orm 1042 Center where	For	m 8804	Form 1065	
GC E CAYM GEOR	organization, if ar	fund III, LP NTRE, 27 HOSPITAL	·	,	foreign p GC EQUITY P CAYMAN CORP	partnership, and artners fund PORATE CENTRI ORATE CENTRI	d the location D III, LP E, 27 HOSP	n custody of the bo n of such books ar ITAL ROAD		
5	allowed under	section 267A? See	instru		ny interest or ro	oyalty for whic	h the deduc	tion is not	▶ Yes	X No
_									. ► \$ - \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	X No
6				tnership, as defined in Ter						——————————————————————————————————————
7				he foreign partnership?					Yes	X No
8	(FDEs) and F	oreign Branches (FB	s), att	rmation Return of U.S. Per ached to this return. See in	nstructions					
9	How is this pa	artnership classified	unde	r the law of the country in	which it's orgar	nized?	EXEMPTE	D LIMITED PAR	TNERSHIP	
10 a	separate unit	under Reg. 1.1503	(d)-1(oreign partnership, or an i b)(4) or part of a combined	d separate unit ι	under Reg. 1.1	1503(d)-1(b)	(4)(ii)? If "No,"	a . ▶ Yes	X No
t		•		bined separate unit have				• ,		
11				following requirements?					► Yes	No
	1. The partne	rship's total receipts	for t	he tax year were less than	\$250,000.		(
		of the partnership's complete Schedule		assets at the end of the ta	x year was less	than \$1 millio	n. 🖒		► Yes	X No
For F		•		t Notice, see the separate	instructions.		_		Form 8	865 (2019)

Form 8865 (2019) Page 2 Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to 12 a X No any amounts listed on Schedule N? If "Yes," enter the amount of gross income derived from sales, leases, exchanges, or other dispositions (but not licenses) from transactions with or by the foreign partnership that the filer included in its computation of foreign-derived deduction eligible income (FDDEI) If "Yes," enter the amount of gross income derived from a license of property to or by the foreign partnership that the filer included in its computation of FDDEI If "Yes," enter the amount of gross income derived from services provided to or by the foreign partnership that the filer included in its computation of FDDEI Enter the number of foreign partners subject to section 864(c)(8) as a result of transferring all or a portion of an interest in 13 the partnership or of receiving a distribution from the partnership 14 At any time during the tax year were any transfers between the partnership and its partners subject to the disclosure requirements of Regulations section 1.707-8? X No Yes Were there any transfers of property or money within a 2-year period between the partnership and any of its partners 15 a that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the XINO amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions Did the partnership assume a liability or receive property subject to a liability where such liability was incurred by a partner within a 2-year period of transferring the property to the partnership? If "Yes," attach a statement identifying the property transferred, Χ the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment Yes Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all if You're Filing information of which preparer has any knowledge. This Form Separately and Not With Your Date Signature of general partner or limited liability company member Tax Return. Date PTIN Print/Type preparer's name Preparer's signature Check if **Paid** self-employed Preparer Firm's EIN ▶ Firm's name **Use Only** Firm's address Phone no. Schedule A Constructive Ownership of Partnership Interest. Check the boxes that apply to the filer. If you check box b, enter the name, address, and U.S. taxpayer identification number (if any) of the person(s) whose interest you constructively own. See instructions. a X Owns a direct interest Owns a constructive interest Check if Check if Name Address Identification number (if any) foreign person partner Schedule A-1 Certain Partners of Foreign Partnership (see instructions) Check if foreign Name Address Identification number (if any) person Foreign Partners of Section 721(c) Partnership (see instructions) Schedule A-2 Country of organization (if any) U.S. taxpayer Percentage interest Check if related to U.S. transferor Name of foreign Address identification number partner (if any) Capital **Profits** % % % % Χ Does the partnership have any other foreign person as a direct partner? Νo Yes Affiliation Schedule. List all partnerships (foreign or domestic) in which the foreign partnership owns a Schedule A-3 direct interest or indirectly owns a 10% interest. Check if EIN (if any) Total ordinary Name Address foreign income or loss partnership

Form 8865 (2019) Page **3**

Scl	nedule E	Income Statement - Trade or Business Income *		
Cau	tion: Inc	clude only trade or business income and expenses on lines 1a through 22 below. See the in	struct	ions for more information.
	10 C	ross receipts or sales		
			1c	
		ess returns and allowances	2	
Ф		ost of goods sold		
Income		ross profit. Subtract line 2 from line 1c	3	
ၓၟ		rdinary income (loss) from other partnerships, estates, and trusts (attach statement)	4	
=		et farm profit (loss) (attach Schedule F (Form 1040))	5	
	6 N	et gain (loss) from Form 4797, Part II, line 17 (attach Form 4797)	6	
	7 0	ther income (loss) (attach statement)	7	
	8 To	otal income (loss). Combine lines 3 through 7	8	
<u>@</u>	9 Sa	alaries and wages (other than to partners) (less employment credits)	9	
ťion	10 G	uaranteed payments to partners	10	
nita		epairs and maintenance	11	
for limitations)		ad debts	12	
us fo		ent	13	
instructions		axes and licenses	14	
stru		terest (see instructions)	15	
.⊑		epreciation (if required, attach Form 4562)		
ees)	10a D	epieciation (il required, attach Point 4502)	16c	
S		ess depreciation reported elsewhere on return	17	
<u>.</u>		epletion (Don't deduct oil and gas depletion.)		
걸		etirement plans, etc	18	
Deductions		mployee benefit programs	19	
ŏ		ther deductions (attach statement)	20	
_		otal deductions. Add the amounts shown in the far right column for lines 9 through 20	21	
		rdinary business income (loss) from trade or business activities. Subtract line 21 from line 8	22	
Ħ		eserved for future use	23	
Payment		eserved for future use	24	
a Ž		eserved for future use	25	
		eserved for future use	26	
and		eserved for future use	27	
×		eserved for future use	28	
Тах		eserved for future use	29	
0.	30 R	eserved for future use	30	Tatal amazint
50	hedule			Total amount
	1	Ordinary business income (loss) (Schedule B, line 22)	1	
	2	Net rental real estate income (loss) (attach Form 8825)	2	
	_	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	3с	
ŝ	4	payments: a Services 4a b Capital 4b	_	
Income (Loss)	C	Total. Add line 4a and line 4b	4c	
7	5	Interest income	5	
me	6	Dividends and dividend equivalents: a Ordinary dividends	6a	
Ö		b Qualified dividends 6b		
드	_	c Dividend equivalents . 6c	_	
	7	Royalties	7	
	8	Net short-term capital gain (loss) (attach Schedule D (Form 1065))	8	
	9 a	Net long-term capital gain (loss) (attach Schedule D (Form 1065))	9a	
	b	Collectibles (28%) gain (loss)		
	С	Unrecaptured section 1250 gain (attach statement) 9c		
	10	Net section 1231 gain (loss) (attach Form 4797)	10	
	11	Other income (loss) (see instructions) Type ▶	11	
Suc	12	Section 179 deduction (attach Form 4562)	12	
tions	12 13 a	Contributions	13a	
ductions	12 13 a b	Contributions	13a 13b	
Deductions	12 13 a	Contributions	13a 13b	

9X1913 2.000

Form 8	8865 (2019)	GC EQUITY PARTNERS	FUND III LP		9	8-1458	911	Page 4
	edule K	Partners' Distributiv	e Share Items (conti	inued)			Total amount	
Self- Employ-	<u>∟</u> 14a	Net earnings (loss) from se	elf-employment			14a		
Self- mploy	e e	Gross farming or fishing in	come			14b		
ᅜ	≐∣ c	Gross nonfarm income.				14c		
	15a	Low-income housing credi	t (section 42(j)(5))			15a		
	b	Low-income housing credi				15b		
뚩	С	Qualified rehabilitation exp				15c		
Credits	d	Other rental real estate cr	•	, ,	•	15d		
S	e	Other rental credits (see in	-	Type ▶		15e		
	f	Other credits (see instructi	·	Type ▶		15f		
	16a	Name of country or U.S. po		. 7 - 7				
		Gross income from all soul				16b		
		Gross income sourced at				16c		
SL		Foreign gross income so				100		
<u>.</u>	d	Reserved for future use ▶			nrv >	16e		
Foreign Transactions	f					16h		
ns		Deductions allocated and	1011					
<u>.</u>	i			16j				
_		Deductions allocated and		j Other		10)		
<u>e</u> .	h	Reserved for future use		I Foreign branch catego		161		
وَ		Passive category	n General category ▶		ach statement)	160		
	m	Total foreign taxes (check			-	16p		
	р	Reduction in taxes availab				16g		
	q	Other foreign tax informati	·	•		164		
	17 c	<u> </u>		470				
ă e	ဖွ 17 a	Post-1986 depreciation ac						
Alternative Minimum Tax	트 b	Adjusted gain or loss						
ביי	e c	Depletion (other than oil as	• ,			17c		
i i te	E d	Oil, gas, and geothermal p				17d		
₹ ق	€ e	Oil, gas, and geothermal p				17e		
	<u>'</u>	Other AMT items (attach s						
o		Tax-exempt interest incom		18a				
aţi	b	Other tax-exempt income		18b				
Ē		Nondeductible expenses.				18c		
Ę.	19 a	Distributions of cash and r						
her Information		Distributions of other prop	-					
he		Investment income				20a		
ğ		Investment expenses				20b		
Cab		Other items and amounts		d if Itam U11 naga 1 i	a analyse ad "V	(oo "\		
Sch	edule L	Dalatice Stieets per E	· · · · · · · · · · · · · · · · · · ·	d if Item H11, page 1, is	s answered "Y		tovvoc	
		Assets		ng of tax year	()	End of		
			(a)	(b)	(c)		(d)	
		es and accounts receivable.						
		ance for bad debts						
	-	nment obligations						
		ot securities						
		ent assets (attach statement)						
		artners (or persons related to						
		and real estate loans						
		stments (attach statement)						
	_	and other depreciable assets						
		mulated depreciation.						
		assets						
		mulated depletion						
		of any amortization)						
	_	assets (amortizable only)						
<u>b</u>	Less accu	mulated amortization						

_	nedule L Balance Sheets per B	ooks (Not required if	ltom	∐11 page 1	is answered "Ves	") (continued)
SCI	nedule L Balance Sheets per B	Beginning o				ind of tax year
		(a)	i tax y	(b)	(c)	(d)
40		(a)		(6)	(6)	(u)
13	Other assets (attach statement)					
14	Total assets					
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					
Sci	nedule M Balance Sheets for I	Interest Allocation				Ι
					(a)	(b)
				B	eginning of tax year	End of tax year
					tax yeai	tax year
1	Total U.S. assets			• • • •		
2	Total foreign assets:					
	Passive category					
	General category					
C	Other (attach statement)	oome (Lees) ner Be		With Incom	, /l coo\ nor Do	frame /Not no mineral if thems
Sci	nedule M-1 Reconciliation of In		oks	with income	e (Loss) per Re	turn. (Not required it item
	H11, page 1, is answere	eu res.)				I
			6		ded on books this	
1	Net income (loss) per books			-	ot included on	
2	Income included on Schedule K,				nes 1 through 11	
	lines 1, 2, 3c, 5, 6a, 7, 8, 9a, 10,			(itemize):		
	and 11 not recorded on books		а	Tax-exempt in	terest \$	
	this tax year (itemize):					
	\$		7	Deductions inc	luded on Schedule	
3	Guaranteed payments (other				gh 13d, and 16p not	1
	than health insurance)				t book income this	
4	Expenses recorded on books			tax year (itemize	,	
	this tax year not included on		а	Depreciation S	S	
	Schedule K, lines 1 through					
	13d, and 16p (itemize):					
	Depreciation \$					
b	Travel and entertainment \$		8		d 7	
_			9		. Subtract line 8	
5	Add lines 1 through 4	I Camital Assessmenta (N	-+		1144 4 :	
SC	nedule M-2 Analysis of Partners	Capital Accounts. (N		•		iswered Yes.")
1	Balance at beginning of tax year		6	Distributions:	a Cash	
2	Capital contributed:				b Property	
	a Cash · · · · ·		7	Other decrease	es (itemize): \$	
	b Property		-			
3	Net income (loss) per books		-			
4	Other increases (itemize): \$			-		
			8	Add lines 6 ar	d 7	
			9		end of tax year.	
5	Add lines 1 through 4			Subtract line 8	from line 5	

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 loreign partnersnip and	1		
	Transactions of foreign partnership	(a) U.S. person filing this return	(b) Any domestic corporation or partnership controlling or controlled by the U.S. person filing this return	(c) Any other foreign corporation or partnership controlling or controlled by the U.S. person filing this return	(d) Any U.S. person with a 10% or more direct interest in the controlled foreign partnership (other than the U.S. person filing this return)
1	Sales of inventory				
2	Sales of property rights (patents, trademarks, etc.)				
3	Compensation received for technical, managerial, engineering, construction, or like services				
4	Commissions received				
5	Rents, royalties, and license fees received				
6	Distributions received				
7	Interest received				
8	Other				
9	Add lines 1 through 8				
	Purchases of inventory				
11	Purchases of tangible property other than inventory				
12	Purchases of property rights (patents, trademarks, etc.)				
13	Compensation paid for				
	technical, managerial,				
	engineering, construction, or				
	like services				
14	Commissions paid				
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				
20	maximum loan balance				
	during the tax year). See				
21	instructions				
	maximum loan balance				
	during the tax year). See				
	instructions				
			1	ı	Form 8865 (2019)

SCHEDULE 0 (Form 8865)

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

(Rev. December 2019) Department of the Treasury

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

OMB No. 1545-1668

nternal Revenue Service		Go to www.ii	s.gov/Formooo	o for instru	ctions and ti	ne latest in				
Name of transferor								tifying number		
INDIANAPOLIS N		ART, INC.		T ===			35-08			
lame of foreign partnersh	•			EIN (if any)			Reference	ID number (see ins	tructions)	
GC EQUITY PAR					458911	_				
b If "Yes," was th2 Was any intan)(14))? See in le gain deferral gible property	nstructions I method applied y transferred c	I to avoid the reconsidered or a	cognition of anticipated	gain upon th	e contribution	on of prope e transfer	or at any	Yes Yes	No No
		contribution a		egulations	section 1.48	32-7(c)(1) ²	<u> </u>		Yes	No.
Part I Transfei	rs Reportable	e Under Section	on 6038B						Т	
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market on date of tra	I .	(d) Cost or other basis	Reco	(e) overy period	(f) Section 704(c) allocation method	Gain rec d on tra	ognized
Cash	VAR		298	,663.						
Stock, notes eceivable and										
ayable, and other ecurities										
nventory										
angible roperty sed in trade r business										
ntangible roperty escribed in ection 197(f)(9)										
ntangible property, ther than intangible roperty described a section 197(f)(9)										
other roperty										
				2 662						
otals 3 Enter the tran upplemental Infor		entage interes ired To Be Re	t in the partner	,		fer	%	(b) After the trans	sfer	.267
Part II Disposit	ions Reporta	able Under Se	ction 6038B							
(a) Type of property or	(b) Date of iginal transfer	(c) Date of disposition	(d) Manner of disposition		(e) recognized artnership	(f) Deprec recapt recogn by partne	ure ized	(g) Gain allocated to partner	Depred recapture to par	ciation allocated
		ted on this sc							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, I	INC.	Identifying number (se		ons)
4 1 11 1 5 17 1400/		35-0867955		X No
1 Is the transferee a specified 10%-owned foreign corporation th2 If the transferor was a corporation, complete questions 2a thro	•	orporation?	Yes	△ NO
a If the transfer was a section 361(a) or (b) transfer, was the transfer was a section 361(b) transfer was the transfer was the transfer was a section 361(b) transfer was the transfer was the transfer was a section 361(b) transfer was the tr	•	on 368(c)) by		
five or fewer domestic corporations?	•	` '''	Yes	No
b Did the transferor remain in existence after the transfer?			Yes	No
If not, list the controlling shareholder(s) and their identifying nur			162	NO
in not, list the controlling shareholder(s) and their identifying hu	ilber(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 Name of parent corporation d Have basis adjustments under section 367(a)(4) been made?	the parent corporation.	parent corporation	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 u	nder se	ction 367),
Name of partnership	EIN	of partnership		
·		or parameters.		
MONROE CAPITAL FUND SCSP SICAV-RAIF	98-	1458911		
b Did the partner pick up its pro rata share of gain on the transfer	of partnership assets?		Yes	X No
c Is the partner disposing of its entire interest in the partnership?			Yes	X No
d Is the partner disposing of an interest in a limited partnership	that is regularly traded on a	an established		
securities market?			Yes	X No
Part II Transferee Foreign Corporation Information (see in	nstructions)			
4 Name of transferee (foreign corporation)		5a Identifying nu	mber, if	any
MONROE CAPITAL FUND SV S.A.R.L		FOREI	GNUS	-
6 Address (including country)		5b Reference ID r	number	
15 BOULEVARD FW RAIFFEISEN		(see instructions)		
LUXEMBOURG LU L-2411		MONROE		
7 Country code of country of incorporation or organization (see in	nstructions)	1		
TA				
8 Foreign law characterization (see instructions)				
CORPORATION				
9 Is the transferee foreign corporation a controlled foreign corpor	ation?		Yes	X No
5 i ===================================				

Form 926 (Rev. 11-2018)

		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			1,592,948.		
If "Yes," sk	·	art III and go to Part IV.				Yes No
Section B - Oth		than intangible prop	erty subje			(0)
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
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 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 the stransfer foreign corporation? ontinue to line 12d. If the transfer foreign corporation?	corporation that transfe ign disregarded entity) to 'No," skip lines 12c and was the domestic common, skip line 12d, and not included in gross incerty described in sections 14a through 15.	rred substar to a specifie 1 12d, and g orporation 1 go to line 13 ome as requ	ntially all of the d 10%-owned fo to line 13. a U.S. shareho	assets of a foreign broreign corporation?	Yes No
	-	ubject to Section 367	(d)			
Cochon C - Inta			Ì	(-1)		(f)
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfe		Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						
Totals					1	

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

Page 3 Form 926 (Rev. 11-2018)

b c d	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	lemental Part III Information Required To Be Reported (see instructions)		
	· · · · · ·		
Part	N 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		
	Indicate whether any transfer reported in Part III is subject to any of the following.	_	
18		Vac	X No
a	Gain recognition under section 904(f)(3)		
b	Gain recognition under section 904(f)(5)(F)	Yes	
С	Recapture under section 1503(d)		X No
d	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?		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)?		☐ No
24			140
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	
		Form 926 (Re	ev. 11-2018)

JSA

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 (see instructions)
		35-0867955
1 Is the transferee a specified 10%-owned foreign corporation	that is not a controlled foreign c	orporation? Yes X No
2 If the transferor was a corporation, complete questions 2a thr	ough 2d.	
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 transfe	ansferor controlled (under section	on 368(c)) by
five or fewer domestic corporations?		Yes No
b Did the transferor remain in existence after the transfer?		Yes No
If not, list the controlling shareholder(s) and their identifying n	umber(s).	
Controlling shareholder	Iden	tifying number
c If the transferor was a member of an affiliated group filin	a a consolidated return was	it the parent
corporation? If not, list the name and employer identification number (EIN)		
Name of parent corporation		
Name of parent corporation	EIN OT 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 th complete questions 3a through 3d.	e 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	FIN	of worthough!n
Name of partnership	EIN	of partnership
CC ECULTRY DADRINEDC EURID III ID	0.1	1010426
GC EQUITY PARTNERS FUND III , LP b Did the partner pick up its pro rata share of gain on the transfe		1910436
c Is the partner disposing of its entire interest in the partnership		
d Is the partner disposing of an interest in a limited partnersh		
securities market?	instructions)	
4 Name of transferee (foreign corporation)	mich delicine)	5a Identifying number, if any
IVI MIDDLE EAST		FOREIGNUS
6 Address (including country)		5b Reference ID number
DMCC - F 109 B RED DIAMOND BUILDIN	G, AL	(see instructions)
DUBAI AE		GC EPF III
7 Country code of country of incorporation or organization (see	instructions)	
AE		
8 Foreign law characterization (see instructions)		
CORPORATION		
9 Is the transferee foreign corporation a controlled foreign corporation	oration?	
For Paperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 11-2018

Form 926 (Rev. 11-2018)

Part III Infor	mation Regarding	Transfer of Property	(see instru	ıctions)		
Section A - Cast						
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	11/28/2019			170,133.		
If "Yes," sk		Part III and go to Part IV.	outy outsio	ot to postion 2		X Yes No
	er Property (other	r than intangible prop	erty Subje	(c)	(d)	(e)
Type of property	Date of transfer	Description of property		narket value on 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 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 y after the transfe- foreign corporation? ontinue to line 12d. If ransferred loss amountsferor transfer prop	corporation that transfereign disregarded entity) to "No," skip lines 12c and r, was the domestic common skip line 12d, and unt included in gross incontry described in section estions 14a through 15.	red substa o a specified 12d, and go prporation go to line 1 pome as req	ntially all of the d 10%-owned for to line 13. a U.S. shareho	assets of a foreign boreign 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 transfe		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						

Form 926 (Rev. 11-2018) Page 3

14a 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 an time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Idemental Part III Information Required To Be Reported (see instructions)	Yes Yes Yes Yes	No No No No
Jupp	nemental Fart in 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)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)		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	e	
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?		☐ 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 (Re	

JSA

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 A.	RT, INC.	Identifying number (see instructions) 35-0867955
 1 Is the transferee a specified 10%-owned foreign corpo 2 If the transferor was a corporation, complete questions a If the transfer was a section 361(a) or (b) transfer, was five or fewer domestic corporations? b Did the transferor remain in existence after the transfer If not, list the controlling shareholder(s) and their identition. 	s 2a through 2d. s the transferor controlled (υ	d foreign corporation? Yes X No
Controlling shareholder		Identifying number
c If the transferor was a member of an affiliated ground corporation? If not, list the name and employer identification number.		Yes No
Name of parent corporation		EIN of parent corporation
d Have basis adjustments under section 367(a)(4) been m	nade?	Yes No
3 If the transferor was a partner in a partnership that complete questions 3a through 3d.a List the name and EIN of the transferor's partnership.	was the actual transferor (but is not treated as such under section 367
Name of partnership		EIN of partnership
MITHRIL II LP b Did the partner pick up its pro rata share of gain on the c Is the partner disposing of its entire interest in the partner d Is the partner disposing of an interest in a limited partner disposing disposing of an interest in a limited partner disposing	nership? rtnership that is regularly t	Yes X No
Part Transferee Foreign Corporation Information	(see instructions)	
4 Name of transferee (foreign corporation)		5a Identifying number, if any
GLANCE INMOBI PTE. LTD. 6 Address (including country) 30 CECIL STREET, 19-08 PRUDENT SN 049712	IAL TOWER	FOREIGNUS 5b Reference ID number (see instructions) GLANCE
7 Country code of country of incorporation or organization	n (see instructions)	ı
SN		
8 Foreign law characterization (see instructions)		
CORPORATION		
9 Is the transferee foreign corporation a controlled foreign	n corporation?	Yes X No

Form 926 (Rev. 11-2018)

Part III Infor		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	09/06/2019			184,942.		
	the only property tra cip the remainder of	nsferred? Part III and go to Part IV.				Yes No
Section B - Oth		er than intangible prop	erty subjec			
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 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. I y after the transfer foreign corporation? ontinue to line 12d. I ransferred loss amountsferor transfer pro-	cranch (including a branch corporation that transfer reign disregarded entity) to f "No," skip lines 12c and er, was the domestic corporation of "No," skip line 12d, and punt included in gross incorporaty described in section estions 14a through 15.	rred substan o a specified 12d, and go orporation a go to line 13 ome as requ	itially all of the d 10%-owned fo o to line 13. a U.S. shareho dired under secti	assets of a foreign broreign corporation?	Yes No
Section C - Inta	ngible Property	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						

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

Form 926 (Rev. 11-2018) Page 3

14a b c d 15	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 an time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Iemental Part III Information Required To Be Reported (see instructions)	Yes Yes Yes Yes	No No No
	,		
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 NONE % (b) After 0.072 %		
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)		X No
b	Gain recognition under section 904(f)(5)(F)		X No
С	Recapture under section 1503(d)		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	e =	
	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 (Re	ev. 11-2018)

JSA

(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**

D.S. Transferor information (see instructions)		T			
Name of transferor INDIANAPOLIS MUSEUM OF ART,	INC.				
4 le the transferred a grapified 400/ gurned ferrign corneration	that is not a controlled foreign.	35-0867955 corporation? Yes X No			
1 Is the transferee a specified 10%-owned foreign corporation2 If the transferor was a corporation, complete questions 2a the	_	corporation? LYes X No			
a If the transfer was a section 361(a) or (b) transfer, was the tr	•	ion 368(c)) 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 n					
Controlling shareholder	Ider	ntifying number			
c If the transferor was a member of an affiliated group filir	•	. — —			
corporation? If not, list the name and employer identification number (EIN)	of the parent corporation.	Yes No			
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 th complete questions 3a through 3d.	ne actual transferor (but is no	t treated as such under section 367			
a List the name and EIN of the transferor's partnership.					
· · ·					
Name of partnership	EIN	l of partnership			
b Did the manter with the first section of main and the transfer		V V N			
b Did the partner pick up its pro rata share of gain on the transfc Is the partner disposing of its entire interest in the partnership					
d Is the partner disposing of an interest in a limited partnersh					
securities market?					
Part II Transferee Foreign Corporation Information (see	instructions)	100 14 110			
4 Name of transferee (foreign corporation)	,	5a Identifying number, if any			
AXA EARLY SECONDARY FUND IV LP		FOREIGNUS			
6 Address (including country)		5b Reference ID number			
AZTEC GROUP HOUSE 11-15 SEATON PLA	4CE	(see instructions)			
ST. JELIER JE OQH		AXA			
7 Country code of country of incorporation or organization (see	instructions)				
JE					
8 Foreign law characterization (see instructions)					
CORPORATION					
9 Is the transferee foreign corporation a controlled foreign corp	oradon?				
or Paperwork Reduction Act Notice, see separate instructions.		Form 926 (Rev. 11-201			

Form 926 (Rev. 11-2018)

		g Transfer of Property	(see instru	ıctions)		
Section A - Cas	n (a)	(b)		(c)	(d)	(e)
Type of property	Date of transfer	Description of property		narket value on e of transfer	Cost or other basis	Gain recognized on transfer
Cash	VAR	Preparty		1,721,880.		
If "Yes," sk		ansferred? Part III and go to Part IV.			27(41)	X Yes No
	er Property (oth	er than intangible prop	perty subje	(c)	(d)	(e)
Type of property	Date of transfer	Description of property		narket value on 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						
recognition 12a Were any a foreign corn of "Yes," go b Was the transferee of "Yes," co c Immediate transferee of "Yes," co d Enter the to the transference of Tyes," co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the to the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the transferee of Tyes," co d Enter the to the transferee of Tyes, "co d Enter the transferee of Tyes," co d Enter the transferee of Tyes, "co d Ent	n agreement was file assets of a foreign laporation? To to line 12b. The ansferor a domestic a branch that is a footninue to line 12c. The after the transforeign corporation on the foreign corporation ansferred loss amonsferor transfer pro-	c corporation that transfereign disregarded entity) If "No," skip lines 12c and er, was the domestic of	ch that is a formal substate to a specified 12d, and goorporation and go to line 1 come as req	oreign disregardentially all of the act 10%-owned for go to line 13. a U.S. shareholds.	ed entity) transferred assets of a foreign b reign corporation?	Yes No d to a Yes No ranch Yes No
Section C - Inta	ngible Property	Subject to Section 367	7(d)		_	
Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(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)						
- Ciais					1	F 926 (D 44 0040)

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

Form 926 (Rev. 11-2018) Page 3

17 18 a b c d 19 20a b	(a) Before < 10 % (b) After < 10 % Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)	Yes Yes Yes Yes Yes	X No X No
18 a b c d 19 20a	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) 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 Yes Yes	X No X No X No X No
18 a b c d	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987 Did this transfer result from a change in entity classification?	Yes Yes Yes Yes	X No X No X No X No
18 a b c d	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d) Exchange gain under section 987	Yes Yes Yes	X No X No X No
18 a b c	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F) Recapture under section 1503(d)	Yes Yes	X No
18 a b	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3) Gain recognition under section 904(f)(5)(F)	Yes	X No
18 a	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following. Gain recognition under section 904(f)(3)		
18	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351 Indicate whether any transfer reported in Part III is subject to any of the following.	- Vae	X No
	Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351	_	
17			
	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
16			
Part	IV Additional Information Regarding Transfer of Property (see instructions)		
Supp	plemental Part III Information Required To Be Reported (see instructions)		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?		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	,	
d	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		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	No
	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
С	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?		No
b c			
b	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	No

JSA

(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,	INC.	Identifying number (see in	structions)
		35-0867955	T.,
1 Is the transferee a specified 10%-owned foreign corporation th		orporation? L Ye	s X No
If the transferor was a corporation, complete questions 2a throa If the transfer was a section 361(a) or (b) transfer, was the transfer was a section 361(a) or (b) transfer.	=	on 369(a)) by	
five or fewer domestic corporations?	•		s No
b Did the transferor remain in existence after the transfer?			
If not, list the controlling shareholder(s) and their identifying nur			
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	s No
ir 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?		Ye	s 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 unde	er 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 transferc Is the partner disposing of its entire interest in the partnership?			
d Is the partner disposing of an interest in a limited partnership			es No
securities market?			s No
Part II Transferee Foreign Corporation Information (see in	nstructions)		
4 Name of transferee (foreign corporation)		5a Identifying numb	er, if any
CERBERUS GLOBAL NOL FEEDER FUND, L.	P.	FOREIGN	
6 Address (including country)		5b Reference ID num (see instructions)	ber
875 THIRD AVENUE, 12TH FLOOR NEW YOR		CERBERUS	
7 Country code of country of incorporation or organization (see in $\mathbb{C}\mathbb{J}$	nstructions)		
8 Foreign law characterization (see instructions)			
CAYMAN ISLANDS EXEMPTED LIMITED PART			
9 Is the transferee foreign corporation a controlled foreign corpor	ation?	Ye	s X No

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

Form 926 (Rev. 11-2018)

		Transfer of Property	(see instru	ctions)		
Type of property	(a) Date of	(b) Description of		(c) arket value on	(d) Cost or other	(e) Gain recognized on
Cash	transfer VAR	property	date	608,044.	basis	transfer
10 Was cash If "Yes," sk	ATTACHMENT the only property trans tip the remainder of Pa	art III and go to Part IV.				Yes No
	er Property (other (a)	than intangible prop	erty subje	ct to section 3	67(d))	(e)
Type of property	Date of transfer	Description of property		arket value on 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 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 'ransferred loss amou	corporation that transferign disregarded entity) to No," skip lines 12c and was the domestic or "No," skip line 12d, and int included in gross incomparty described in section tions 14a through 15.	rred substant of a specified 12d, and gorporation go to line 13 one as req	ntially all of the and the section of the the section of the the section of the s	assets of a foreign br reign corporation? Ider with respect to	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 transfe		(f) Income inclusion for year of transfer (see instructions)
Property described in sec. 367(d)(4)						(see insuucions)
i otalo						

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

Form 926 (Rev. 11-2018) Page **3**

b c d	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	Ilemental 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		
	Indicate whether any transfer reported in Part III is subject to any of the following.	_	
18			X No
a	Gain recognition under section 904(f)(3)		
b	Gain recognition under section 904(f)(5)(F)	Yes	
С	Recapture under section 1503(d)		X No
d	Exchange gain under section 987		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	<u> </u>	
•	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?		☐ No
24	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		140
21			X No
	covered by section 367(e)(1)? See instructions	Yes	
		Form 926 (R	ev. 11-2018)

JSA

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 1,592,948.

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 1,721,880.

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 210,266.

CASH

DATE OF TRANSFER FAIR MARKET VALUE ON DATE OF TRANSFER VAR 608,044.