

Form **990**  
(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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**  
Open to Public Inspection

**A** For the **2019** calendar year, or tax year beginning **SEP 1, 2019** and ending **AUG 31, 2020**

|  |  |   |   |
|--|--|---|---|
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return/terminated<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | <b>C</b> Name of organization<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.</b> |   | <b>D</b> Employer identification number<br><b>35-1812636</b>  |
|  | Doing business as  |   | <b>E</b> Telephone number<br><b>317-262-1100</b>  |
|  | Number and street (or P.O. box if mail is not delivered to street address)               | Room/suite  | <b>G</b> Gross receipts \$ <b>23,446,098.</b>   |
|  | <b>32 EAST WASHINGTON STREET</b>   | <b>600</b>  | <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br><b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If "No," attach a list. (see instructions)<br><b>H(c)</b> Group exemption number ▶ |
| City or town, state or province, country, and ZIP or foreign postal code<br><b>INDIANAPOLIS, IN 46204-2919</b>   |  | <b>F</b> Name and address of principal officer: <b>ADAM WHITE</b><br><b>SAME AS C ABOVE</b> |   |
| <b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527   |  |   |   |
| <b>J</b> Website: ▶ <b>N/A</b>   |  |   |   |
| <b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶  |  |   | <b>L</b> Year of formation: <b>1990</b>   |
|  |  |   | <b>M</b> State of legal domicile: <b>IN</b>   |

**Part I Summary**

|   |  |
|---|--|
| <b>Activities &amp; Governance</b>  | <b>1</b> Briefly describe the organization's mission or most significant activities: <b>THE INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC. (THE "ISO FOUNDATION") WAS FORMED IN</b>                    |
|   | <b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.   |
|   | <b>3</b> Number of voting members of the governing body (Part VI, line 1a) <b>3</b> <b>9</b>   |
|   | <b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <b>4</b> <b>9</b>   |
|   | <b>5</b> Total number of individuals employed in calendar year 2019 (Part V, line 2a) <b>5</b> <b>0</b>  |
|   | <b>6</b> Total number of volunteers (estimate if necessary) <b>6</b> <b>0</b>  |
|   | <b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <b>7a</b> <b>215,209.</b><br><b>b</b> Net unrelated business taxable income from Form 990-T, line 39 <b>7b</b> <b>0.</b> |
| <b>Revenue</b>  | <b>8</b> Contributions and grants (Part VIII, line 1h) <b>2,352,831.</b> <b>Prior Year</b> <b>1,402,252.</b> <b>Current Year</b>   |
|   | <b>9</b> Program service revenue (Part VIII, line 2g) <b>1,380,572.</b> <b>1,304,127.</b>  |
|   | <b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <b>3,833,027.</b> <b>5,236,928.</b>  |
|   | <b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <b>141,102.</b> <b>40,584.</b>  |
|   | <b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <b>7,707,532.</b> <b>7,983,891.</b>   |
| <b>Expenses</b>   | <b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <b>7,781,540.</b> <b>6,900,000.</b>   |
|   | <b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <b>0.</b> <b>0.</b>  |
|   | <b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <b>0.</b> <b>0.</b>  |
|   | <b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <b>0.</b> <b>0.</b>   |
|   | <b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>0.</b>   |
|   | <b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <b>1,482,533.</b> <b>1,201,562.</b>   |
| <b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <b>9,264,073.</b> <b>8,101,562.</b> |  |
| <b>19</b> Revenue less expenses. Subtract line 18 from line 12 <b>-1,556,541.</b> <b>-117,671.</b>                      |  |
| <b>Net Assets or Fund Balances</b>  | <b>20</b> Total assets (Part X, line 16) <b>98,318,900.</b> <b>Beginning of Current Year</b> <b>99,982,035.</b> <b>End of Year</b>   |
|   | <b>21</b> Total liabilities (Part X, line 26) <b>472,275.</b> <b>255,998.</b>  |
|   | <b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <b>97,846,625.</b> <b>99,726,037.</b>   |

**Part II 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.

|   |   |  |                               |   |                          |
|---|---|--|-------------------------------|---|--------------------------|
| <b>Sign Here</b>                                      | Signature of officer  | Date   |                               |   |                          |
|   | <b>JILL MARGETTS, TREASURER</b><br>Type or print name and title |  |                               |   |                          |
| <b>Paid Preparer Use Only</b>                         | Print/Type preparer's name<br><b>BRIDGETTE MUGGE</b>            | Preparer's signature<br><b>BRIDGETTE MUGGE</b> | Date<br><b>06/17/21</b>       | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00671418</b> |
|   | Firm's name ▶ <b>BLUE &amp; CO., LLC</b>                        | Firm's EIN ▶ <b>35-1178661</b>                 | Phone no. <b>317-848-8920</b> |   |                          |
| Firm's address ▶ <b>12800 N. MERIDIAN ST, STE 400</b> |   | <b>CARMEL, IN 46032</b>                        |                               |   |                          |

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.

**Part III** Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission:  
THE INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC. (THE "ISO  
FOUNDATION") WAS FORMED IN SEPTEMBER 1990 FOR THE PURPOSE OF  
EDUCATING THE PUBLIC AND PROVIDING FINANCIAL AND OTHER SUPPORT TO THE  
INDIANA SYMPHONY SOCIETY, INC. (THE "SOCIETY"), AN INDIANA

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No  
If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

**4a** (Code: \_\_\_\_\_) (Expenses \$ 7,268,447. including grants of \$ 6,900,000.) (Revenue \$ 1,344,711.)  
PROVIDE SUPPORT TO INDIANA SYMPHONY SOCIETY, INC.

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4d** Other program services (Describe on Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

**4e** Total program service expenses **▶ 7,268,447.**

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part IV Checklist of Required Schedules**

|   |            | Yes      | No       |
|---|------------|----------|----------|
| <b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?<br><i>If "Yes," complete Schedule A</i> .....  | <b>1</b>   | <b>X</b> |          |
| <b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? .....   | <b>2</b>   | <b>X</b> |          |
| <b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....  | <b>3</b>   |          | <b>X</b> |
| <b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....  | <b>4</b>   |          | <b>X</b> |
| <b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....   | <b>5</b>   |          | <b>X</b> |
| <b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> .....  | <b>6</b>   |          | <b>X</b> |
| <b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....  | <b>7</b>   |          | <b>X</b> |
| <b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....   | <b>8</b>   |          | <b>X</b> |
| <b>9</b> 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?<br><i>If "Yes," complete Schedule D, Part IV</i> .....         | <b>9</b>   |          | <b>X</b> |
| <b>10</b> Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i> .....   | <b>10</b>  | <b>X</b> |          |
| <b>11</b> 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.   |            |          |          |
| <b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....   | <b>11a</b> | <b>X</b> |          |
| <b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> .....  | <b>11b</b> | <b>X</b> |          |
| <b>c</b> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....  | <b>11c</b> |          | <b>X</b> |
| <b>d</b> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....   | <b>11d</b> |          | <b>X</b> |
| <b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....   | <b>11e</b> |          | <b>X</b> |
| <b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> .....  | <b>11f</b> | <b>X</b> |          |
| <b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....  | <b>12a</b> | <b>X</b> |          |
| <b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year?<br><i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....  | <b>12b</b> |          | <b>X</b> |
| <b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....  | <b>13</b>  |          | <b>X</b> |
| <b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....  | <b>14a</b> |          | <b>X</b> |
| <b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> ..... | <b>14b</b> | <b>X</b> |          |
| <b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....   | <b>15</b>  |          | <b>X</b> |
| <b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....   | <b>16</b>  |          | <b>X</b> |
| <b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i> .....   | <b>17</b>  |          | <b>X</b> |
| <b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....   | <b>18</b>  |          | <b>X</b> |
| <b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....   | <b>19</b>  |          | <b>X</b> |
| <b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....   | <b>20a</b> |          | <b>X</b> |
| <b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....   | <b>20b</b> |          |          |
| <b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....  | <b>21</b>  | <b>X</b> |          |

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part IV Checklist of Required Schedules** *(continued)*

|   | Yes        | No       |
|---|------------|----------|
| <b>22</b> 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? <i>If "Yes," complete Schedule I, Parts I and III</i> .....  | <b>22</b>  | <b>X</b> |
| <b>23</b> 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? <i>If "Yes," complete Schedule J</i> .....   | <b>23</b>  | <b>X</b> |
| <b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....  | <b>24a</b> | <b>X</b> |
| <b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....  | <b>24b</b> |          |
| <b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....   | <b>24c</b> |          |
| <b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....  | <b>24d</b> |          |
| <b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....  | <b>25a</b> | <b>X</b> |
| <b>b</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? <i>If "Yes," complete Schedule L, Part I</i> .....   | <b>25b</b> | <b>X</b> |
| <b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to 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? <i>If "Yes," complete Schedule L, Part II</i> .....   | <b>26</b>  | <b>X</b> |
| <b>27</b> 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? <i>If "Yes," complete Schedule L, Part III</i> ..... | <b>27</b>  | <b>X</b> |
| <b>28</b> 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):  |            |          |
| <b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....  | <b>28a</b> | <b>X</b> |
| <b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28b</b> | <b>X</b> |
| <b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....   | <b>28c</b> | <b>X</b> |
| <b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>29</b>  | <b>X</b> |
| <b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....   | <b>30</b>  | <b>X</b> |
| <b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....   | <b>31</b>  | <b>X</b> |
| <b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....   | <b>32</b>  | <b>X</b> |
| <b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....   | <b>33</b>  | <b>X</b> |
| <b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....   | <b>34</b>  | <b>X</b> |
| <b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....  | <b>35a</b> | <b>X</b> |
| <b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | <b>35b</b> |          |
| <b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....   | <b>36</b>  | <b>X</b> |
| <b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....  | <b>37</b>  | <b>X</b> |
| <b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....  | <b>38</b>  | <b>X</b> |

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

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

|   | Yes       | No       |
|---|-----------|----------|
| <b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable .....  | <b>1a</b> | 2        |
| <b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable .....  | <b>1b</b> | 0        |
| <b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? ..... | <b>1c</b> | <b>X</b> |

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part V Statements Regarding Other IRS Filings and Tax Compliance** (continued)

|            |  | Yes        | No       |
|------------|--|------------|----------|
| <b>2a</b>  | 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 ..... <b>2a</b> 0  |            |          |
| <b>b</b>   | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .....<br><b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) .....   | <b>2b</b>  |          |
| <b>3a</b>  | Did the organization have unrelated business gross income of \$1,000 or more during the year? .....  | <b>3a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .....  | <b>3b</b>  | <b>X</b> |
| <b>4a</b>  | 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)? ..... | <b>4a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," enter the name of the foreign country ▶ _____<br>See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).   |            |          |
| <b>5a</b>  | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? .....  | <b>5a</b>  | <b>X</b> |
| <b>b</b>   | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? .....   | <b>5b</b>  | <b>X</b> |
| <b>c</b>   | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? .....  | <b>5c</b>  |          |
| <b>6a</b>  | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? .....                                    | <b>6a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? .....  | <b>6b</b>  |          |
| <b>7</b>   | <b>Organizations that may receive deductible contributions under section 170(c).</b>   |            |          |
| <b>a</b>   | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? .....  | <b>7a</b>  | <b>X</b> |
| <b>b</b>   | If "Yes," did the organization notify the donor of the value of the goods or services provided? .....  | <b>7b</b>  |          |
| <b>c</b>   | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? .....   | <b>7c</b>  | <b>X</b> |
| <b>d</b>   | If "Yes," indicate the number of Forms 8282 filed during the year ..... <b>7d</b>  |            |          |
| <b>e</b>   | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? .....  | <b>7e</b>  | <b>X</b> |
| <b>f</b>   | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .....   | <b>7f</b>  | <b>X</b> |
| <b>g</b>   | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ...   | <b>7g</b>  | N/A      |
| <b>h</b>   | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? .....   | <b>7h</b>  | N/A      |
| <b>8</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? ..... N/A   | <b>8</b>   |          |
| <b>9</b>   | <b>Sponsoring organizations maintaining donor advised funds.</b>   |            |          |
| <b>a</b>   | Did the sponsoring organization make any taxable distributions under section 4966? ..... N/A   | <b>9a</b>  |          |
| <b>b</b>   | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? ..... N/A  | <b>9b</b>  |          |
| <b>10</b>  | <b>Section 501(c)(7) organizations.</b> Enter:   |            |          |
| <b>a</b>   | Initiation fees and capital contributions included on Part VIII, line 12 ..... N/A   | <b>10a</b> |          |
| <b>b</b>   | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities .....  | <b>10b</b> |          |
| <b>11</b>  | <b>Section 501(c)(12) organizations.</b> Enter:  |            |          |
| <b>a</b>   | Gross income from members or shareholders ..... N/A  | <b>11a</b> |          |
| <b>b</b>   | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) .....   | <b>11b</b> |          |
| <b>12a</b> | <b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? .....  | <b>12a</b> |          |
| <b>b</b>   | If "Yes," enter the amount of tax-exempt interest received or accrued during the year ..... N/A  | <b>12b</b> |          |
| <b>13</b>  | <b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>  |            |          |
| <b>a</b>   | Is the organization licensed to issue qualified health plans in more than one state? ..... N/A<br><b>Note:</b> See the instructions for additional information the organization must report on Schedule O.                                       | <b>13a</b> |          |
| <b>b</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 .....  | <b>13b</b> |          |
| <b>c</b>   | Enter the amount of reserves on hand .....   | <b>13c</b> |          |
| <b>14a</b> | Did the organization receive any payments for indoor tanning services during the tax year? .....   | <b>14a</b> | <b>X</b> |
| <b>b</b>   | If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O .....  | <b>14b</b> |          |
| <b>15</b>  | 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? .....   | <b>15</b>  | <b>X</b> |
|            | If "Yes," see instructions and file Form 4720, Schedule N.   |            |          |
| <b>16</b>  | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? .....  | <b>16</b>  | <b>X</b> |
|            | If "Yes," complete Form 4720, Schedule O.  |            |          |

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part VI 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

**Section A. Governing Body and Management**

|           |  | Yes      | No       |
|-----------|--|----------|----------|
| <b>1a</b> | Enter the number of voting members of the governing body at the end of the tax year<br>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. |          |          |
| <b>1b</b> | Enter the number of voting members included on line 1a, above, who are independent   |          |          |
| <b>2</b>  | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?  |          | <b>X</b> |
| <b>3</b>  | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?  | <b>X</b> |          |
| <b>4</b>  | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?   |          | <b>X</b> |
| <b>5</b>  | Did the organization become aware during the year of a significant diversion of the organization's assets?   |          | <b>X</b> |
| <b>6</b>  | Did the organization have members or stockholders?   |          | <b>X</b> |
| <b>7a</b> | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?   |          | <b>X</b> |
| <b>7b</b> | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  |          | <b>X</b> |
| <b>8</b>  | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  |          |          |
| <b>8a</b> | The governing body?  | <b>X</b> |          |
| <b>8b</b> | Each committee with authority to act on behalf of the governing body?  | <b>X</b> |          |
| <b>9</b>  | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O   |          | <b>X</b> |

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

|            |  | Yes      | No       |
|------------|--|----------|----------|
| <b>10a</b> | Did the organization have local chapters, branches, or affiliates?   |          | <b>X</b> |
| <b>10b</b> | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?   |          |          |
| <b>11a</b> | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?  | <b>X</b> |          |
| <b>11b</b> | Describe in Schedule O the process, if any, used by the organization to review this Form 990.  |          |          |
| <b>12a</b> | Did the organization have a written conflict of interest policy? If "No," go to line 13  | <b>X</b> |          |
| <b>12b</b> | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  | <b>X</b> |          |
| <b>12c</b> | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done   | <b>X</b> |          |
| <b>13</b>  | Did the organization have a written whistleblower policy?  | <b>X</b> |          |
| <b>14</b>  | Did the organization have a written document retention and destruction policy?   | <b>X</b> |          |
| <b>15</b>  | 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?   |          |          |
| <b>15a</b> | The organization's CEO, Executive Director, or top management official   |          | <b>X</b> |
| <b>15b</b> | Other officers or key employees of the organization  |          | <b>X</b> |
|            | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  |          |          |
| <b>16a</b> | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  |          | <b>X</b> |
| <b>16b</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? |          |          |

**Section C. Disclosure**

- 17** List the states with which a copy of this Form 990 is required to be filed **IN**
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  
 Own website     Another's website     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 interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records **ADAM WHITE - 317-262-7092**  
**32 EAST WASHINGTON STREET, NO. 600, INDIANAPOLIS, IN 46204-2919**

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

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

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

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

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

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

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

| (A)<br>Name and title                                       | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position<br>(do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|---|---|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|   |   | Individual trustee or director   | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
| (1) JOHN R. THORNBURGH<br>CHAIR                             | 2.00  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (2) JILL MARGETTS<br>TREASURER                              | 2.00  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (3) ROBERT H REYNOLDS<br>SECRETARY                          | 2.00  | X  |                       | X       |              |                              | 0.     | 0.   | 0.  |   |
| (4) SCOTT DAVIS<br>DIRECTOR                                 | 2.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (5) TOM GREIN<br>DIRECTOR                                   | 2.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (6) MARTHA LAMKIN<br>DIRECTOR                               | 2.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (7) MARK MUTZ<br>DIRECTOR                                   | 2.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (8) ROBERT D RAMSEY<br>DIRECTOR                             | 2.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (9) SUSAN RIDLEN<br>DIRECTOR                                | 2.00  | X  |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| (10) STEVE HAMILTON (RETIRED 9/2019)<br>ASSISTANT TREASURER | 2.00  |  |                       | X       |              |                              | 0.     | 114,630.   | 29,691.   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |
|   |   |  |                       |         |              |                              |        |  |   |   |

**INDIANAPOLIS SYMPHONY ORCHESTRA  
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**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

| (A)<br>Name and title  | (B)<br>Average hours per week (list any hours for related organizations below line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|---|---|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
|  |   | Individual trustee or director  | Institutional trustee | Officer | Key employee | Highest compensated employee | Former |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
|  |   |   |                       |         |              |                              |        |  |   |   |
| <b>1b Subtotal</b> .....   |   |   |                       |         |              |                              | 0.     | 114,630.   | 29,691.   |   |
| <b>c Total from continuation sheets to Part VII, Section A</b> ..... |   |   |                       |         |              |                              | 0.     | 0.   | 0.  |   |
| <b>d Total (add lines 1b and 1c)</b> .....                           |   |   |                       |         |              |                              | 0.     | 114,630.   | 29,691.   |   |

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

|  | Yes | No       |
|--|-----|----------|
| <b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....  |     | <b>X</b> |
| <b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> ..... |     | <b>X</b> |
| <b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....                       |     | <b>X</b> |

**Section B. Independent Contractors**

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

| (A)<br>Name and business address                              | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| CAMBRIDGE ASSOCIATES LLC<br>125 HIGH STREET, BOSTON, MA 02110 | INVESTMENT ADVISOR             | 191,307.            |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**



**INDIANAPOLIS SYMPHONY ORCHESTRA  
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**Part VIII Statement of Revenue**

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

|   |   |                      | (A)            | (B)                                | (C)                        | (D)  |  |
|---|---|----------------------|----------------|------------------------------------|----------------------------|--|--|
|   |   |                      | Total revenue  | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 |  |
| <b>Contributions, Gifts, Grants and Other Similar Amounts</b>   | <b>1 a</b> Federated campaigns .....  | <b>1a</b>            |                |                                    |                            |  |  |
|   | <b>b</b> Membership dues .....  | <b>1b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Fundraising events .....   | <b>1c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Related organizations .....  | <b>1d</b>            |                |                                    |                            |  |  |
|   | <b>e</b> Government grants (contributions) .....  | <b>1e</b>            |                |                                    |                            |  |  |
|   | <b>f</b> All other contributions, gifts, grants, and similar amounts not included above ... | <b>1f</b>            | 1,402,252.     |                                    |                            |  |  |
|   | <b>g</b> Noncash contributions included in lines 1a-1f                                      | <b>1g</b>            | \$             |                                    |                            |  |  |
|   | <b>h Total.</b> Add lines 1a-1f .....   |                      |                | 1,402,252.                         |                            |  |  |
| <b>Program Service Revenue</b>  | <b>2 a</b> RENT - HILBERT CIRCLE THEATRE  | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 850,000.       | 850,000.                           |                            |  |  |
|   | <b>b</b> RENT - SYMPHONY CENTRE   | 900099               | 400,000.       | 400,000.                           |                            |  |  |
|   | <b>c</b> CIRCLE TOWER RENT  | 900099               | 54,127.        | 54,127.                            |                            |  |  |
|   | <b>d</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>e</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>f</b> All other program service revenue .....  |                      |                |                                    |                            |  |  |
| <b>g Total.</b> Add lines 2a-2f .....   |   |                      | 1,304,127.     |                                    |                            |  |  |
| <b>Other Revenue</b>  | <b>3</b> Investment income (including dividends, interest, and other similar amounts) ..... |                      | 888,575.       |                                    | 215,209.                   | 673,366.   |  |
|   | <b>4</b> Income from investment of tax-exempt bond proceeds .....                           |                      |                |                                    |                            |  |  |
|   | <b>5</b> Royalties .....  |                      |                |                                    |                            |  |  |
|   | <b>6 a</b> Gross rents .....  | <b>6a</b>            | (i) Real       |                                    |                            |  |  |
|   |   |                      | (ii) Personal  |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: rental expenses ...  | <b>6b</b>            |                |                                    |                            |  |  |
|   | <b>c</b> Rental income or (loss)  | <b>6c</b>            |                |                                    |                            |  |  |
|   | <b>d</b> Net rental income or (loss) .....  |                      |                |                                    |                            |  |  |
|   | <b>7 a</b> Gross amount from sales of assets other than inventory                           | <b>7a</b>            | (i) Securities | 19,809,755.                        | 805.                       |  |  |
|   |   |                      | (ii) Other     |                                    |                            |  |  |
|   |   |                      |                |                                    |                            |  |  |
|   | <b>b</b> Less: cost or other basis and sales expenses .....                                 | <b>7b</b>            | 15,461,654.    | 553.                               |                            |  |  |
|   | <b>c</b> Gain or (loss) .....   | <b>7c</b>            | 4,348,101.     | 252.                               |                            |  |  |
|   | <b>d</b> Net gain or (loss) .....   |                      |                | 4,348,353.                         |                            | 4,348,353.   |  |
| <b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 ..... | <b>8a</b>   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>8b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from fundraising events .....   |   |                      |                |                                    |                            |  |  |
| <b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....  | <b>9a</b>   |                      |                |                                    |                            |  |  |
| <b>b</b> Less: direct expenses .....  | <b>9b</b>   |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from gaming activities .....  |   |                      |                |                                    |                            |  |  |
| <b>10 a</b> Gross sales of inventory, less returns and allowances .....   | <b>10a</b>  |                      |                |                                    |                            |  |  |
| <b>b</b> Less: cost of goods sold .....   | <b>10b</b>  |                      |                |                                    |                            |  |  |
| <b>c</b> Net income or (loss) from sales of inventory .....   |   |                      |                |                                    |                            |  |  |
| <b>Miscellaneous Revenue</b>  | <b>11 a</b> ANNUITIES EARNINGS  | <b>Business Code</b> |                |                                    |                            |  |  |
|   |   | 900099               | 40,584.        | 40,584.                            |                            |  |  |
|   | <b>b</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>c</b> .....  |                      |                |                                    |                            |  |  |
|   | <b>d</b> All other revenue .....  |                      |                |                                    |                            |  |  |
| <b>e Total.</b> Add lines 11a-11d .....   |   |                      | 40,584.        |                                    |                            |  |  |
| <b>12 Total revenue.</b> See instructions .....   |   |                      | 7,983,891.     | 1,344,711.                         | 215,209.                   | 5,021,719.   |  |

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

Form 990 (2019)

35-1812636 Page **10**

**Part IX Statement of Functional Expenses**

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

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

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.  | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|---|-----------------------|---------------------------------|--|-----------------------------|
| <b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...   | 6,900,000.            | 6,900,000.                      |  |                             |
| <b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....  |                       |                                 |  |                             |
| <b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....   |                       |                                 |  |                             |
| <b>4</b> Benefits paid to or for members .....  |                       |                                 |  |                             |
| <b>5</b> Compensation of current officers, directors, trustees, and key employees .....   |                       |                                 |  |                             |
| <b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....   |                       |                                 |  |                             |
| <b>7</b> Other salaries and wages .....   |                       |                                 |  |                             |
| <b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)   |                       |                                 |  |                             |
| <b>9</b> Other employee benefits .....  |                       |                                 |  |                             |
| <b>10</b> Payroll taxes .....   |                       |                                 |  |                             |
| <b>11</b> Fees for services (nonemployees):   |                       |                                 |  |                             |
| <b>a</b> Management .....   |                       |                                 |  |                             |
| <b>b</b> Legal .....  | 11,529.               |                                 | 11,529.                                |                             |
| <b>c</b> Accounting .....   | 20,525.               |                                 | 20,525.                                |                             |
| <b>d</b> Lobbying .....   |                       |                                 |  |                             |
| <b>e</b> Professional fundraising services. See Part IV, line 17  |                       |                                 |  |                             |
| <b>f</b> Investment management fees .....   | 735,898.              |                                 | 735,898.                               |                             |
| <b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)  |                       |                                 |  |                             |
| <b>12</b> Advertising and promotion .....   |                       |                                 |  |                             |
| <b>13</b> Office expenses .....   |                       |                                 |  |                             |
| <b>14</b> Information technology .....  |                       |                                 |  |                             |
| <b>15</b> Royalties .....   |                       |                                 |  |                             |
| <b>16</b> Occupancy .....   | 54,127.               | 54,127.                         |  |                             |
| <b>17</b> Travel .....  |                       |                                 |  |                             |
| <b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...  |                       |                                 |  |                             |
| <b>19</b> Conferences, conventions, and meetings .....  |                       |                                 |  |                             |
| <b>20</b> Interest .....  | 8,633.                |                                 | 8,633.                                 |                             |
| <b>21</b> Payments to affiliates .....  |                       |                                 |  |                             |
| <b>22</b> Depreciation, depletion, and amortization .....   | 314,320.              | 314,320.                        |  |                             |
| <b>23</b> Insurance .....   |                       |                                 |  |                             |
| <b>24</b> 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.) |                       |                                 |  |                             |
| <b>a</b> <b>ADMIN SERVICE FEE</b> .....   | 50,000.               |                                 | 50,000.                                |                             |
| <b>b</b> <b>MISCELLANEOUS</b> .....   | 6,530.                |                                 | 6,530.                                 |                             |
| <b>c</b> .....  |                       |                                 |  |                             |
| <b>d</b> .....  |                       |                                 |  |                             |
| <b>e</b> All other expenses .....   |                       |                                 |  |                             |
| <b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e   | 8,101,562.            | 7,268,447.                      | 833,115.                               | 0.                          |
| <b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.                             |                       |                                 |  |                             |

Check here  if following SOP 98-2 (ASC 958-720)

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

Form 990 (2019)

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**Part X Balance Sheet**

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

|   |  | (A)<br>Beginning of year |             | (B)<br>End of year |            |  |
|---|--|--------------------------|-------------|--------------------|------------|--|
| <b>Assets</b>   | <b>1</b> Cash - non-interest-bearing .....   | 1.                       | 1           |                    |            |  |
|   | <b>2</b> Savings and temporary cash investments .....  | 1,290,560.               | 2           | 448,047.           |            |  |
|   | <b>3</b> Pledges and grants receivable, net .....  | 1,608,344.               | 3           | 1,742,893.         |            |  |
|   | <b>4</b> Accounts receivable, net .....  | 79,763.                  | 4           | 59,468.            |            |  |
|   | <b>5</b> Loans and other receivables from any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons ..... |                          | 5           |                    |            |  |
|   | <b>6</b> Loans and other receivables from other disqualified persons (as defined<br>under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....  |                          | 6           |                    |            |  |
|   | <b>7</b> Notes and loans receivable, net .....   | 435,800.                 | 7           | 250,000.           |            |  |
|   | <b>8</b> Inventories for sale or use .....   |                          | 8           |                    |            |  |
|   | <b>9</b> Prepaid expenses and deferred charges .....   |                          | 9           | 18,750.            |            |  |
|   | <b>10a</b> Land, buildings, and equipment: cost or other<br>basis. Complete Part VI of Schedule D .....  | 10a 10,720,497.          |             |                    |            |  |
|   | <b>b</b> Less: accumulated depreciation .....  | 10b 6,929,446.           | 4,105,372.  | 10c                | 3,791,051. |  |
|   | <b>11</b> Investments - publicly traded securities .....   | 24,557,688.              | 11          | 24,386,498.        |            |  |
|   | <b>12</b> Investments - other securities. See Part IV, line 11 .....   | 63,688,912.              | 12          | 68,319,081.        |            |  |
|   | <b>13</b> Investments - program-related. See Part IV, line 11 .....  |                          | 13          |                    |            |  |
|   | <b>14</b> Intangible assets .....  |                          | 14          |                    |            |  |
|   | <b>15</b> Other assets. See Part IV, line 11 .....   | 2,552,460.               | 15          | 966,247.           |            |  |
| <b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) ..... | 98,318,900.  | 16                       | 99,982,035. |                    |            |  |
| <b>Liabilities</b>  | <b>17</b> Accounts payable and accrued expenses .....  | 36,475.                  | 17          | 5,998.             |            |  |
|   | <b>18</b> Grants payable .....   |                          | 18          |                    |            |  |
|   | <b>19</b> Deferred revenue .....   |                          | 19          |                    |            |  |
|   | <b>20</b> Tax-exempt bond liabilities .....  |                          | 20          |                    |            |  |
|   | <b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....  |                          | 21          |                    |            |  |
|   | <b>22</b> Loans and other payables to any current or former officer, director,<br>trustee, key employee, creator or founder, substantial contributor, or 35%<br>controlled entity or family member of any of these persons .....     |                          | 22          |                    |            |  |
|   | <b>23</b> Secured mortgages and notes payable to unrelated third parties .....   | 435,800.                 | 23          | 250,000.           |            |  |
|   | <b>24</b> Unsecured notes and loans payable to unrelated third parties .....   |                          | 24          |                    |            |  |
|   | <b>25</b> Other liabilities (including federal income tax, payables to related third<br>parties, and other liabilities not included on lines 17-24). Complete Part X<br>of Schedule D .....  |                          | 25          |                    |            |  |
|   | <b>26 Total liabilities.</b> Add lines 17 through 25 .....   | 472,275.                 | 26          | 255,998.           |            |  |
| <b>Net Assets or Fund Balances</b>  | <b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>  |                          |             |                    |            |  |
|   | <b>27</b> Net assets without donor restrictions .....  | 55,980,687.              | 27          | 58,426,803.        |            |  |
|   | <b>28</b> Net assets with donor restrictions .....   | 41,865,938.              | 28          | 41,299,234.        |            |  |
|   | <b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>   |                          |             |                    |            |  |
|   | <b>29</b> Capital stock or trust principal, or current funds .....   |                          | 29          |                    |            |  |
|   | <b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....   |                          | 30          |                    |            |  |
|   | <b>31</b> Retained earnings, endowment, accumulated income, or other funds .....   |                          | 31          |                    |            |  |
|   | <b>32</b> Total net assets or fund balances .....  | 97,846,625.              | 32          | 99,726,037.        |            |  |
|   | <b>33</b> Total liabilities and net assets/fund balances .....   | 98,318,900.              | 33          | 99,982,035.        |            |  |

Form **990** (2019)

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part XI Reconciliation of Net Assets**

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

|  |           |             |
|--|-----------|-------------|
| <b>1</b> Total revenue (must equal Part VIII, column (A), line 12) .....   | <b>1</b>  | 7,983,891.  |
| <b>2</b> Total expenses (must equal Part IX, column (A), line 25) .....  | <b>2</b>  | 8,101,562.  |
| <b>3</b> Revenue less expenses. Subtract line 2 from line 1 .....  | <b>3</b>  | -117,671.   |
| <b>4</b> Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .....                       | <b>4</b>  | 97,846,625. |
| <b>5</b> Net unrealized gains (losses) on investments .....  | <b>5</b>  | 1,997,201.  |
| <b>6</b> Donated services and use of facilities .....  | <b>6</b>  |             |
| <b>7</b> Investment expenses .....   | <b>7</b>  |             |
| <b>8</b> Prior period adjustments .....  | <b>8</b>  |             |
| <b>9</b> Other changes in net assets or fund balances (explain on Schedule O) .....  | <b>9</b>  | -118.       |
| <b>10</b> Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) ..... | <b>10</b> | 99,726,037. |

**Part XII Financial Statements and Reporting**

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

|  |           | Yes | No |
|--|-----------|-----|----|
| <b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____<br>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.                           |           |     |    |
| <b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? .....  | <b>2a</b> |     | X  |
| If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |           |     |    |
| <b>b</b> Were the organization's financial statements audited by an independent accountant? .....  | <b>2b</b> | X   |    |
| If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:<br><input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis   |           |     |    |
| <b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  | <b>2c</b> | X   |    |
| If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.  |           |     |    |
| <b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? .....   | <b>3a</b> |     | X  |
| <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....  | <b>3b</b> |     |    |

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

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.** Employer identification number **35-1812636**

**Part I 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.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An 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: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% 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).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - 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.**
  - d  **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.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations ..... 1

g Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN   | (iii) Type of organization (described on lines 1-10 above (see instructions)) | (iv) Is the organization listed in your governing document? |    | (v) Amount of monetary support (see instructions) | (vi) Amount of other support (see instructions) |
|------------------------------------|------------|---|---|----|---|---|
|                                    |            |   | Yes   | No |   |   |
| INDIANA SYMPHONY SOCIETY, INC      | 35-0998627 | 7   | X   |    | 6,900,000.  |   |
|                                    |            |   |   |    |   |   |
|                                    |            |   |   |    |   |   |
|                                    |            |   |   |    |   |   |
|                                    |            |   |   |    |   |   |
| <b>Total</b>                       |            |   |   |    | <b>6,900,000.</b>                                 | <b>0.</b>                                       |

INDIANAPOLIS SYMPHONY ORCHESTRA

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3 .....  |          |          |          |          |          |           |
| <b>5</b> 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) ..... |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4.  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total                |
|--|----------|----------|----------|----------|----------|--------------------------|
| <b>7</b> Amounts from line 4 .....   |          |          |          |          |          |                          |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....   |          |          |          |          |          |                          |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....  |          |          |          |          |          |                          |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....  |          |          |          |          |          |                          |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |                          |
| <b>12</b> Gross receipts from related activities, etc. (see instructions) .....  |          |          |          |          | 12       |                          |
| <b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> ..... |          |          |          |          |          | <input type="checkbox"/> |

**Section C. Computation of Public Support Percentage**

|   |    |                          |
|---|----|--------------------------|
| <b>14</b> Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) .....  | 14 | %                        |
| <b>15</b> Public support percentage from 2018 Schedule A, Part II, line 14 .....  | 15 | %                        |
| <b>16a 33 1/3% support test - 2019.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....  |    | <input type="checkbox"/> |
| <b>b 33 1/3% support test - 2018.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....   |    | <input type="checkbox"/> |
| <b>17a 10% -facts-and-circumstances test - 2019.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....    |    | <input type="checkbox"/> |
| <b>b 10% -facts-and-circumstances test - 2018.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... |    | <input type="checkbox"/> |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....  |    | <input type="checkbox"/> |

INDIANAPOLIS SYMPHONY ORCHESTRA

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

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

**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ►   | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5 .....   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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 .....     |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b .....  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6.)  |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ►  | (a) 2015 | (b) 2016 | (c) 2017 | (d) 2018 | (e) 2019 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>9</b> Amounts from line 6 .....   |          |          |          |          |          |           |
| <b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ... |          |          |          |          |          |           |
| <b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....                         |          |          |          |          |          |           |
| <b>c</b> Add lines 10a and 10b .....   |          |          |          |          |          |           |
| <b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....    |          |          |          |          |          |           |
| <b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....                                |          |          |          |          |          |           |
| <b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)   |          |          |          |          |          |           |

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ►

**Section C. Computation of Public Support Percentage**

|   |           |   |
|---|-----------|---|
| <b>15</b> Public support percentage for 2019 (line 8, column (f), divided by line 13, column (f)) ..... | <b>15</b> | % |
| <b>16</b> Public support percentage from 2018 Schedule A, Part III, line 15 .....                       | <b>16</b> | % |

**Section D. Computation of Investment Income Percentage**

|  |           |   |
|--|-----------|---|
| <b>17</b> Investment income percentage for 2019 (line 10c, column (f), divided by line 13, column (f)) ..... | <b>17</b> | % |
| <b>18</b> Investment income percentage from 2018 Schedule A, Part III, line 17 .....                         | <b>18</b> | % |

**19a 33 1/3% support tests - 2019.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**b 33 1/3% support tests - 2018.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ..... ►

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ..... ►

**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 |
|--|-----|----|
| <b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>  | X   |    |
| <b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>   |     | X  |
| <b>3a</b> 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>   |     | X  |
| <b>b</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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>   |     |    |
| <b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>  |     |    |
| <b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>  |     | X  |
| <b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>  |     |    |
| <b>c</b> 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)? <i>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.</i>   |     |    |
| <b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i> |     | X  |
| <b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?   |     |    |
| <b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?  |     |    |
| <b>6</b> 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? <i>If "Yes," provide detail in Part VI.</i>  |     | X  |
| <b>7</b> 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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     | X  |
| <b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>  |     | X  |
| <b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>  |     | X  |
| <b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>  |     | X  |
| <b>c</b> 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? <i>If "Yes," provide detail in Part VI.</i>   |     | X  |
| <b>10a</b> 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)? <i>If "Yes," answer 10b below.</i>   |     | X  |
| <b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>   |     |    |



**Part IV Supporting Organizations** (continued)

|  | Yes | No |
|--|-----|----|
| <b>11</b> Has the organization accepted a gift or contribution from any of the following persons?  |     |    |
| <b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? |     | X  |
| <b>b</b> A family member of a person described in (a) above?   |     | X  |
| <b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>  |     | X  |

**Section B. Type I Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? <i>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.</i> |     |    |
| <b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>   |     |    |

**Section C. Type II Supporting Organizations**

|  | Yes | No |
|--|-----|----|
| <b>1</b> 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)? <i>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).</i> |     |    |

**Section D. All Type III Supporting Organizations**

|   | Yes | No |
|---|-----|----|
| <b>1</b> 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? | X   |    |
| <b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>   | X   |    |
| <b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>  |     | X  |

**Section E. Type III Functionally Integrated Supporting Organizations**

|   |   |  |
|---|---|--|
| <b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).  |   |  |
| <b>a</b> <input checked="" type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.   |   |  |
| <b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.   |   |  |
| <b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).   |   |  |
| <b>2</b> Activities Test. Answer (a) and (b) below.   |   |  |
| <b>a</b> 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? <i>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.</i> | X |  |
| <b>b</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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>  | X |  |
| <b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.   |   |  |
| <b>a</b> 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>  |   |  |
| <b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>   |   |  |

INDIANAPOLIS SYMPHONY ORCHESTRA

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections 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                               | <b>Adjusted Net Income</b> (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                                | <b>Total</b> (add lines 1a, 1b, and 1c)   | 1d             |                             |
| e                                | <b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):                                   |                |                             |
| 2                                | Acquisition indebtedness applicable to non-exempt-use assets  | 2              |                             |
| 3                                | Subtract line 2 from line 1d.   | 3              |                             |
| 4                                | Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).                                 | 4              |                             |
| 5                                | Net value of non-exempt-use assets (subtract line 4 from line 3)  | 5              |                             |
| 6                                | Multiply line 5 by .035.  | 6              |                             |
| 7                                | Recoveries of prior-year distributions  | 7              |                             |
| 8                                | <b>Minimum Asset Amount</b> (add line 7 to line 6)  | 8              |                             |

| Section C - Distributable Amount |   | (A) Prior Year | 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                                | <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).   | 6              |              |
| 7                                | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). |                |              |

INDIANAPOLIS SYMPHONY ORCHESTRA

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

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

| Section D - Distributions   | Current Year |
|---|--------------|
| <b>1</b> Amounts paid to supported organizations to accomplish exempt purposes  |              |
| <b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity              |              |
| <b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations  |              |
| <b>4</b> Amounts paid to acquire exempt-use assets  |              |
| <b>5</b> Qualified set-aside amounts (prior IRS approval required)  |              |
| <b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions.   |              |
| <b>7 Total annual distributions.</b> Add lines 1 through 6.   |              |
| <b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions. |              |
| <b>9</b> Distributable amount for 2019 from Section C, line 6   |              |
| <b>10</b> Line 8 amount divided by line 9 amount  |              |

| Section E - Distribution Allocations (see instructions)  | (i)<br>Excess Distributions | (ii)<br>Underdistributions<br>Pre-2019 | (iii)<br>Distributable<br>Amount for 2019 |
|--|-----------------------------|--|---|
| <b>1</b> Distributable amount for 2019 from Section C, line 6  |                             |  |   |
| <b>2</b> Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in <b>Part VI</b> ). See instructions.  |                             |  |   |
| <b>3</b> Excess distributions carryover, if any, to 2019   |                             |  |   |
| <b>a</b> From 2014   |                             |  |   |
| <b>b</b> From 2015   |                             |  |   |
| <b>c</b> From 2016   |                             |  |   |
| <b>d</b> From 2017   |                             |  |   |
| <b>e</b> From 2018   |                             |  |   |
| <b>f Total</b> of lines 3a through e   |                             |  |   |
| <b>g</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>h</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>i</b> Carryover from 2014 not applied (see instructions)  |                             |  |   |
| <b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.   |                             |  |   |
| <b>4</b> Distributions for 2019 from Section D, line 7: \$   |                             |  |   |
| <b>a</b> Applied to underdistributions of prior years  |                             |  |   |
| <b>b</b> Applied to 2019 distributable amount  |                             |  |   |
| <b>c</b> Remainder. Subtract lines 4a and 4b from 4.   |                             |  |   |
| <b>5</b> Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI</b> . See instructions. |                             |  |   |
| <b>6</b> Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI</b> . See instructions.                        |                             |  |   |
| <b>7 Excess distributions carryover to 2020.</b> Add lines 3j and 4c.  |                             |  |   |
| <b>8</b> Breakdown of line 7:  |                             |  |   |
| <b>a</b> Excess from 2015  |                             |  |   |
| <b>b</b> Excess from 2016  |                             |  |   |
| <b>c</b> Excess from 2017  |                             |  |   |
| <b>d</b> Excess from 2018  |                             |  |   |
| <b>e</b> Excess from 2019  |                             |  |   |

INDIANAPOLIS SYMPHONY ORCHESTRA

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART IV, SECTION E, LINE 2A:

THE INDIANA SYMPHONY SOCIETY, INC. (SOCIETY) IS THE SUPPORTED ORGANIZATION FOR THE FOUNDATION. THE MAIN ACTIVITY OF THE FOUNDATION IS TO MANAGE THE INVESTMENTS, INCLUDING REAL ESTATE, THAT DERIVED FROM CONTRIBUTIONS THAT WERE LONG TERM IN NATURE. THIS ACTIVITY FURTHERS THE EXEMPT PURPOSE OF THE SOCIETY BY ALLOWING THE FOUNDATION TO PROVIDE FUNDING TO THE SOCIETY TO COVER EXPENSES RELATED TO ITS EXEMPT PURPOSE. THE FOUNDATION IS RESPONSIVE TO THE SOCIETY AS IT PROVIDES AN OPERATING GRANT EACH YEAR AND IT IS WILLING TO HEAR REQUESTS FROM THE SOCIETY FOR SPECIAL GRANTS WHEN THE NEEDS ARISE THAT ARE IN ADDITION TO THE YEARLY OPERATING GRANT. THE FOUNDATION WILL DECIDE WHETHER TO APPROVE OR DENY THE REQUEST BY THE SOCIETY ON A CASE BY CASE BASIS. THE FOUNDATION HAS DETERMINED THAT MANAGING THE INVESTMENTS , INCLUDING REAL ESTATE IS SUBSTANTIALLY ALL OF ITS ACTIVITIES BECAUSE IT MAKES UP 95% OF ITS ASSETS.

PART IV, SECTION E, LINE 2B:

IF THE FOUNDATION DID NOT EXIST, THE ACTIVITIES DESCRIBED FOR LINE 2A, WOULD STILL HAVE TO BE DONE AS IT WOULD NOT BE PRUDENT TO LEAVE \$90 MILLION OF INVESTMENTS AND \$4 MILLION OF REAL ESTATE UNMANAGED. THEREFORE, IF THE FOUNDATION DID NOT ENGAGE IN THIS ACTIVITY, THE SOCIETY WOULD NEED TO MANAGE THEM ITSELF.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Name of the organization

INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.

Employer identification number

35-1812636

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

|  |   |
|--|---|
| Name of organization<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>                 FOUNDATION, INC.</b> | Employer identification number<br><b>35-1812636</b> |
|--|---|

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

| (a)<br>No. | (b)<br>Name, address, and ZIP + 4 | (c)<br>Total contributions | (d)<br>Type of contribution   |
|------------|-----------------------------------|----------------------------|---|
| <u>1</u>   | <hr/> <hr/> <hr/>                 | \$ <u>100,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>2</u>   | <hr/> <hr/> <hr/>                 | \$ <u>25,000.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>3</u>   | <hr/> <hr/> <hr/>                 | \$ <u>598,687.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>4</u>   | <hr/> <hr/> <hr/>                 | \$ <u>100,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>5</u>   | <hr/> <hr/> <hr/>                 | \$ <u>500,000.</u>         | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |
| <u>6</u>   | <hr/> <hr/> <hr/>                 | \$ <u>12,502.</u>          | Person <input checked="" type="checkbox"/><br>Payroll <input type="checkbox"/><br>Noncash <input type="checkbox"/><br>(Complete Part II for noncash contributions.) |

|  |   |
|--|---|
| Name of organization<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>                 FOUNDATION, INC.</b> | <b>Employer identification number</b><br>35-1812636 |
|--|---|

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

| (a)<br>No.<br>from<br>Part I | (b)<br>Description of noncash property given | (c)<br>FMV (or estimate)<br>(See instructions.) | (d)<br>Date received |
|------------------------------|--|---|----------------------|
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |
|                              | _____<br>_____<br>_____                      | \$ _____  | _____                |

|   |   |
|---|---|
| Name of organization<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> | Employer identification number<br><b>35-1812636</b> |
|---|---|

**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 info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

|  |                            |   |  |
|--|----------------------------|---|--|
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |
| <b>(a) No. from Part I</b>                     | <b>(b) Purpose of gift</b> | <b>(c) Use of gift</b>                          | <b>(d) Description of how gift is held</b> |
|  |                            |   |  |
| <b>(e) Transfer of gift</b>                    |                            |   |  |
| <b>Transferee's name, address, and ZIP + 4</b> |                            | <b>Relationship of transferor to transferee</b> |  |
|  |                            |   |  |



SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

2019 Open to Public Inspection

Name of the organization INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC. Employer identification number 35-1812636

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two Yes/No questions regarding donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures under FASB ASC 958, with sub-rows for revenue and assets.

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** *(continued)*

- 3** Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):
- |   |  |
|---|--|
| <b>a</b> <input type="checkbox"/> Public exhibition                   | <b>d</b> <input type="checkbox"/> Loan or exchange program |
| <b>b</b> <input type="checkbox"/> Scholarly research                  | <b>e</b> <input type="checkbox"/> Other _____              |
| <b>c</b> <input type="checkbox"/> Preservation for future generations |  |
- 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?  Yes  No

**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?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- |  | Amount |
|--|--------|
| <b>c</b> Beginning balance             |        |
| <b>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

**Part V Endowment Funds.** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

|   | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|---|------------------|----------------|--------------------|----------------------|---------------------|
| <b>1a</b> Beginning of year balance                     | 36,728,701.      | 36,437,597.    | 35,646,389.        | 34,461,941.          | 34,546,103.         |
| <b>b</b> Contributions                                  | 501,000.         | 501,000.       | 111,000.           | 12,500.              | 15,000.             |
| <b>c</b> Net investment earnings, gains, and losses     | 848,185.         | 282,415.       | 1,103,191.         | 1,599,437.           | 326,712.            |
| <b>d</b> Grants or scholarships                         |                  |                |                    |                      |                     |
| <b>e</b> Other expenditures for facilities and programs | 506,223.         | 492,311.       | 422,983.           | 427,489.             | 425,874.            |
| <b>f</b> Administrative expenses                        |                  |                |                    |                      |                     |
| <b>g</b> End of year balance                            | 37,571,663.      | 36,728,701.    | 36,437,597.        | 35,646,389.          | 34,461,941.         |

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment  0.00 %
- b** Permanent endowment  89.60 %
- c** Term endowment  10.40 %
- 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:
- |   | Yes | No       |
|---|-----|----------|
| <b>(i)</b> Unrelated organizations  |     | <b>X</b> |
| <b>(ii)</b> Related organizations   |     | <b>X</b> |
| <b>b</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 (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---------------------------------|--------------------------------------|---------------------------------|------------------------------|----------------|
| <b>1a</b> Land                  |                                      | 600,000.                        |                              | 600,000.       |
| <b>b</b> Buildings              |                                      | 10,083,341.                     | 6,892,290.                   | 3,191,051.     |
| <b>c</b> Leasehold improvements |                                      | 37,156.                         | 37,156.                      | 0.             |
| <b>d</b> Equipment              |                                      |                                 |                              |                |
| <b>e</b> Other                  |                                      |                                 |                              |                |

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 3,791,051.

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part VII Investments - Other Securities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

| (a) Description of security or category (including name of security)      | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1) Financial derivatives .....   |                |   |
| (2) Closely held equity interests .....                                   |                |   |
| (3) Other .....   |                |   |
| (A) INVESTMENT PARTNERSHIPS   |                |   |
| (B) AND PRIVATE EQUITY FUNDS  | 68,319,081.    | END-OF-YEAR MARKET VALUE                                  |
| (C)   |                |   |
| (D)   |                |   |
| (E)   |                |   |
| (F)   |                |   |
| (G)   |                |   |
| (H)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ | 68,319,081.    |   |

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

| (a) Description of investment   | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|----------------|---|
| (1)   |                |   |
| (2)   |                |   |
| (3)   |                |   |
| (4)   |                |   |
| (5)   |                |   |
| (6)   |                |   |
| (7)   |                |   |
| (8)   |                |   |
| (9)   |                |   |
| <b>Total.</b> (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ |                |   |

**Part IX Other Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

| (a) Description   | (b) Book value |
|---|----------------|
| (1)   |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶ |                |

**Part X Other Liabilities.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

| 1. (a) Description of liability   | (b) Book value |
|---|----------------|
| (1) Federal income taxes  |                |
| (2)   |                |
| (3)   |                |
| (4)   |                |
| (5)   |                |
| (6)   |                |
| (7)   |                |
| (8)   |                |
| (9)   |                |
| <b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ |                |

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

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|   |           |            |            |
|---|-----------|------------|------------|
| <b>1</b> Total revenue, gains, and other support per audited financial statements .....                       |           | <b>1</b>   | 9,245,076. |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part VIII, line 12:                                  |           |            |            |
| <b>a</b> Net unrealized gains (losses) on investments .....   | <b>2a</b> | 1,997,201. |            |
| <b>b</b> Donated services and use of facilities .....   | <b>2b</b> |            |            |
| <b>c</b> Recoveries of prior year grants .....  | <b>2c</b> |            |            |
| <b>d</b> Other (Describe in Part XIII.) .....   | <b>2d</b> | -118.      |            |
| <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....  | <b>2e</b> | 1,997,083. |            |
| <b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....   |           | <b>3</b>   | 7,247,993. |
| <b>4</b> Amounts included on Form 990, Part VIII, line 12, but not on line 1:                                 |           |            |            |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                               | <b>4a</b> | 735,898.   |            |
| <b>b</b> Other (Describe in Part XIII.) .....   | <b>4b</b> |            |            |
| <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....  | <b>4c</b> | 735,898.   |            |
| <b>5</b> Total revenue. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12.) ..... |           | <b>5</b>   | 7,983,891. |

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

|  |           |          |            |
|--|-----------|----------|------------|
| <b>1</b> Total expenses and losses per audited financial statements .....                                      |           | <b>1</b> | 7,365,664. |
| <b>2</b> Amounts included on line 1 but not on Form 990, Part IX, line 25:                                     |           |          |            |
| <b>a</b> Donated services and use of facilities .....  | <b>2a</b> |          |            |
| <b>b</b> Prior year adjustments .....  | <b>2b</b> |          |            |
| <b>c</b> Other losses .....  | <b>2c</b> |          |            |
| <b>d</b> Other (Describe in Part XIII.) .....  | <b>2d</b> |          |            |
| <b>e</b> Add lines <b>2a</b> through <b>2d</b> .....   | <b>2e</b> | 0.       |            |
| <b>3</b> Subtract line <b>2e</b> from line <b>1</b> .....  |           | <b>3</b> | 7,365,664. |
| <b>4</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:                                    |           |          |            |
| <b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b .....                                | <b>4a</b> | 735,898. |            |
| <b>b</b> Other (Describe in Part XIII.) .....  | <b>4b</b> |          |            |
| <b>c</b> Add lines <b>4a</b> and <b>4b</b> .....   | <b>4c</b> | 735,898. |            |
| <b>5</b> Total expenses. Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18.) ..... |           | <b>5</b> | 8,101,562. |

**Part XIII Supplemental Information.**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART V, LINE 4:**

TO SUPPORT THE INDIANA SYMPHONY SOCIETY, INC.

**PART X, LINE 2:**

THE ISO FOUNDATION IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES ON RELATED INCOME UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SIMILAR STATE LAW.

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA REQUIRE MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ISO FOUNDATION AND RECOGNIZE A TAX LIABILITY IF THE ISO FOUNDATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD NOT BE SUSTAINED UPON EXAMINATION

**Part XIII** Supplemental Information (continued)

BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT HAS ANALYZED THE TAX POSITIONS TAKEN BY THE ISO FOUNDATION, AND HAS CONCLUDED THAT AS OF AUGUST 31, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ISO FOUNDATION IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER, THERE ARE CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.

AS SUCH, THE ISO FOUNDATION IS GENERALLY EXEMPT FROM INCOME TAXES. HOWEVER, THE ISO FOUNDATION IS REQUIRED TO FILE FEDERAL FORM 990 - RETURN OF ORGANIZATION EXEMPT FROM INCOME TAX AND A CORRESPONDING STATE RETURN, BOTH OF WHICH ARE INFORMATIONAL RETURNS ONLY. THE ISO FOUNDATION HAS FILED ITS FEDERAL AND STATE INCOME TAX RETURNS FOR PERIODS THROUGH AUGUST 31, 2019. THESE INCOME TAX RETURNS ARE GENERALLY OPEN TO EXAMINATION BY THE RELEVANT TAXING AUTHORITIES FOR A PERIOD OF THREE YEARS FROM THE LATER OF THE DATE THE RETURN WAS FILED OR ITS DUE DATE (INCLUDING APPROVED EXTENSIONS).

PART XI, LINE 2D - OTHER ADJUSTMENTS:

CHANGE IN NPV - CHARITABLE GIFT ANNUITY -118.

**SCHEDULE F (Form 990)**

Department of the Treasury  
Internal Revenue Service

**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](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization  
**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

Employer identification number  
**35-1812636**

**Part I General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  Yes  No

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

| (a) Region  | (b) Number of offices in the region | (c) Number of employees, agents, and independent contractors in the region | (d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region) | (e) If activity listed in (d) is a program service, describe specific type of service(s) in the region | (f) Total expenditures for and investments in the region |
|---|-------------------------------------|--|--|--|--|
| CENTRAL AMERICA AND THE CARIBBEAN - ANTIGUA & BARBUDA, ARUBA, BAHAMAS,      | 0                                   | 0  | INVESTMENTS  | NONE   | 39,218,151.  |
| EUROPE (INCLUDING ICELAND & GREENLAND) - ALBANIA, ANDORRA, AUSTRIA, BELGIUM | 0                                   | 0  | INVESTMENTS  | NONE   | 5,187,395.   |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
|   |                                     |  |  |  |  |
| <b>3 a Subtotal</b> .....   | 0                                   | 0  |  |  | 44,405,546.  |
| <b>b Total from continuation sheets to Part I</b> .....                     | 0                                   | 0  |  |  | 0.   |
| <b>c Totals</b> (add lines 3a and 3b) .....                                 | 0                                   | 0  |  |  | 44,405,546.  |

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

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

| 1<br>(a) Name of organization | (b) IRS code section and EIN (if applicable) | (c) Region | (d) Purpose of grant | (e) Amount of cash grant | (f) Manner of cash disbursement | (g) Amount of noncash assistance | (h) Description of noncash assistance | (i) Method of valuation (book, FMV, appraisal, other) |
|-------------------------------|--|------------|----------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |
|                               |  |            |                      |                          |                                 |                                  |                                       |   |

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

**3** Enter total number of other organizations or entities ..... ▶ \_\_\_\_\_

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|----------------------------------|---------------------------------------|---|
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
|                                 |            |                          |                          |                                 |                                  |                                       |   |
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INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  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  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)* .....  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)* .....  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)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* .....  Yes  No



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**  
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.**

OMB No. 1545-0047

**2019**

**Open to Public  
Inspection**

Name of the organization **INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Employer identification number  
35-1812636**

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

| <b>1 (a)</b> Name and address of organization or government   | <b>(b)</b> EIN | <b>(c)</b> IRC section (if applicable) | <b>(d)</b> Amount of cash grant | <b>(e)</b> Amount of non-cash assistance | <b>(f)</b> Method of valuation (book, FMV, appraisal, other) | <b>(g)</b> Description of noncash assistance | <b>(h)</b> Purpose of grant or assistance                            |
|---|----------------|--|---------------------------------|--|--|--|--|
| INDIANA SYMPHONY SOCIETY, INC.<br>32 EAST WASHINGTON STREET, NO. 600<br>INDIANAPOLIS, IN 46204-2919 | 35-0998627     | 501(C)(3)                              | 6,900,000.                      | 0.                                       |  |  | TO FUND OPERATING EXPENSES, RENT, EDUCATION, AND ARTISTIC ENDEAVORS. |
|   |                |  |                                 |  |  |  |  |
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**2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 1

**3** Enter total number of other organizations listed in the line 1 table ..... ▶ 0

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

Schedule I (Form 990) (2019)

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|---------------------------------------|
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**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

THE ORGANIZATION HAS DIRECT ACCESS TO THE BOOKS OF THE INDIANA SYMPHONY SOCIETY, INC.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2019**

Open to Public  
Inspection

Name of the organization

INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.

Employer identification number  
35-1812636

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SEPTEMBER 1990 FOR THE PURPOSE OF EDUCATING THE PUBLIC AND PROVIDING  
FINANCIAL AND OTHER SUPPORT TO THE INDIANA SYMPHONY SOCIETY, INC. (THE  
"SOCIETY"), AN INDIANA NOT-FOR-PROFIT CORPORATION THAT OPERATES THE  
INDIANAPOLIS SYMPHONY ORCHESTRA. IT IS THE GENERAL PRACTICE OF THE  
SOCIETY TO TRANSFER CONTRIBUTIONS RAISED, OTHER THAN ANNUAL FUND  
CONTRIBUTIONS, TO THE ISO FOUNDATION UNLESS A DONOR SPECIFICALLY  
REQUIRES THE CONTRIBUTION TO BE MAINTAINED BY THE SOCIETY. ALL  
FUNDRAISING EXPENSES ARE RECORDED AND REPORTED IN THE SOCIETY'S  
ACCOUNTS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NOT-FOR-PROFIT CORPORATION THAT OPERATES THE INDIANAPOLIS SYMPHONY  
ORCHESTRA. IT IS THE GENERAL PRACTICE OF THE SOCIETY TO TRANSFER  
CONTRIBUTIONS RAISED, OTHER THAN ANNUAL FUND CONTRIBUTIONS, TO THE ISO  
FOUNDATION UNLESS A DONOR SPECIFICALLY REQUIRES THE CONTRIBUTION TO BE  
MAINTAINED BY THE SOCIETY. ALL FUNDRAISING EXPENSES ARE RECORDED AND  
REPORTED IN THE SOCIETY'S ACCOUNTS.

FORM 990, PART VI, SECTION A, LINE 3:

BEGINNING IN 1995, THE ORGANIZATION ENTERED INTO A SERVICE AGREEMENT WITH  
THE INDIANA SYMPHONY SOCIETY, INC. (THE SOCIETY) WHEREBY THE SOCIETY  
PROVIDES THE ORGANIZATION CERTAIN MANAGEMENT SERVICES, INCLUDING ENDOWMENT  
FUNDRAISING, ADMINISTRATIVE SERVICES, PROVIDING OFFICE SPACE, AND PREPARING  
FINANCIAL RECORDS AND REPORTS.

|                          |   |                                |            |
|--------------------------|---|--------------------------------|------------|
| Name of the organization | INDIANAPOLIS SYMPHONY ORCHESTRA<br>FOUNDATION, INC. | Employer identification number | 35-1812636 |
|--------------------------|---|--------------------------------|------------|

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

THE 990 IS REVIEWED BY THE AUDIT COMMITTEE BEFORE DISTRIBUTION TO THE BOARD. A COPY OF THE 990 IS DISTRIBUTED TO ALL BOARD MEMBERS PRIOR TO FILING.

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

THE CONFLICT OF INTEREST POLICY IS DISTRIBUTED ANNUALLY TO ALL BOARD MEMBERS AND MANAGEMENT WITH SPENDING AUTHORITY. EACH PERSON IS REQUIRED TO SIGN AND RETURN A FORM INDICATING THEY HAVE READ THE POLICY AND HAVE DISCLOSED ANY CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION C, LINE 19:

THE FOUNDATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON VERBAL OR WRITTEN REQUEST.

FORM 990, PART VII, SECTION A

COMPENSATION IN PART VII, SECTION A IS REPORTED BASED ON 2019 CALENDAR YEAR END.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN NPV - CHARITABLE GIFT ANNUITY -118.

FORM 990, PART XII, LINE 2C

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT AND THE SELECTION OF AN INDEPENDENT ACCOUNTANT. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.

Name of the organization **INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

Employer identification number  
**35-1812636**

FORM 990, PART VI, SECTION B, LINE 15

THE ORGANIZATION HAS ANSWERED NO TO QUESTIONS 15A AND 15B IN REGARDS TO  
THE PROCESS FOR DETERMINING COMPENSATION FOR THE EXECUTIVE DIRECTOR,  
OFFICERS, AND KEY EMPLOYEES BEING SUBJECT TO REVIEW AND APPROVAL BY  
INDEPENDENT PERSONS. HOWEVER, THE ORGANIZATION DOES NOT HAVE  
EMPLOYEES, THUS THERE IS NO PROCESS FOR DETERMINING COMPENSATION.

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2019**

Open to Public Inspection

Name of the organization **INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.** Employer identification number **35-1812636**

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

| (a)<br>Name, address, and EIN (if applicable)<br>of disregarded entity | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling<br>entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
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**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)<br>Name, address, and EIN<br>of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or<br>foreign country) | (d)<br>Exempt Code<br>section | (e)<br>Public charity<br>status (if section<br>501(c)(3)) | (f)<br>Direct controlling<br>entity | (g)<br>Section 512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------|---|-------------------------------------|--|----|
|  |                         |   |                               |   |                                     | Yes  | No |
| INDIANA SYMPHONY SOCIETY, INC. - 35-0998627<br>32 EAST WASHINGTON ST, NO. 600<br>INDIANAPOLIS, IN 46204-2919 | SYMPHONY OPERATIONS     | INDIANA   | 501(C)(3)                     | 7   |                                     |  | X  |
|  |                         |   |                               |   |                                     |  |    |
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For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2019



**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproportionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in box<br>20 of Schedule<br>K-1 (Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|-------------------------------------|---|---------------------------------|--|---|----|---|---|----|--------------------------------|
|  |                         |  |                                     |   |                                 |  | Yes                                     | No |   | Yes                                       | No |                                |
|  |                         |  |                                     |   |                                 |  |   |    |   |   |    |                                |
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**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)<br>Name, address, and EIN<br>of related organization | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section<br>512(b)(13)<br>controlled<br>entity? |    |
|--|-------------------------|---|-------------------------------------|--|---------------------------------|--|--------------------------------|---|----|
|  |                         |   |                                     |  |                                 |  |                                | Yes   | No |
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**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

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

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

**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?

|  | Yes | No |
|--|-----|----|
| <b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ..... |     | X  |
| <b>b</b> Gift, grant, or capital contribution to related organization(s) .....                                 | X   |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s) .....                               |     | X  |
| <b>d</b> Loans or loan guarantees to or for related organization(s) .....                                      | X   |    |
| <b>e</b> Loans or loan guarantees by related organization(s) .....   |     | X  |
| <b>f</b> Dividends from related organization(s) .....  |     | X  |
| <b>g</b> Sale of assets to related organization(s) .....   |     | X  |
| <b>h</b> Purchase of assets from related organization(s) .....   |     | X  |
| <b>i</b> Exchange of assets with related organization(s) .....   |     | X  |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....                      | X   |    |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....                    |     | X  |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....  |     | X  |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....   | X   |    |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....   | X   |    |
| <b>o</b> Sharing of paid employees with related organization(s) .....  | X   |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses .....                                      | X   |    |
| <b>q</b> Reimbursement paid by related organization(s) for expenses .....                                      |     | X  |
| <b>r</b> Other transfer of cash or property to related organization(s) .....                                   |     | X  |
| <b>s</b> Other transfer of cash or property from related organization(s) .....                                 | X   |    |

**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| (1) INDIANA SYMPHONY SOCIETY, INC.  | B                                | 6,900,000.             | FMV  |
| (2)                                 |                                  |                        |  |
| (3)                                 |                                  |                        |  |
| (4)                                 |                                  |                        |  |
| (5)                                 |                                  |                        |  |
| (6)                                 |                                  |                        |  |

INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.

**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)<br>Name, address, and EIN<br>of entity | (b)<br>Primary activity | (c)<br>Legal domicile<br>(state or foreign<br>country) | (d)<br>Predominant income<br>(related, unrelated,<br>excluded from tax under<br>sections 512-514) | (e)<br><small>Are all<br/>partners sec.<br/>501(c)(3)<br/>orgs.?</small> |    | (f)<br>Share of<br>total<br>income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br><small>Dispropor-<br/>tionate<br/>allocations?</small> |    | (i)<br>Code V-UBI<br>amount in box 20<br>of Schedule K-1<br>(Form 1065) | (j)<br><small>General or<br/>managing<br/>partner?</small> |    | (k)<br>Percentage<br>ownership |
|--|-------------------------|--|---|--|----|------------------------------------|--|---|----|---|--|----|--------------------------------|
|  |                         |  |   | Yes  | No |                                    |  | Yes   | No |   | Yes  | No |                                |
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**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2019 or other tax year beginning SEP 1, 2019, and ending AUG 31, 2020

**2019**

▶ Go to [www.irs.gov/Form990T](http://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

Department of the Treasury  
Internal Revenue Service

|   |                     |  |   |
|---|---------------------|--|---|
| <p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section<br/> <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)<br/> <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)<br/> <input type="checkbox"/> 529(a)</p> | Print<br>or<br>Type | <p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)<br/> <b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>                 FOUNDATION, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.<br/> <b>32 EAST WASHINGTON STREET, NO. 600</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code<br/> <b>INDIANAPOLIS, IN 46204-2919</b></p> | <p><b>D</b> Employer identification number (Employees' trust, see instructions.)<br/> <b>35-1812636</b></p> <p><b>E</b> Unrelated business activity code (See instructions.)<br/> <b>900099</b></p> |
|---|---------------------|--|---|

|   |  |
|---|--|
| <p><b>C</b> Book value of all assets at end of year<br/> <b>99,982,035.</b></p> | <p><b>F</b> Group exemption number (See instructions.) ▶</p> <p><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust</p> |
|---|--|

**H** Enter the number of the organization's unrelated trades or businesses. ▶ 1 Describe the only (or first) unrelated trade or business here ▶ SEE STATEMENT 1. 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  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ ADAM WHITE Telephone number ▶ 317-262-7092

| Part I Unrelated Trade or Business Income  | (A) Income         | (B) Expenses | (C) Net  |
|--|--------------------|--------------|----------|
| <b>1a</b> Gross receipts or sales  |                    |              |          |
| <b>b</b> Less returns and allowances   |                    |              |          |
| <b>c</b> Balance   | <b>1c</b>          |              |          |
| <b>2</b> Cost of goods sold (Schedule A, line 7)   | <b>2</b>           |              |          |
| <b>3</b> Gross profit. Subtract line 2 from line 1c  | <b>3</b>           |              |          |
| <b>4a</b> Capital gain net income (attach Schedule D)  | <b>4a</b> 112,381. |              | 112,381. |
| <b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                      | <b>4b</b> -6,074.  |              | -6,074.  |
| <b>c</b> Capital loss deduction for trusts   | <b>4c</b>          |              |          |
| <b>5</b> Income (loss) from a partnership or an S corporation (attach statement)               | <b>5</b> 108,902.  | STMT 2       | 108,902. |
| <b>6</b> Rent income (Schedule C)  | <b>6</b>           |              |          |
| <b>7</b> Unrelated debt-financed income (Schedule E)   | <b>7</b>           |              |          |
| <b>8</b> Interest, annuities, royalties, and rents from a controlled organization (Schedule F) | <b>8</b>           |              |          |
| <b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)      | <b>9</b>           |              |          |
| <b>10</b> Exploited exempt activity income (Schedule I)  | <b>10</b>          |              |          |
| <b>11</b> Advertising income (Schedule J)  | <b>11</b>          |              |          |
| <b>12</b> Other income (See instructions; attach schedule)                                     | <b>12</b>          |              |          |
| <b>13 Total.</b> Combine lines 3 through 12  | <b>13</b> 215,209. |              | 215,209. |

| Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)<br>(Deductions must be directly connected with the unrelated business income.) |            |                 |          |
|---|------------|-----------------|----------|
| <b>14</b> Compensation of officers, directors, and trustees (Schedule K)  | <b>14</b>  |                 |          |
| <b>15</b> Salaries and wages  | <b>15</b>  |                 |          |
| <b>16</b> Repairs and maintenance   | <b>16</b>  |                 |          |
| <b>17</b> Bad debts   | <b>17</b>  |                 |          |
| <b>18</b> Interest (attach schedule) (see instructions)   | <b>18</b>  |                 |          |
| <b>19</b> Taxes and licenses  | <b>19</b>  |                 |          |
| <b>20</b> Depreciation (attach Form 4562)   | <b>20</b>  |                 |          |
| <b>21</b> Less depreciation claimed on Schedule A and elsewhere on return   | <b>21a</b> |                 |          |
| <b>22</b> Depletion   | <b>22</b>  |                 |          |
| <b>23</b> Contributions to deferred compensation plans  | <b>23</b>  |                 |          |
| <b>24</b> Employee benefit programs   | <b>24</b>  |                 |          |
| <b>25</b> Excess exempt expenses (Schedule I)   | <b>25</b>  |                 |          |
| <b>26</b> Excess readership costs (Schedule J)  | <b>26</b>  |                 |          |
| <b>27</b> Other deductions (attach schedule)  | <b>27</b>  | SEE STATEMENT 3 | 199,931. |
| <b>28 Total deductions.</b> Add lines 14 through 27   | <b>28</b>  |                 | 199,931. |
| <b>29</b> Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13  | <b>29</b>  |                 | 15,278.  |
| <b>30</b> Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)  | <b>30</b>  | SEE STATEMENT 4 | 0.       |
| <b>31</b> Unrelated business taxable income. Subtract line 30 from line 29  | <b>31</b>  |                 | 15,278.  |

**Part III Total Unrelated Business Taxable Income**

|    |   |    |         |
|----|---|----|---------|
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)                                    | 32 | 15,278. |
| 33 | Amounts paid for disallowed fringes   | 33 |         |
| 34 | Charitable contributions (see instructions for limitation rules)  | 34 | 0.      |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33             | 35 | 15,278. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) <b>STMT 5</b>                           | 36 | 15,278. |
| 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 | <b>Unrelated business taxable income.</b> Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37 | 39 | 0.      |

**Part IV Tax Computation**

|    |  |    |    |
|----|--|----|----|
| 40 | <b>Organizations Taxable as Corporations.</b> Multiply line 39 by 21% (0.21)   | 40 | 0. |
| 41 | <b>Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 39 from:<br><input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041) | 41 |    |
| 42 | <b>Proxy tax.</b> See instructions   | 42 |    |
| 43 | Alternative minimum tax (trusts only)  | 43 |    |
| 44 | <b>Tax on Noncompliant Facility Income.</b> See instructions   | 44 |    |
| 45 | <b>Total.</b> Add lines 42, 43, and 44 to line 40 or 41, whichever applies   | 45 | 0. |

**Part V Tax and Payments**

|     |  |     |    |
|-----|--|-----|----|
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)  | 46a |    |
| b   | Other credits (see instructions)   | 46b |    |
| c   | General business credit. Attach Form 3800  | 46c |    |
| d   | Credit for prior year minimum tax (attach Form 8801 or 8827)   | 46d |    |
| e   | <b>Total credits.</b> Add lines 46a through 46d  | 46e |    |
| 47  | Subtract line 46e from line 45   | 47  | 0. |
| 48  | Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule) | 48  |    |
| 49  | <b>Total tax.</b> Add lines 47 and 48 (see instructions)   | 49  | 0. |
| 50  | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3   | 50  | 0. |
| 51a | Payments: A 2018 overpayment credited to 2019  | 51a |    |
| b   | 2019 estimated tax payments  | 51b |    |
| c   | Tax deposited with Form 8868   | 51c |    |
| d   | Foreign organizations: Tax paid or withheld at source (see instructions)   | 51d |    |
| e   | Backup withholding (see instructions)  | 51e |    |
| f   | Credit for small employer health insurance premiums (attach Form 8941)   | 51f |    |
| g   | Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total   | 51g |    |
| 52  | <b>Total payments.</b> Add lines 51a through 51g   | 52  |    |
| 53  | Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>  | 53  |    |
| 54  | <b>Tax due.</b> If line 52 is less than the total of lines 49, 50, and 53, enter amount owed   | 54  |    |
| 55  | <b>Overpayment.</b> 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: <b>Credited to 2020 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>  | 56  |    |

**Part VI Statements Regarding Certain Activities and Other Information** (see instructions)

|    |  |     |    |
|----|--|-----|----|
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here | Yes | No |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.  |     | X  |
| 59 | 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 best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ **TREASURER**  
 Title \_\_\_\_\_

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

**Paid Preparer Use Only**

|                            |                               |          |   |              |
|----------------------------|-------------------------------|----------|---|--------------|
| Print/Type preparer's name | Preparer's signature          | Date     | Check <input type="checkbox"/> if self-employed | PTIN         |
| BRIDGETTE MUGGE            | BRIDGETTE MUGGE               | 06/17/21 |   | P00671418    |
| Firm's name                | Firm's address                |          | Firm's EIN                                      |              |
| BLUE & CO., LLC            | 12800 N. MERIDIAN ST, STE 400 |          | 35-1178661                                      |              |
|                            | CARMEL, IN 46032              |          | Phone no.                                       | 317-848-8920 |

INDIANAPOLIS SYMPHONY ORCHESTRA

Form 990-T (2019) FOUNDATION, INC.

35-1812636

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation ► **N/A**

|    |   |    |  |   |  |   |  |     |    |
|----|---|----|--|---|--|---|--|-----|----|
| 1  | Inventory at beginning of year .....                  | 1  |  | 6 | Inventory at end of year .....   | 6 |  |     |    |
| 2  | Purchases .....                                       | 2  |  | 7 | <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2 .....                           | 7 |  |     |    |
| 3  | Cost of labor .....                                   | 3  |  | 8 | Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? ..... |   |  | Yes | No |
| 4a | Additional section 263A costs (attach schedule) ..... | 4a |  |   |  |   |  |     |    |
| b  | Other costs (attach schedule) .....                   | 4b |  |   |  |   |  |     |    |
| 5  | <b>Total.</b> Add lines 1 through 4b .....            | 5  |  |   |  |   |  |     |    |

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

|     |  |
|-----|--|
| (1) |  |
| (2) |  |
| (3) |  |
| (4) |  |

2. Rent received or accrued

| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income) | 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |
|---|---|---|
| (1)   |   |   |
| (2)   |   |   |
| (3)   |   |   |
| (4)   |   |   |
| Total   | 0.  | Total 0.  |

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) .....

(b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) ... 0.

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

| 1. Description of debt-financed property  | 2. Gross income from or allocable to debt-financed property                           | 3. Deductions directly connected with or allocable to debt-financed property |  |   |
|---|---|--|--|---|
|   |   | (a) Straight line depreciation (attach schedule)                             | (b) Other deductions (attach schedule)                   |   |
| (1)   |   |  |  |   |
| (2)   |   |  |  |   |
| (3)   |   |  |  |   |
| (4)   |   |  |  |   |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | 5. Average adjusted basis of or allocable to debt-financed property (attach schedule) | 6. Column 4 divided by column 5  | 7. Gross income reportable (column 2 x column 6)         | 8. Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| (1)   |   | %  |  |   |
| (2)   |   | %  |  |   |
| (3)   |   | %  |  |   |
| (4)   |   | %  |  |   |
| <b>Totals</b> .....   |   |  | Enter here and on page 1, Part I, line 7, column (A). 0. | Enter here and on page 1, Part I, line 7, column (B). 0.            |
| <b>Total dividends-received deductions</b> included in column 8 .....                             |   |  |  | 0.  |

INDIANAPOLIS SYMPHONY ORCHESTRA

Form 990-T (2019) FOUNDATION, INC.

35-1812636

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

| 1. Name of controlled organization | 2. Employer identification number | Exempt Controlled Organizations                   |                                     |   |  |
|------------------------------------|-----------------------------------|---|-------------------------------------|---|--|
|                                    |                                   | 3. Net unrelated income (loss) (see instructions) | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | 6. Deductions directly connected with income in column 5 |
| (1)                                |                                   |   |                                     |   |  |
| (2)                                |                                   |   |                                     |   |  |
| (3)                                |                                   |   |                                     |   |  |
| (4)                                |                                   |   |                                     |   |  |

**Nonexempt Controlled Organizations**

| 7. Taxable income   | 8. Net unrelated income (loss) (see instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10                     |
|---------------------|---|-------------------------------------|--|--|
| (1)                 |   |                                     |  |  |
| (2)                 |   |                                     |  |  |
| (3)                 |   |                                     |  |  |
| (4)                 |   |                                     |  |  |
|                     |   |                                     | Add columns 5 and 10.<br>Enter here and on page 1, Part I, line 8, column (A).       | Add columns 6 and 11.<br>Enter here and on page 1, Part I, line 8, column (B). |
| <b>Totals</b> ..... |   |                                     | 0.   | 0.   |

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

| 1. Description of income | 2. Amount of income | 3. Deductions directly connected (attach schedule)    | 4. Set-asides (attach schedule) | 5. Total deductions and set-asides (col. 3 plus col. 4) |
|--------------------------|---------------------|---|---------------------------------|---|
| (1)                      |                     |   |                                 |   |
| (2)                      |                     |   |                                 |   |
| (3)                      |                     |   |                                 |   |
| (4)                      |                     |   |                                 |   |
|                          |                     | Enter here and on page 1, Part I, line 9, column (A). |                                 | Enter here and on page 1, Part I, line 9, column (B).   |
| <b>Totals</b> .....      |                     | 0.  |                                 | 0.  |

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expenses directly connected with production of unrelated business income | 4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7. | 5. Gross income from activity that is not unrelated business income | 6. Expenses attributable to column 5 | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4). |
|--------------------------------------|---|---|--|---|--------------------------------------|--|
| (1)                                  |   |   |  |   |                                      |  |
| (2)                                  |   |   |  |   |                                      |  |
| (3)                                  |   |   |  |   |                                      |  |
| (4)                                  |   |   |  |   |                                      |  |
|                                      |   | Enter here and on page 1, Part I, line 10, col. (A).                        | Enter here and on page 1, Part I, line 10, col. (B).   |   |                                      | Enter here and on page 1, Part II, line 25.                                      |
| <b>Totals</b> .....                  |   | 0.  | 0.   |   |                                      | 0.   |

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)  |                             |                             |  |                       |                     |   |
| <b>Totals</b> (carry to Part II, line (5)) ..... |                             | 0.                          | 0.   |                       |                     | 0.  |



INDIANAPOLIS SYMPHONY ORCHESTRA

Form 990-T (2019) FOUNDATION, INC.

35-1812636

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)                                      |  |  |  |                       |                     |   |
| <b>Totals from Part I</b> .....          | <b>0.</b>  | <b>0.</b>  |  |                       |                     | <b>0.</b>   |
| <b>Totals, Part II (lines 1-5)</b> ..... | Enter here and on page 1, Part I, line 11, col. (A). <b>0.</b> | Enter here and on page 1, Part I, line 11, col. (B). <b>0.</b> |  |                       |                     | Enter here and on page 1, Part II, line 26. <b>0.</b>                             |

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

| 1. Name  | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|--|----------|--|--|
| (1)  |          | %                                      |  |
| (2)  |          | %                                      |  |
| (3)  |          | %                                      |  |
| (4)  |          | %                                      |  |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 ..... |          |  | <b>0.</b>  |

Form 990-T (2019)

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FORM 990-T      DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED      STATEMENT 1  
BUSINESS ACTIVITY

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## PASS THROUGH INCOME FROM INVESTMENT IN PARTNERSHIPS

TO FORM 990-T, PAGE 1

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| FORM 990-T  | INCOME (LOSS) FROM PARTNERSHIPS | STATEMENT 2             |
|---|---------------------------------|-------------------------|
| DESCRIPTION   |                                 | NET INCOME<br>OR (LOSS) |
| NORTHGATE PRIVATE EQUITY PARTNERS LP - ORDINARY BUSINESS<br>INCOME (LOSS)     |                                 | -514.                   |
| NORTHGATE PRIVATE EQUITY PARTNERS III LP - ORDINARY<br>BUSINESS INCOME (LOSS) |                                 | -6,904.                 |
| COREALPHA PRIVATE EQUITY PARTNERS II LP - ORDINARY<br>BUSINESS INCOME (LOSS)  |                                 | 617.                    |
| COREALPHA PRIVATE EQUITY PARTNERS II LP - INTEREST INCOME                     |                                 | 751.                    |
| COREALPHA PRIVATE EQUITY PARTNERS II LP - OTHER INCOME<br>(LOSS)              |                                 | -1,632.                 |
| PARTNERS GROUP SECONDARY 2008, LP - ORDINARY BUSINESS<br>INCOME (LOSS)        |                                 | -43.                    |
| PARTNERS GROUP SECONDARY 2008, LP - INTEREST INCOME                           |                                 | 367.                    |
| PARTNERS GROUP SECONDARY 2008, LP - DIVIDEND INCOME                           |                                 | 19,279.                 |
| PARTNERS GROUP SECONDARY 2008, LP - OTHER PORTFOLIO INCOME<br>(LOSS)          |                                 | -3,801.                 |
| PARTNERS GROUP SECONDARY 2008, LP - OTHER INCOME (LOSS)                       |                                 | -6,853.                 |
| QUANTUM ENERGY PARTNERS VI LP - ORDINARY BUSINESS INCOME<br>(LOSS)            |                                 | 109,338.                |
| AUDAX PRIVATE EQUITY FUND V-A, L.P. - ORDINARY BUSINESS<br>INCOME (LOSS)      |                                 | 16,513.                 |
| LEVEL STRUCTURED CAPITAL I LP - ORDINARY BUSINESS INCOME<br>(LOSS)            |                                 | -1,869.                 |
| TRUEBRIDGE CAPITAL PARTNERS FUND V - ORDINARY BUSINESS<br>INCOME (LOSS)       |                                 | -153.                   |
| AUDAX PRIVATE EQUITY FUND VI-B, L.P. - ORDINARY BUSINESS<br>INCOME (LOSS)     |                                 | -10,232.                |
| BCV DS AIV, L.P. - ORDINARY BUSINESS INCOME (LOSS)                            |                                 | -5,962.                 |
| TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5                                  |                                 | 108,902.                |

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FORM 990-T

OTHER DEDUCTIONS

STATEMENT 3

| DESCRIPTION                          | AMOUNT   |
|--------------------------------------|----------|
| INVESTMENT MANAGEMENT EXPENSES       | 178,231. |
| ADMIN SERVICE FEE                    | 1,505.   |
| AMORTIZATION                         | 20,195.  |
| TOTAL TO FORM 990-T, PAGE 1, LINE 27 | 199,931. |

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 4

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 08/31/19                          | 12,756.        | 0.                      | 12,756.        | 12,756.             |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 12,756.        | 12,756.             |

FORM 990-T

NET OPERATING LOSS DEDUCTION

STATEMENT 5

| TAX YEAR                          | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
|-----------------------------------|----------------|-------------------------|----------------|---------------------|
| 08/31/16                          | 38,769.        | 7,582.                  | 31,187.        | 31,187.             |
| 08/31/17                          | 96,055.        | 0.                      | 96,055.        | 96,055.             |
| NOL CARRYOVER AVAILABLE THIS YEAR |                |                         | 127,242.       | 127,242.            |

**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](http://www.irs.gov/Form1120) for instructions and the latest information.

**2019**

Name **INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.** Employer identification number **35-1812636**

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?  Yes  No  
 If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

**Part I Short-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.  | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|--|----------------------------------|---------------------------------|---|--|
| <b>1a</b> 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 |                                  |                                 |   |  |
| <b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked   |                                  |                                 |   |  |
| <b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked  |                                  |                                 |   |  |
| <b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked  |                                  |                                 |   | <b>99,700.</b>   |
| <b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37  |                                  |                                 | <b>4</b>  |  |
| <b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824   |                                  |                                 | <b>5</b>  |  |
| <b>6</b> Unused capital loss carryover (attach computation)  |                                  |                                 | <b>6</b>  | ( )  |
| <b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h   |                                  |                                 | <b>7</b>  | <b>99,700.</b>   |

**Part II Long-Term Capital Gains and Losses** (See instructions.)

| See instructions for how to figure the amounts to enter on the lines below.<br>This form may be easier to complete if you round off cents to whole dollars.   | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost<br>(or other basis) | (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) | (h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g) |
|---|----------------------------------|---------------------------------|--|--|
| <b>8a</b> 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 |                                  |                                 |  |  |
| <b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked  |                                  |                                 |  |  |
| <b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked   |                                  |                                 |  |  |
| <b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked  |                                  |                                 |  | <b>12,681.</b>   |
| <b>11</b> Enter gain from Form 4797, line 7 or 9  |                                  |                                 | <b>11</b>  |  |
| <b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37   |                                  |                                 | <b>12</b>  |  |
| <b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824  |                                  |                                 | <b>13</b>  |  |
| <b>14</b> Capital gain distributions  |                                  |                                 | <b>14</b>  |  |
| <b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h   |                                  |                                 | <b>15</b>  | <b>12,681.</b>   |

**Part III Summary of Parts I and II**

|  |           |                 |
|--|-----------|-----------------|
| <b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)                   | <b>16</b> | <b>99,700.</b>  |
| <b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) | <b>17</b> | <b>12,681.</b>  |
| <b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns            | <b>18</b> | <b>112,381.</b> |

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

### Sales and Other Dispositions of Capital Assets

▶ Go to [www.irs.gov/Form8949](http://www.irs.gov/Form8949) for instructions and the latest information.  
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Name(s) shown on return  
**INDIANAPOLIS SYMPHONY ORCHESTRA  
 FOUNDATION, INC.**

Social security number or taxpayer identification no.  
**35-1812636**

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

**Part I Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.  
**Note:** You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

- (A)** Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- (B)** Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- (C)** Short-term transactions not reported to you on Form 1099-B

| 1 | (a)<br>Description of property<br>(Example: 100 sh. XYZ Co.) | (b)<br>Date acquired<br>(Mo., day, yr.) | (c)<br>Date sold or disposed of<br>(Mo., day, yr.) | (d)<br>Proceeds<br>(sales price) | (e)<br>Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions | Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. |                             | (h)<br><b>Gain or (loss).</b><br>Subtract column (e) from column (d) & combine the result with column (g) |
|---|--|---|--|----------------------------------|---|--|-----------------------------|---|
|   |  |   |  |                                  |   | (f)<br>Code(s)   | (g)<br>Amount of adjustment |   |
|   | PARTNERS GROUP   |   |  |                                  |   |  |                             |   |
|   | SECONDARY 2008, LP   |   |  |                                  |   |  |                             | 3.  |
|   | AUDAX PRIVATE  |   |  |                                  |   |  |                             |   |
|   | EQUITY FUND V-A,<br>L.P.                                     |   |  |                                  |   |  |                             | 99,697.   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |
|   |  |   |  |                                  |   |  |                             |   |

**2 Totals.** Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked) ▶ 99,700.

**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.



**Depreciation and Amortization**  
(Including Information on Listed Property) 990-T

Department of the Treasury  
Internal Revenue Service (99)

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

▶ **Attach to your tax return.**

Name(s) shown on return

Business or activity to which this form relates

Identifying number

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

**FORM 990-T PAGE 1**

**35-1812636**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

|  |                              |                   |
|--|------------------------------|-------------------|
| <b>1</b> Maximum amount (see instructions)   | <b>1</b>                     | <b>1,020,000.</b> |
| <b>2</b> Total cost of section 179 property placed in service (see instructions)   | <b>2</b>                     |                   |
| <b>3</b> Threshold cost of section 179 property before reduction in limitation   | <b>3</b>                     | <b>2,550,000.</b> |
| <b>4</b> Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-  | <b>4</b>                     |                   |
| <b>5</b> Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | <b>5</b>                     |                   |
| <b>6</b> (a) Description of property   | (b) Cost (business use only) | (c) Elected cost  |
|  |                              |                   |
|  |                              |                   |
|  |                              |                   |
| <b>7</b> Listed property. Enter the amount from line 29  | <b>7</b>                     |                   |
| <b>8</b> Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7  | <b>8</b>                     |                   |
| <b>9</b> Tentative deduction. Enter the <b>smaller</b> of line 5 or line 8   | <b>9</b>                     |                   |
| <b>10</b> Carryover of disallowed deduction from line 13 of your 2018 Form 4562  | <b>10</b>                    |                   |
| <b>11</b> Business income limitation. Enter the smaller of business income (not less than zero) or line 5  | <b>11</b>                    |                   |
| <b>12</b> Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11   | <b>12</b>                    |                   |
| <b>13</b> Carryover of disallowed deduction to 2020. Add lines 9 and 10, less line 12  | <b>13</b>                    |                   |

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

|  |           |  |
|--|-----------|--|
| <b>14</b> Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year | <b>14</b> |  |
| <b>15</b> Property subject to section 168(f)(1) election   | <b>15</b> |  |
| <b>16</b> Other depreciation (including ACRS)  | <b>16</b> |  |

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

|   |                          |  |
|---|--------------------------|--|
| <b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2019  | <b>17</b>                |  |
| <b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here | <input type="checkbox"/> |  |

**Section B - Assets Placed in Service During 2019 Tax Year Using the General Depreciation System**

| (a) Classification of property        | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|---------------------------------------|--------------------------------------|--|---------------------|----------------|------------|----------------------------|
| <b>19a</b> 3-year property            |                                      |  |                     |                |            |                            |
| <b>b</b> 5-year property              |                                      |  |                     |                |            |                            |
| <b>c</b> 7-year property              |                                      |  |                     |                |            |                            |
| <b>d</b> 10-year property             |                                      |  |                     |                |            |                            |
| <b>e</b> 15-year property             |                                      |  |                     |                |            |                            |
| <b>f</b> 20-year property             |                                      |  |                     |                |            |                            |
| <b>g</b> 25-year property             |                                      |  | 25 yrs.             |                | S/L        |                            |
| <b>h</b> Residential rental property  | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
|                                       | /                                    |  | 27.5 yrs.           | MM             | S/L        |                            |
| <b>i</b> Nonresidential real property | /                                    |  | 39 yrs.             | MM             | S/L        |                            |
|                                       | /                                    |  |                     | MM             | S/L        |                            |

**Section C - Assets Placed in Service During 2019 Tax Year Using the Alternative Depreciation System**

|                       |   |  |         |    |     |  |
|-----------------------|---|--|---------|----|-----|--|
| <b>20a</b> Class life |   |  |         |    | S/L |  |
| <b>b</b> 12-year      |   |  | 12 yrs. |    | S/L |  |
| <b>c</b> 30-year      | / |  | 30 yrs. | MM | S/L |  |
| <b>d</b> 40-year      | / |  | 40 yrs. | MM | S/L |  |

**Part IV Summary (See instructions.)**

|  |           |           |
|--|-----------|-----------|
| <b>21</b> Listed property. Enter amount from line 28   | <b>21</b> |           |
| <b>22</b> 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 instr. | <b>22</b> | <b>0.</b> |
| <b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs  | <b>23</b> |           |

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

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

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

| (a)<br>Type of property<br>(list vehicles first)  | (b)<br>Date<br>placed in<br>service | (c)<br>Business/<br>investment<br>use percentage | (d)<br>Cost or<br>other basis | (e)<br>Basis for depreciation<br>(business/investment<br>use only) | (f)<br>Recovery<br>period | (g)<br>Method/<br>Convention | (h)<br>Depreciation<br>deduction | (i)<br>Elected<br>section 179<br>cost |
|---|-------------------------------------|--|-------------------------------|--|---------------------------|------------------------------|----------------------------------|---------------------------------------|
| <b>25</b> Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use |                                     |  |                               |  |                           |                              | <b>25</b>                        |                                       |
| <b>26</b> Property used more than 50% in a qualified business use:  |                                     |  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           |                              |                                  |                                       |
| <b>27</b> Property used 50% or less in a qualified business use:  |                                     |  |                               |  |                           |                              |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
|   |                                     | %  |                               |  |                           | S/L -                        |                                  |                                       |
| <b>28</b> Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1   |                                     |  |                               |  |                           |                              | <b>28</b>                        |                                       |
| <b>29</b> Add amounts in column (i), line 26. Enter here and on line 7, page 1  |                                     |  |                               |  |                           |                              |                                  | <b>29</b>                             |

**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.

|  | (a)<br>Vehicle |    | (b)<br>Vehicle |    | (c)<br>Vehicle |    | (d)<br>Vehicle |    | (e)<br>Vehicle |    | (f)<br>Vehicle |    |
|--|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|----------------|----|
|  | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No | Yes            | No |
| <b>30</b> Total business/investment miles driven during the year (don't include commuting miles) |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>31</b> Total commuting miles driven during the year   |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>32</b> Total other personal (noncommuting) miles driven                                       |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>33</b> Total miles driven during the year. Add lines 30 through 32                            |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>34</b> Was the vehicle available for personal use during off-duty hours?                      |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?              |                |    |                |    |                |    |                |    |                |    |                |    |
| <b>36</b> Is another vehicle available for personal use?   |                |    |                |    |                |    |                |    |                |    |                |    |

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

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

|  | Yes | No |
|--|-----|----|
| <b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?  |     |    |
| <b>38</b> 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 |     |    |
| <b>39</b> Do you treat all use of vehicles by employees as personal use?   |     |    |
| <b>40</b> 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?   |     |    |
| <b>41</b> Do you meet the requirements concerning qualified automobile demonstration use?  |     |    |

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

| (a)<br>Description of costs  | (b)<br>Date amortization<br>begins | (c)<br>Amortizable<br>amount | (d)<br>Code<br>section | (e)<br>Amortization<br>period or percentage | (f)<br>Amortization<br>for this year |
|--|------------------------------------|------------------------------|------------------------|---|--------------------------------------|
| <b>42</b> Amortization of costs that begins during your 2019 tax year:               |                                    |                              |                        |   |                                      |
|  |                                    |                              |                        |   |                                      |
| <b>43</b> Amortization of costs that began before your 2019 tax year                 |                                    |                              |                        |   | <b>43</b> 20,195.                    |
| <b>44 Total.</b> Add amounts in column (f). See the instructions for where to report |                                    |                              |                        |   | <b>44</b> 20,195.                    |



Form **4797**

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

**Sales of Business Property**  
(Also Involuntary Conversions and Recapture Amounts  
Under Sections 179 and 280F(b)(2))  
▶ Attach to your tax return.

▶ Go to [www.irs.gov/Form4797](http://www.irs.gov/Form4797) for instructions and the latest information.

OMB No. 1545-0184

**2019**

Attachment  
Sequence No. **27**

**INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.**

Identifying number  
**35-1812636**

**1** 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 **1**

**Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year** (see instructions)

| 2        | (a) Description of property   | (b) Date acquired (mo., day, yr.) | (c) Date sold (mo., day, yr.) | (d) Gross sales price | (e) Depreciation allowed or allowable since acquisition | (f) Cost or other basis, plus improvements and expense of sale | (g) Gain or (loss) Subtract (f) from the sum of (d) and (e) |
|----------|---|-----------------------------------|-------------------------------|-----------------------|---|--|---|
|          | COREALPHA PRIVATE EQUITY PARTNERS II LP   |                                   |                               |                       |   |  | -6,074.   |
| <b>3</b> | Gain, if any, from Form 4684, line 39   |                                   |                               |                       |   |  | <b>3</b>  |
| <b>4</b> | Section 1231 gain from installment sales from Form 6252, line 26 or 37  |                                   |                               |                       |   |  | <b>4</b>  |
| <b>5</b> | Section 1231 gain or (loss) from like-kind exchanges from Form 8824   |                                   |                               |                       |   |  | <b>5</b>  |
| <b>6</b> | Gain, if any, from line 32, from other than casualty or theft   |                                   |                               |                       |   |  | <b>6</b>  |
| <b>7</b> | Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows<br><b>Partnerships and S corporations.</b> 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.<br><b>Individuals, partners, S corporation shareholders, and all others.</b> 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. |                                   |                               |                       |   |  | <b>7</b> -6,074.  |
| <b>8</b> | Nonrecaptured net section 1231 losses from prior years. See instructions  |                                   |                               |                       |   |  | <b>8</b>  |
| <b>9</b> | 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   |                                   |                               |                       |   |  | <b>9</b>  |

**Part II Ordinary Gains and Losses** (see instructions)

**10** Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

|           |   |  |  |  |  |  |                     |
|-----------|---|--|--|--|--|--|---------------------|
| <b>11</b> | Loss, if any, from line 7   |  |  |  |  |  | <b>11</b> ( 6,074.) |
| <b>12</b> | Gain, if any, from line 7 or amount from line 8, if applicable  |  |  |  |  |  | <b>12</b>           |
| <b>13</b> | Gain, if any, from line 31  |  |  |  |  |  | <b>13</b>           |
| <b>14</b> | Net gain or (loss) from Form 4684, lines 31 and 38a   |  |  |  |  |  | <b>14</b>           |
| <b>15</b> | Ordinary gain from installment sales from Form 6252, line 25 or 36  |  |  |  |  |  | <b>15</b>           |
| <b>16</b> | Ordinary gain or (loss) from like-kind exchanges from Form 8824   |  |  |  |  |  | <b>16</b>           |
| <b>17</b> | Combine lines 10 through 16   |  |  |  |  |  | <b>17</b> -6,074.   |
| <b>18</b> | 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.   |  |  |  |  |  |                     |
| <b>a</b>  | 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 on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions |  |  |  |  |  | <b>18a</b>          |
| <b>b</b>  | Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040 or Form 1040-SR), Part I, line 4   |  |  |  |  |  | <b>18b</b>          |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

INDIANAPOLIS SYMPHONY ORCHESTRA

**Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

| 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:   |  | (b) Date acquired<br>(mo., day, yr.) | (c) Date sold<br>(mo., day, yr.) |            |            |
|---|--|--------------------------------------|----------------------------------|------------|------------|
| A   |  |                                      |                                  |            |            |
| B   |  |                                      |                                  |            |            |
| C   |  |                                      |                                  |            |            |
| D   |  |                                      |                                  |            |            |
| These columns relate to the properties on lines 19A through 19D.  |  | Property A                           | Property B                       | Property C | Property D |
| 20  | Gross sales price (Note: See line 1 before completing.)  | 20                                   |                                  |            |            |
| 21  | Cost or other basis plus expense of sale   | 21                                   |                                  |            |            |
| 22  | Depreciation (or depletion) allowed or allowable   | 22                                   |                                  |            |            |
| 23  | Adjusted basis. Subtract line 22 from line 21  | 23                                   |                                  |            |            |
| 24  | Total gain. Subtract line 23 from line 20  | 24                                   |                                  |            |            |
| <b>25 If section 1245 property:</b>   |  |                                      |                                  |            |            |
| a   | Depreciation allowed or allowable from line 22   | 25a                                  |                                  |            |            |
| b   | Enter the smaller of line 24 or 25a  | 25b                                  |                                  |            |            |
| <b>26 If section 1250 property:</b> If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. |  |                                      |                                  |            |            |
| a   | Additional depreciation after 1975. See instructions   | 26a                                  |                                  |            |            |
| b   | Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions   | 26b                                  |                                  |            |            |
| c   | Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e   | 26c                                  |                                  |            |            |
| d   | Additional depreciation after 1969 and before 1976   | 26d                                  |                                  |            |            |
| e   | Enter the smaller of line 26c or 26d   | 26e                                  |                                  |            |            |
| f   | Section 291 amount (corporations only)   | 26f                                  |                                  |            |            |
| g   | Add lines 26b, 26e, and 26f  | 26g                                  |                                  |            |            |
| <b>27 If section 1252 property:</b> Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.       |  |                                      |                                  |            |            |
| a   | Soil, water, and land clearing expenses  | 27a                                  |                                  |            |            |
| b   | Line 27a multiplied by applicable percentage   | 27b                                  |                                  |            |            |
| c   | Enter the smaller of line 24 or 27b  | 27c                                  |                                  |            |            |
| <b>28 If section 1254 property:</b>   |  |                                      |                                  |            |            |
| a   | Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions | 28a                                  |                                  |            |            |
| b   | Enter the smaller of line 24 or 28a  | 28b                                  |                                  |            |            |
| <b>29 If section 1255 property:</b>   |  |                                      |                                  |            |            |
| a   | 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                                  |                                  |            |            |

**Summary of Part III Gains.** Complete property columns A through D through line 29b before going to line 30.

|    |   |    |  |
|----|---|----|--|
| 30 | Total gains for all properties. Add property columns A through D, line 24   | 30 |  |
| 31 | Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13  | 31 |  |
| 32 | Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 | 32 |  |

**Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

|    |   | (a) Section 179 | (b) Section 280F(b)(2) |
|----|---|-----------------|------------------------|
| 33 | Section 179 expense deduction or depreciation allowable in prior years                    | 33              |                        |
| 34 | Recomputed depreciation. See instructions   | 34              |                        |
| 35 | Recapture amount. Subtract line 34 from line 33. See the instructions for where to report | 35              |                        |

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **FEB 19**, 2019, and ending **DEC 31**, 2019

Attachment Sequence No. **118**

|  |  |
|--|--|
| Name of person filing this return<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> | Filer's identification number<br><b>35-1812636</b> |
|--|--|

|  |  |
|--|--|
| Filer's address (if you aren't filing this form with your tax return)                    | <b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es):<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> |
| <b>B</b> Filer's tax year beginning <b>SEP 1</b> , 2019, and ending <b>AUG 31</b> , 2020 |  |

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

|         |     |
|---------|-----|
| Name    | EIN |
| Address |     |

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) |            |                    |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
|          |             |                           | Category 1                   | Category 2 | Constructive owner |
|          |             |                           |                              |            |                    |

**G1** Name and address of foreign partnership  
**ABRY ADVANCED SECURITIES FUND IV, LP**

**888 BOYLSTON STREET, SUITE 1600  
BOSTON, MA 02199**

|  |
|--|
| <b>2(a)</b> EIN (if any)<br><b>98-1426949</b>                        |
| <b>2(b)</b> Reference ID number<br><b>ISO8865-01</b>                 |
| <b>3</b> Country under whose laws organized<br><b>CAYMAN ISLANDS</b> |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>4</b> Date of organization<br><b>02/19/2019</b> | <b>5</b> Principal place of business<br><b>CAYMAN ISLANDS</b> | <b>6</b> Principal business activity code number<br><b>523900</b> | <b>7</b> Principal business activity<br><b>INVESTMENTS</b> | <b>8a</b> Functional currency<br><b>USD</b> | <b>8b</b> Exchange rate (see instructions) |
|--|---|---|--|---|--|

**H** Provide the following information for the foreign partnership's tax year:

|  |  |
|--|--|
| <b>1</b> Name, address, and identification number of agent (if any) in the United States | <b>2</b> Check if the foreign partnership must file:<br><input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065<br>Service Center where Form 1065 is filed:<br><b>E-FILE</b> |
|--|--|

|   |   |
|---|---|
| <b>3</b> Name and address of foreign partnership's agent in country of organization, if any | <b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different<br><b>ABRY ADVANCED SECURITIES FUND IV, LP<br/>888 BOYLSTON STREET, SUITE 1600<br/>BOSTON, MA 02199</b> |
|---|---|

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? ▶ **LMTD PARTNERSHIP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  Yes  No

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.

If "Yes," don't complete Schedules L, M-1, and M-2.

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** 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) ▶ \_\_\_\_\_
- c** 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 ▶ \_\_\_\_\_
- d** 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 ▶ \_\_\_\_\_
- 13** 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 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?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** 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, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

|                               |   |  |                         |   |                          |
|-------------------------------|---|--|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>BRIDGETTE MUGGE</b>  | Preparer's signature<br><b>BRIDGETTE MUGGE</b> | Date<br><b>06/17/21</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00671418</b> |
|                               | Firm's name ▶ <b>BLUE &amp; CO., LLC</b>              |  |                         | Firm's EIN ▶ <b>35-1178661</b>                  |                          |
|                               | Firm's address ▶ <b>12800 N. MERIDIAN ST, STE 400</b> |  |                         | Phone no. <b>317-848-8920</b>                   |                          |
|                               | <b>CARMEL, IN 46032</b>                               |  |                         |   |                          |

**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**  Owns a direct interest **b**  Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
|      |         |                                |                         |                         |

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
|      |         |                                |                         |

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest |         |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
|                         |         |                                  |  |                                     | Capital             | Profits |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|------|---------|--------------|-------------------------------|------------------------------|
|      |         |              |                               |                              |

**SCHEDULE O  
(Form 8865)**

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

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

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.** Filer's identifying number **35-1812636**

Name of foreign partnership **ABRY ADVANCED SECURITIES FUND IV,** EIN (if any) **98-1426949** Reference ID number (see instr) **ISO8865-01**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Recovery period | (f)<br>Section 704(c) allocation method | (g)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash   | 12/20/19                |                                | 166,167.                                     |                            |                        |   |                                    |
| Stock, notes receivable and payable, and other securities                          |                         |                                |  |                            |                        |   |                                    |
| Inventory  |                         |                                |  |                            |                        |   |                                    |
| Tangible property used in trade or business  |                         |                                |  |                            |                        |   |                                    |
| Intangible property described in section 197(f)(9)                                 |                         |                                |  |                            |                        |   |                                    |
| Intangible property, other than intangible property described in section 197(f)(9) |                         |                                |  |                            |                        |   |                                    |
| Other property   |                         |                                |  |                            |                        |   |                                    |
| <b>Totals</b>  |                         |                                | <b>166,167.</b>                              |                            |                        |   |                                    |

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.0615** %

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

**Part II Dispositions Reportable Under Section 6038B**

| (a)<br>Type of property | (b)<br>Date of original transfer | (c)<br>Date of disposition | (d)<br>Manner of disposition | (e)<br>Gain recognized by partnership | (f)<br>Depreciation recapture recognized by partnership | (g)<br>Gain allocated to partner | (h)<br>Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

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

Schedule O (Form 8865) 12-2018

**SCHEDULE G  
(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Statement of Application of the Gain Deferral Method  
Under Section 721(c)**

OMB No. 1545-1668

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

|  |  |  |  |   |
|--|--|--|--|---|
| Name of person filing Form 8865<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> |  |  | Filer's identification number<br><b>35-1812636</b>   |   |
| Name of partnership<br><b>ABRY ADVANCED SECURITIES FUND IV, LP</b>                             |  | <input type="checkbox"/> Successor partnership     | EIN (if any)<br><b>98-1426949</b>  | Reference ID number (see instructions)<br><b>ISO8865-01</b> |
| Name of U.S. transferor (see instructions)<br><b>ABRY ADVANCED SECURITIES FUND IV, LP</b>      |  | <input type="checkbox"/> Successor U.S. transferor | Filing year: (see instructions)<br><input type="checkbox"/> Tax year of gain deferral contribution <input type="checkbox"/> Annual reporting |   |

**Part I Section 721(c) Property** (see instructions)

| 1.<br>Tax year of contribution | 2.<br>Description of property               | 3.<br>Recovery period | 4.<br>Section 197(f)(9) property | 5.<br>Effectively connected income property | 6. On the date of contribution |              |                      | 7. Events  |                          |                          |   |                             |
|--------------------------------|---|-----------------------|----------------------------------|---|--------------------------------|--------------|----------------------|--|--------------------------|--------------------------|---|-----------------------------|
|                                |   |                       |                                  |   | (a)<br>Fair market value       | (b)<br>Basis | (c)<br>Built-in gain | (a)<br>Acceleration (including partial acceleration event) | (b)<br>Termination       | (c)<br>Successor         | (d)<br>Tax disposition of a portion of partnership interest | (e)<br>Section 367 transfer |
| <b>1</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>2</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>3</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4a</b>                      | From Part I additional statement(s), if any |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |

Do the tiered partnership rules of Temporary Regulations section 1.721(c)-3T(d) apply to this partnership? See instructions .....  Yes  No

**Part II Remaining Built-in Gain, Remedial Income, and Gain Recognition** (see instructions)

| Part I, line number | (a)<br>Remaining built-in gain at beginning of tax year | (b)<br>Remaining built-in gain at end of tax year | (c)<br>Remedial income allocated to U.S. transferor | (d)<br>Gain recognized due to acceleration event | (e)<br>Gain recognized due to section 367 transfer |
|---------------------|---|---|---|--|--|
| <b>1</b>            |   |   |   |  |  |
| <b>2</b>            |   |   |   |  |  |
| <b>3</b>            |   |   |   |  |  |
| <b>4</b>            |   |   |   |  |  |
| <b>Total*</b>       |   |   |   |  |  |

\* Total must include any amounts included on an attached statement. See instructions.

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

**Schedule G (Form 8865) (11-2018)**

| <b>Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property</b> (see instructions) |                           |                                     |                                    |                           |                                     |                                    |                           |                                     |                                    |                           |                                     |                                    |
|--|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|
| Part I,<br>line<br>number  | 1. Income                 |                                     |                                    | 2. Gain                   |                                     |                                    | 3. Deduction              |                                     |                                    | 4. Loss                   |                                     |                                    |
|  | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners |
| 1  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 2  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 3  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 4  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |

| <b>Part IV Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property</b> (see instructions) |             |            |             |            |              |            |             |            |
|--|-------------|------------|-------------|------------|--------------|------------|-------------|------------|
| Part I,<br>line<br>number  | 1. Income   |            | 2. Gain     |            | 3. Deduction |            | 4. Loss     |            |
|  | (a)<br>Book | (b)<br>Tax | (a)<br>Book | (b)<br>Tax | (a)<br>Book  | (b)<br>Tax | (a)<br>Book | (b)<br>Tax |
| 1  |             |            |             |            |              |            |             |            |
| 2  |             |            |             |            |              |            |             |            |
| 3  |             |            |             |            |              |            |             |            |
| 4  |             |            |             |            |              |            |             |            |

| <b>Part V Additional Information</b> (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H. |  |  |  |  |  |  |  |  |  |  | Yes | No |  |
|--|--|--|--|--|--|--|--|--|--|--|-----|----|--|
| 1  | During the tax year, did an acceleration event or partial acceleration event (as described in Temporary Regulations section 1.721(c)-4T or Temporary Regulations section 1.721(c)-5T(d)) occur with respect to one or more section 721(c) properties? .....  |  |  |  |  |  |  |  |  |  | 1   |    |  |
| 2  | During the tax year, did a termination event (as described in Temporary Regulations section 1.721(c)-5T(b)) occur with respect to one or more section 721(c) properties? .....   |  |  |  |  |  |  |  |  |  | 2   |    |  |
| 3  | During the tax year, did a successor event (as described in Temporary Regulations section 1.721(c)-5T(c)) occur with respect to one or more section 721(c) properties? .....   |  |  |  |  |  |  |  |  |  | 3   |    |  |
| 4  | During the tax year, was there a tax disposition of a portion of an interest in the partnership (as described in Temporary Regulations section 1.721(c)-5T(f))? .....  |  |  |  |  |  |  |  |  |  | 4   |    |  |
| 5  | During the tax year, was there a direct or indirect transfer of section 721(c) property to a foreign corporation subject to section 367 (as described in Temporary Regulations section 1.721(c)-5T(e))? .....  |  |  |  |  |  |  |  |  |  | 5   |    |  |
| 6a   | Was any additional section 721(c) property contributed to the section 721(c) partnership during the tax year? If "Yes," complete Schedule O, include each contributed property in Part I above and information with respect to the property in Parts II-IV above, and complete line 6b .....   |  |  |  |  |  |  |  |  |  | 6a  |    |  |
| b  | Is the gain deferral method applied with respect to one or more of such additional section 721(c) property contributed? .....  |  |  |  |  |  |  |  |  |  | 6b  |    |  |
| 7a   | Was a copy of the waiver of treaty benefits (as described in Temporary Regulations section 1.721(c)-6T(b)(2)(iii)) filed with respect to each section 721(c) property contribution to the section 721(c) partnership? If "Yes," complete line 7b .....   |  |  |  |  |  |  |  |  |  | 7a  |    |  |
| b  | With respect to each section 721(c) property for which a waiver of treaty benefits was filed, after exercising reasonable diligence, has the U.S. transferor determined that to the best of its knowledge and belief, all income from section 721(c) property allocated to the partners during the tax year remained subject to taxation as income effectively connected with the conduct of a trade or business within the United States (under either section 871 or 882) for all direct or indirect partners that are related foreign persons with respect to the U.S. transferor (regardless of whether any such partner was a partner at the time of the gain deferral contribution), and that neither the section 721(c) partnership nor any such partner has made any claim under an income tax convention to an exemption from U.S. income tax or a reduced rate of U.S. income taxation on income derived from the use of section 721(c) property? See Temporary Regulations section 1.721-6T(b)(3)(vi) ..... |  |  |  |  |  |  |  |  |  | 7b  |    |  |

**Part VI Supplemental Information** (see instructions)

**SCHEDULE H  
(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Acceleration Events and Exceptions Reporting Relating  
to Gain Deferral Method Under Section 721(c)**

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

▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

OMB No. 1545-1668

Name of person filing Form 8865: **INDIANAPOLIS SYMPHONY ORCHESTRA** Filer's identifying number: **35-1812636**

Name of partnership: **ABRY ADVANCED SECURITIES FUND IV**  Successor partnership EIN (if any): **98-1426949** Reference ID number (see instructions): **ISO8865-01**

Name of U.S. transferor (see instructions): **ABRY ADVANCED SECURITIES FUND IV**  Successor U.S. transferor Filing year: (see instructions)  Tax year of gain deferral contribution  Annual reporting

**Part I Acceleration Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Partnership's adjustment<br>to section 721(c)<br>property tax basis | (f)<br>Partial<br>acceleration<br>event |
|--|-----------------------------------|----------------------------|---------------------------|--|---|
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |

**Part II Termination Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event |
|--|-----------------------------------|----------------------------|
|  |                                   |                            |
|  |                                   |                            |
|  |                                   |                            |

**Part III Successor Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Name, address, and U.S. taxpayer identification number (U.S. TIN) (if any) of<br>successor partnership, lower-tier partnership, upper-tier partnership, or U.S.<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---|
|  |                                   |                            |   |
|  |                                   |                            |   |
|  |                                   |                            |   |

**Part IV Taxable Disposition of a Portion of an Interest in Partnership Event** (see instructions)

| (a)<br>Description<br>of<br>event | (b)<br>Date<br>of<br>event | (c)<br>Percentage<br>of partnership<br>interest disposed | (d)<br>Percentage<br>of partnership<br>interest retained | (e)<br>Aggregate remaining<br>built-in gain attributed to<br>partnership interest retained |
|-----------------------------------|----------------------------|--|--|--|
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |

**Part V Section 367 Transfer Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Name, address, and U.S. TIN (if any)<br>of foreign transferee<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---------------------------|---|
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |

**Part VI Supplemental Information** (see instructions)

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **FEB 28**, 2019, and ending **DEC 31**, 2019

Attachment Sequence No. **118**

|  |  |
|--|--|
| Name of person filing this return<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> | Filer's identification number<br><b>35-1812636</b> |
|--|--|

|   |   |
|---|---|
| Filer's address (if you aren't filing this form with your tax return) | <b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es)):<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/><br><b>B</b> Filer's tax year beginning <b>SEP 1</b> , 2019, and ending <b>AUG 31</b> , 2020 |
|---|---|

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

|         |     |
|---------|-----|
| Name    | EIN |
| Address |     |

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) |            |                    |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
|          |             |                           | Category 1                   | Category 2 | Constructive owner |
|          |             |                           |                              |            |                    |

|   |   |
|---|---|
| <b>G1</b> Name and address of foreign partnership<br><b>ABRY PARTNERS IX, LP</b><br><br><b>888 BOYLSTON STREET, SUITE 1600</b><br><b>BOSTON, MA 02199</b> | <b>2(a)</b> EIN (if any)<br><b>98-1450551</b><br><b>2(b)</b> Reference ID number<br><b>ISO8865-02</b><br><b>3</b> Country under whose laws organized<br><b>CAYMAN ISLANDS</b> |
|---|---|

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>4</b> Date of organization<br><b>02/28/2019</b> | <b>5</b> Principal place of business<br><b>CAYMAN ISLANDS</b> | <b>6</b> Principal business activity code number<br><b>523900</b> | <b>7</b> Principal business activity<br><b>INVESTMENTS</b> | <b>8a</b> Functional currency<br><b>USD</b> | <b>8b</b> Exchange rate (see instructions) |
|--|---|---|--|---|--|

**H** Provide the following information for the foreign partnership's tax year:

|  |  |
|--|--|
| <b>1</b> Name, address, and identification number of agent (if any) in the United States | <b>2</b> Check if the foreign partnership must file:<br><input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065<br>Service Center where Form 1065 is filed:<br><b>E-FILE</b> |
|--|--|

|   |   |
|---|---|
| <b>3</b> Name and address of foreign partnership's agent in country of organization, if any | <b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different<br><b>ABRY PARTNERS IX, LP</b><br><b>888 BOYLSTON STREET, SUITE 1600</b><br><b>BOSTON, MA 02199</b> |
|---|---|

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? ▶ **LMTD PARTNERSHIP**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** Does this partnership meet **both** of the following requirements?  Yes  No

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.

If "Yes," don't complete Schedules L, M-1, and M-2.

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** 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) ▶ \_\_\_\_\_
- c** 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 ▶ \_\_\_\_\_
- d** 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 ▶ \_\_\_\_\_
- 13** 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 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?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** 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, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

|                               |   |  |                         |   |                          |
|-------------------------------|---|--|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>BRIDGETTE MUGGE</b>  | Preparer's signature<br><b>BRIDGETTE MUGGE</b> | Date<br><b>06/17/21</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00671418</b> |
|                               | Firm's name ▶ <b>BLUE &amp; CO., LLC</b>              |  |                         | Firm's EIN ▶ <b>35-1178661</b>                  |                          |
|                               | Firm's address ▶ <b>12800 N. MERIDIAN ST, STE 400</b> |  |                         | Phone no. <b>317-848-8920</b>                   |                          |
|                               | <b>CARMEL, IN 46032</b>                               |  |                         |   |                          |

**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**  Owns a direct interest **b**  Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
|      |         |                                |                         |                         |

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
|      |         |                                |                         |

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest |         |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
|                         |         |                                  |  |                                     | Capital             | Profits |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|------|---------|--------------|-------------------------------|------------------------------|
|      |         |              |                               |                              |

**SCHEDULE O  
(Form 8865)**

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

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

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.** Filer's identifying number **35-1812636**

Name of foreign partnership **ABRY PARTNERS IX, LP** EIN (if any) **98-1450551** Reference ID number (see instr) **ISO8865-02**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Recovery period | (f)<br>Section 704(c) allocation method | (g)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash   | 11/05/19                |                                | 335,904.                                     |                            |                        |   |                                    |
| Stock, notes receivable and payable, and other securities                          |                         |                                |  |                            |                        |   |                                    |
| Inventory  |                         |                                |  |                            |                        |   |                                    |
| Tangible property used in trade or business  |                         |                                |  |                            |                        |   |                                    |
| Intangible property described in section 197(f)(9)                                 |                         |                                |  |                            |                        |   |                                    |
| Intangible property, other than intangible property described in section 197(f)(9) |                         |                                |  |                            |                        |   |                                    |
| Other property   |                         |                                |  |                            |                        |   |                                    |
| <b>Totals</b>  |                         |                                | <b>335,904.</b>                              |                            |                        |   |                                    |

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.0000** % (b) After the transfer **.6958** %

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

**Part II Dispositions Reportable Under Section 6038B**

| (a)<br>Type of property | (b)<br>Date of original transfer | (c)<br>Date of disposition | (d)<br>Manner of disposition | (e)<br>Gain recognized by partnership | (f)<br>Depreciation recapture recognized by partnership | (g)<br>Gain allocated to partner | (h)<br>Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

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

Schedule O (Form 8865) 12-2018

**SCHEDULE G  
(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Statement of Application of the Gain Deferral Method  
Under Section 721(c)**

OMB No. 1545-1668

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

|  |  |  |  |   |
|--|--|--|--|---|
| Name of person filing Form 8865<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> |  |  | Filer's identification number<br><b>35-1812636</b>   |   |
| Name of partnership<br><b>ABRY PARTNERS IX, LP</b>   |  | <input type="checkbox"/> Successor partnership     | EIN (if any)<br><b>98-1450551</b>  | Reference ID number (see instructions)<br><b>ISO8865-02</b> |
| Name of U.S. transferor (see instructions)<br><b>ABRY PARTNERS IX, LP</b>                      |  | <input type="checkbox"/> Successor U.S. transferor | Filing year: (see instructions)<br><input type="checkbox"/> Tax year of gain deferral contribution | <input type="checkbox"/> Annual reporting                   |

**Part I Section 721(c) Property** (see instructions)

| 1.<br>Tax year of contribution | 2.<br>Description of property               | 3.<br>Recovery period | 4.<br>Section 197(f)(9) property | 5.<br>Effectively connected income property | 6. On the date of contribution |              |                      | 7. Events  |                          |                          |   |                             |
|--------------------------------|---|-----------------------|----------------------------------|---|--------------------------------|--------------|----------------------|--|--------------------------|--------------------------|---|-----------------------------|
|                                |   |                       |                                  |   | (a)<br>Fair market value       | (b)<br>Basis | (c)<br>Built-in gain | (a)<br>Acceleration (including partial acceleration event) | (b)<br>Termination       | (c)<br>Successor         | (d)<br>Tax disposition of a portion of partnership interest | (e)<br>Section 367 transfer |
| <b>1</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>2</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>3</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4a</b>                      | From Part I additional statement(s), if any |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |

Do the tiered partnership rules of Temporary Regulations section 1.721(c)-3T(d) apply to this partnership? See instructions .....  Yes  No

**Part II Remaining Built-in Gain, Remedial Income, and Gain Recognition** (see instructions)

| Part I, line number | (a)<br>Remaining built-in gain at beginning of tax year | (b)<br>Remaining built-in gain at end of tax year | (c)<br>Remedial income allocated to U.S. transferor | (d)<br>Gain recognized due to acceleration event | (e)<br>Gain recognized due to section 367 transfer |
|---------------------|---|---|---|--|--|
| <b>1</b>            |   |   |   |  |  |
| <b>2</b>            |   |   |   |  |  |
| <b>3</b>            |   |   |   |  |  |
| <b>4</b>            |   |   |   |  |  |
| <b>Total*</b>       |   |   |   |  |  |

\* Total must include any amounts included on an attached statement. See instructions.

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

**Schedule G (Form 8865) (11-2018)**

| <b>Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property</b> (see instructions) |                           |                                     |                                    |                           |                                     |                                    |                           |                                     |                                    |                           |                                     |                                    |
|--|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|
| Part I,<br>line<br>number  | 1. Income                 |                                     |                                    | 2. Gain                   |                                     |                                    | 3. Deduction              |                                     |                                    | 4. Loss                   |                                     |                                    |
|  | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners |
| 1  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 2  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 3  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 4  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |

| <b>Part IV Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property</b> (see instructions) |             |            |             |            |              |            |             |            |
|--|-------------|------------|-------------|------------|--------------|------------|-------------|------------|
| Part I,<br>line<br>number  | 1. Income   |            | 2. Gain     |            | 3. Deduction |            | 4. Loss     |            |
|  | (a)<br>Book | (b)<br>Tax | (a)<br>Book | (b)<br>Tax | (a)<br>Book  | (b)<br>Tax | (a)<br>Book | (b)<br>Tax |
| 1  |             |            |             |            |              |            |             |            |
| 2  |             |            |             |            |              |            |             |            |
| 3  |             |            |             |            |              |            |             |            |
| 4  |             |            |             |            |              |            |             |            |

| <b>Part V Additional Information</b> (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H. |  |    | Yes | No |
|--|--|----|-----|----|
| 1  | During the tax year, did an acceleration event or partial acceleration event (as described in Temporary Regulations section 1.721(c)-4T or Temporary Regulations section 1.721(c)-5T(d)) occur with respect to one or more section 721(c) properties? .....  | 1  |     |    |
| 2  | During the tax year, did a termination event (as described in Temporary Regulations section 1.721(c)-5T(b)) occur with respect to one or more section 721(c) properties? .....   | 2  |     |    |
| 3  | During the tax year, did a successor event (as described in Temporary Regulations section 1.721(c)-5T(c)) occur with respect to one or more section 721(c) properties? .....   | 3  |     |    |
| 4  | During the tax year, was there a tax disposition of a portion of an interest in the partnership (as described in Temporary Regulations section 1.721(c)-5T(f))? .....  | 4  |     |    |
| 5  | During the tax year, was there a direct or indirect transfer of section 721(c) property to a foreign corporation subject to section 367 (as described in Temporary Regulations section 1.721(c)-5T(e))? .....  | 5  |     |    |
| 6a   | Was any additional section 721(c) property contributed to the section 721(c) partnership during the tax year? If "Yes," complete Schedule O, include each contributed property in Part I above and information with respect to the property in Parts II-IV above, and complete line 6b .....   | 6a |     |    |
| b  | Is the gain deferral method applied with respect to one or more of such additional section 721(c) property contributed? .....  | 6b |     |    |
| 7a   | Was a copy of the waiver of treaty benefits (as described in Temporary Regulations section 1.721(c)-6T(b)(2)(iii)) filed with respect to each section 721(c) property contribution to the section 721(c) partnership? If "Yes," complete line 7b .....   | 7a |     |    |
| b  | With respect to each section 721(c) property for which a waiver of treaty benefits was filed, after exercising reasonable diligence, has the U.S. transferor determined that to the best of its knowledge and belief, all income from section 721(c) property allocated to the partners during the tax year remained subject to taxation as income effectively connected with the conduct of a trade or business within the United States (under either section 871 or 882) for all direct or indirect partners that are related foreign persons with respect to the U.S. transferor (regardless of whether any such partner was a partner at the time of the gain deferral contribution), and that neither the section 721(c) partnership nor any such partner has made any claim under an income tax convention to an exemption from U.S. income tax or a reduced rate of U.S. income taxation on income derived from the use of section 721(c) property? See Temporary Regulations section 1.721-6T(b)(3)(vi) ..... | 7b |     |    |

**Part VI Supplemental Information** (see instructions)

**SCHEDULE H**  
**(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Acceleration Events and Exceptions Reporting Relating  
to Gain Deferral Method Under Section 721(c)**

OMB No. 1545-1668

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

▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of person filing Form 8865: **INDIANAPOLIS SYMPHONY ORCHESTRA** Filer's identifying number: **35-1812636**

Name of partnership: **ABRY PARTNERS IX, LP**  Successor partnership EIN (if any): **98-1450551** Reference ID number (see instructions): **ISO8865-02**

Name of U.S. transferor (see instructions): **ABRY PARTNERS IX, LP**  Successor U.S. transferor Filing year: (see instructions)  Tax year of gain deferral contribution  Annual reporting

**Part I Acceleration Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Partnership's adjustment<br>to section 721(c)<br>property tax basis | (f)<br>Partial<br>acceleration<br>event |
|--|-----------------------------------|----------------------------|---------------------------|--|---|
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |

**Part II Termination Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event |
|--|-----------------------------------|----------------------------|
|  |                                   |                            |
|  |                                   |                            |
|  |                                   |                            |

**Part III Successor Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Name, address, and U.S. taxpayer identification number (U.S. TIN) (if any) of<br>successor partnership, lower-tier partnership, upper-tier partnership, or U.S.<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---|
|  |                                   |                            |   |
|  |                                   |                            |   |
|  |                                   |                            |   |

**Part IV Taxable Disposition of a Portion of an Interest in Partnership Event** (see instructions)

| (a)<br>Description<br>of<br>event | (b)<br>Date<br>of<br>event | (c)<br>Percentage<br>of partnership<br>interest disposed | (d)<br>Percentage<br>of partnership<br>interest retained | (e)<br>Aggregate remaining<br>built-in gain attributed to<br>partnership interest retained |
|-----------------------------------|----------------------------|--|--|--|
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |

**Part V Section 367 Transfer Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Name, address, and U.S. TIN (if any)<br>of foreign transferee<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---------------------------|---|
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |

**Part VI Supplemental Information** (see instructions)

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Form **8865**

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

OMB No. 1545-1668

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2019, and ending **DEC 31**, 2019

Attachment Sequence No. **118**

|  |  |
|--|--|
| Name of person filing this return<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.</b> | Filer's identification number<br><b>35-1812636</b> |
|--|--|

|   |  |
|---|--|
| Filer's address (if you aren't filing this form with your tax return) | <b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es):<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> |
|   | <b>B</b> Filer's tax year beginning <b>SEP 1</b> , 2019, and ending <b>AUG 31</b> , 2020   |

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

|         |     |
|---------|-----|
| Name    | EIN |
| Address |     |

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) |            |                    |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
|          |             |                           | Category 1                   | Category 2 | Constructive owner |
|          |             |                           |                              |            |                    |

**G1** Name and address of foreign partnership  
**BAIN CAPITAL VENTURE FUND 2019, L.P.**

**200 CLARENDON STREET FL 41  
BOSTON, MA 02116-5016**

|  |
|--|
| <b>2(a)</b> EIN (if any)<br><b>98-1439438</b>                        |
| <b>2(b)</b> Reference ID number<br><b>ISO8865-04</b>                 |
| <b>3</b> Country under whose laws organized<br><b>CAYMAN ISLANDS</b> |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>4</b> Date of organization<br><b>11/09/2018</b> | <b>5</b> Principal place of business<br><b>CAYMAN ISLANDS</b> | <b>6</b> Principal business activity code number<br><b>523900</b> | <b>7</b> Principal business activity<br><b>INVESTING</b> | <b>8a</b> Functional currency<br><b>USD</b> | <b>8b</b> Exchange rate (see instructions) |
|--|---|---|--|---|--|

**H** Provide the following information for the foreign partnership's tax year:

|  |  |
|--|--|
| <b>1</b> Name, address, and identification number of agent (if any) in the United States | <b>2</b> Check if the foreign partnership must file:<br><input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065<br>Service Center where Form 1065 is filed:<br><b>E-FILE</b> |
|--|--|

|   |   |
|---|---|
| <b>3</b> Name and address of foreign partnership's agent in country of organization, if any<br><b>MAPLES CORPORATE SERVICES LIMITED<br/>UGLAND HOUSE S CHURCH ST, PO BOX 309<br/>GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS</b> | <b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different<br><b>BAIN CAPITAL VENTURE FUND 2019, LP<br/>200 CLARENDON STREET FL 41<br/>BOSTON, MA 02116-5016</b> |
|---|---|

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions \_\_\_\_\_

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPTED LTD PARTN**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** 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.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** 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) ▶ \_\_\_\_\_
- c** 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 ▶ \_\_\_\_\_
- d** 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 ▶ \_\_\_\_\_
- 13** 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 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?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** 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, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

|                               |   |  |                         |   |                          |
|-------------------------------|---|--|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>BRIDGETTE MUGGE</b>  | Preparer's signature<br><b>BRIDGETTE MUGGE</b> | Date<br><b>06/17/21</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00671418</b> |
|                               | Firm's name ▶ <b>BLUE &amp; CO., LLC</b>              |  |                         | Firm's EIN ▶ <b>35-1178661</b>                  |                          |
|                               | Firm's address ▶ <b>12800 N. MERIDIAN ST, STE 400</b> |  |                         | Phone no. <b>317-848-8920</b>                   |                          |
|                               | <b>CARMEL, IN 46032</b>                               |  |                         |   |                          |

**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**  Owns a direct interest **b**  Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
|      |         |                                |                         |                         |

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
|      |         |                                |                         |

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest |         |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
|                         |         |                                  |  |                                     | Capital             | Profits |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name                              | Address                           | EIN (if any)      | Total ordinary income or loss | Check if foreign partnership |
|-----------------------------------|-----------------------------------|-------------------|-------------------------------|------------------------------|
| <b>BAIN RELISH INVESTOR, L.P.</b> | <b>200 CLARENDON STREET FL 41</b> | <b>84-2326905</b> |                               |                              |
|                                   | <b>BOSTON, MA 02116-5016</b>      |                   |                               |                              |



**SCHEDULE O  
(Form 8865)**

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

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

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.** Filer's identifying number **35-1812636**

Name of foreign partnership **BAIN CAPITAL VENTURE FUND 2019, L** EIN (if any) **98-1439438** Reference ID number (see instr) **ISO8865-04**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No  
**b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No  
**2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Recovery period | (f)<br>Section 704(c) allocation method | (g)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash   | 10/23/19                |                                | 915,000.                                     |                            |                        |   |                                    |
| Stock, notes receivable and payable, and other securities                          |                         |                                |  |                            |                        |   |                                    |
| Inventory  |                         |                                |  |                            |                        |   |                                    |
| Tangible property used in trade or business  |                         |                                |  |                            |                        |   |                                    |
| Intangible property described in section 197(f)(9)                                 |                         |                                |  |                            |                        |   |                                    |
| Intangible property, other than intangible property described in section 197(f)(9) |                         |                                |  |                            |                        |   |                                    |
| Other property   |                         |                                |  |                            |                        |   |                                    |
| <b>Totals</b>  |                         |                                | <b>915,000.</b>                              |                            |                        |   |                                    |

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.3076** % (b) After the transfer **.3634** %

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

**Part II Dispositions Reportable Under Section 6038B**

| (a)<br>Type of property | (b)<br>Date of original transfer | (c)<br>Date of disposition | (d)<br>Manner of disposition | (e)<br>Gain recognized by partnership | (f)<br>Depreciation recapture recognized by partnership | (g)<br>Gain allocated to partner | (h)<br>Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

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

Schedule O (Form 8865) 12-2018

**SCHEDULE G  
(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Statement of Application of the Gain Deferral Method  
Under Section 721(c)**

OMB No. 1545-1668

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

|  |  |  |  |   |
|--|--|--|--|---|
| Name of person filing Form 8865<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> |  |  | Filer's identification number<br><b>35-1812636</b>   |   |
| Name of partnership<br><b>BAIN CAPITAL VENTURE FUND 2019, L.P.</b>                             |  | <input type="checkbox"/> Successor partnership     | EIN (if any)<br><b>98-1439438</b>  | Reference ID number (see instructions)<br><b>ISO8865-04</b> |
| Name of U.S. transferor (see instructions)<br><b>BAIN CAPITAL VENTURE FUND 2019, L.P.</b>      |  | <input type="checkbox"/> Successor U.S. transferor | Filing year: (see instructions)<br><input type="checkbox"/> Tax year of gain deferral contribution | <input type="checkbox"/> Annual reporting                   |

**Part I Section 721(c) Property** (see instructions)

| 1.<br>Tax year of contribution | 2.<br>Description of property               | 3.<br>Recovery period | 4.<br>Section 197(f)(9) property | 5.<br>Effectively connected income property | 6. On the date of contribution |              |                      | 7. Events  |                          |                          |   |                             |
|--------------------------------|---|-----------------------|----------------------------------|---|--------------------------------|--------------|----------------------|--|--------------------------|--------------------------|---|-----------------------------|
|                                |   |                       |                                  |   | (a)<br>Fair market value       | (b)<br>Basis | (c)<br>Built-in gain | (a)<br>Acceleration (including partial acceleration event) | (b)<br>Termination       | (c)<br>Successor         | (d)<br>Tax disposition of a portion of partnership interest | (e)<br>Section 367 transfer |
| <b>1</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>2</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>3</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4a</b>                      | From Part I additional statement(s), if any |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |

Do the tiered partnership rules of Temporary Regulations section 1.721(c)-3T(d) apply to this partnership? See instructions .....  Yes  No

**Part II Remaining Built-in Gain, Remedial Income, and Gain Recognition** (see instructions)

| Part I, line number | (a)<br>Remaining built-in gain at beginning of tax year | (b)<br>Remaining built-in gain at end of tax year | (c)<br>Remedial income allocated to U.S. transferor | (d)<br>Gain recognized due to acceleration event | (e)<br>Gain recognized due to section 367 transfer |
|---------------------|---|---|---|--|--|
| <b>1</b>            |   |   |   |  |  |
| <b>2</b>            |   |   |   |  |  |
| <b>3</b>            |   |   |   |  |  |
| <b>4</b>            |   |   |   |  |  |
| <b>Total*</b>       |   |   |   |  |  |

\* Total must include any amounts included on an attached statement. See instructions.

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

**Schedule G (Form 8865) (11-2018)**

| <b>Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property</b> (see instructions) |                           |                                     |                                    |                           |                                     |                                    |                           |                                     |                                    |                           |                                     |                                    |
|--|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|
| Part I,<br>line<br>number  | 1. Income                 |                                     |                                    | 2. Gain                   |                                     |                                    | 3. Deduction              |                                     |                                    | 4. Loss                   |                                     |                                    |
|  | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners |
| 1  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 2  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 3  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 4  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |

| <b>Part IV Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property</b> (see instructions) |             |            |             |            |              |            |             |            |
|--|-------------|------------|-------------|------------|--------------|------------|-------------|------------|
| Part I,<br>line<br>number  | 1. Income   |            | 2. Gain     |            | 3. Deduction |            | 4. Loss     |            |
|  | (a)<br>Book | (b)<br>Tax | (a)<br>Book | (b)<br>Tax | (a)<br>Book  | (b)<br>Tax | (a)<br>Book | (b)<br>Tax |
| 1  |             |            |             |            |              |            |             |            |
| 2  |             |            |             |            |              |            |             |            |
| 3  |             |            |             |            |              |            |             |            |
| 4  |             |            |             |            |              |            |             |            |

| <b>Part V Additional Information</b> (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H. |  |  |  |  |  |  |  |  |  |  | Yes | No |  |
|--|--|--|--|--|--|--|--|--|--|--|-----|----|--|
| 1  | During the tax year, did an acceleration event or partial acceleration event (as described in Temporary Regulations section 1.721(c)-4T or Temporary Regulations section 1.721(c)-5T(d)) occur with respect to one or more section 721(c) properties? .....  |  |  |  |  |  |  |  |  |  | 1   |    |  |
| 2  | During the tax year, did a termination event (as described in Temporary Regulations section 1.721(c)-5T(b)) occur with respect to one or more section 721(c) properties? .....   |  |  |  |  |  |  |  |  |  | 2   |    |  |
| 3  | During the tax year, did a successor event (as described in Temporary Regulations section 1.721(c)-5T(c)) occur with respect to one or more section 721(c) properties? .....   |  |  |  |  |  |  |  |  |  | 3   |    |  |
| 4  | During the tax year, was there a tax disposition of a portion of an interest in the partnership (as described in Temporary Regulations section 1.721(c)-5T(f))? .....  |  |  |  |  |  |  |  |  |  | 4   |    |  |
| 5  | During the tax year, was there a direct or indirect transfer of section 721(c) property to a foreign corporation subject to section 367 (as described in Temporary Regulations section 1.721(c)-5T(e))? .....  |  |  |  |  |  |  |  |  |  | 5   |    |  |
| 6a   | Was any additional section 721(c) property contributed to the section 721(c) partnership during the tax year? If "Yes," complete Schedule O, include each contributed property in Part I above and information with respect to the property in Parts II-IV above, and complete line 6b .....   |  |  |  |  |  |  |  |  |  | 6a  |    |  |
| b  | Is the gain deferral method applied with respect to one or more of such additional section 721(c) property contributed? .....  |  |  |  |  |  |  |  |  |  | 6b  |    |  |
| 7a   | Was a copy of the waiver of treaty benefits (as described in Temporary Regulations section 1.721(c)-6T(b)(2)(iii)) filed with respect to each section 721(c) property contribution to the section 721(c) partnership? If "Yes," complete line 7b .....   |  |  |  |  |  |  |  |  |  | 7a  |    |  |
| b  | With respect to each section 721(c) property for which a waiver of treaty benefits was filed, after exercising reasonable diligence, has the U.S. transferor determined that to the best of its knowledge and belief, all income from section 721(c) property allocated to the partners during the tax year remained subject to taxation as income effectively connected with the conduct of a trade or business within the United States (under either section 871 or 882) for all direct or indirect partners that are related foreign persons with respect to the U.S. transferor (regardless of whether any such partner was a partner at the time of the gain deferral contribution), and that neither the section 721(c) partnership nor any such partner has made any claim under an income tax convention to an exemption from U.S. income tax or a reduced rate of U.S. income taxation on income derived from the use of section 721(c) property? See Temporary Regulations section 1.721-6T(b)(3)(vi) ..... |  |  |  |  |  |  |  |  |  | 7b  |    |  |

**Part VI Supplemental Information** (see instructions)

**SCHEDULE H  
(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Acceleration Events and Exceptions Reporting Relating  
to Gain Deferral Method Under Section 721(c)**

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

▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

OMB No. 1545-1668

Name of person filing Form 8865  
**INDIANAPOLIS SYMPHONY ORCHESTRA**

Filer's identifying number  
**35-1812636**

Name of partnership  
**BAIN CAPITAL VENTURE FUND 2019,**

Successor partnership

EIN (if any)  
**98-1439438**

Reference ID number (see instructions)  
**ISO8865-04**

Name of U.S. transferor (see instructions)  
**BAIN CAPITAL VENTURE FUND 2019,**

Successor U.S. transferor

Filing year: (see instructions)  
 Tax year of gain deferral contribution  Annual reporting

**Part I Acceleration Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Partnership's adjustment<br>to section 721(c)<br>property tax basis | (f)<br>Partial<br>acceleration<br>event |
|--|-----------------------------------|----------------------------|---------------------------|--|---|
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |

**Part II Termination Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event |
|--|-----------------------------------|----------------------------|
|  |                                   |                            |
|  |                                   |                            |
|  |                                   |                            |

**Part III Successor Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Name, address, and U.S. taxpayer identification number (U.S. TIN) (if any) of<br>successor partnership, lower-tier partnership, upper-tier partnership, or U.S.<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---|
|  |                                   |                            |   |
|  |                                   |                            |   |
|  |                                   |                            |   |

**Part IV Taxable Disposition of a Portion of an Interest in Partnership Event** (see instructions)

| (a)<br>Description<br>of<br>event | (b)<br>Date<br>of<br>event | (c)<br>Percentage<br>of partnership<br>interest disposed | (d)<br>Percentage<br>of partnership<br>interest retained | (e)<br>Aggregate remaining<br>built-in gain attributed to<br>partnership interest retained |
|-----------------------------------|----------------------------|--|--|--|
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |

**Part V Section 367 Transfer Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Name, address, and U.S. TIN (if any)<br>of foreign transferee<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---------------------------|---|
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |

**Part VI Supplemental Information** (see instructions)

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Form **8865**

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

OMB No. 1545-1668

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2019, and ending **DEC 31**, 2019

Attachment Sequence No. **118**

|  |  |
|--|--|
| Name of person filing this return<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.</b> | Filer's identification number<br><b>35-1812636</b> |
|--|--|

|   |  |
|---|--|
| Filer's address (if you aren't filing this form with your tax return) | <b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es):<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> |
|   | <b>B</b> Filer's tax year beginning <b>SEP 1</b> , 2019, and ending <b>AUG 31</b> , 2020   |

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

|         |     |
|---------|-----|
| Name    | EIN |
| Address |     |

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) |            |                    |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
|          |             |                           | Category 1                   | Category 2 | Constructive owner |
|          |             |                           |                              |            |                    |

**G1** Name and address of foreign partnership  
**BAIN CAPITAL VENTURE FUND 2016, L.P.**

**200 CLARENDON STREET FL 41  
BOSTON, MA 02116-5016**

|  |
|--|
| <b>2(a)</b> EIN (if any)<br><b>98-1299467</b>                        |
| <b>2(b)</b> Reference ID number<br><b>ISO8865-03</b>                 |
| <b>3</b> Country under whose laws organized<br><b>CAYMAN ISLANDS</b> |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>4</b> Date of organization<br><b>03/31/2016</b> | <b>5</b> Principal place of business<br><b>CAYMAN ISLANDS</b> | <b>6</b> Principal business activity code number<br><b>523900</b> | <b>7</b> Principal business activity<br><b>INVESTING</b> | <b>8a</b> Functional currency<br><b>USD</b> | <b>8b</b> Exchange rate (see instructions) |
|--|---|---|--|---|--|

**H** Provide the following information for the foreign partnership's tax year:

|  |  |
|--|--|
| <b>1</b> Name, address, and identification number of agent (if any) in the United States | <b>2</b> Check if the foreign partnership must file:<br><input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065<br>Service Center where Form 1065 is filed:<br><b>E-FILE</b> |
|--|--|

|   |   |
|---|---|
| <b>3</b> Name and address of foreign partnership's agent in country of organization, if any<br><b>MAPLES CORPORATE SERVICES LIMITED<br/>UGLAND HOUSE S CHURCH ST, PO BOX 309<br/>GEORGE TOWN, GRAND CAYMAN CAYMAN ISLANDS</b> | <b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different<br><b>BAIN CAPITAL VENTURE FUND 2016, LP<br/>200 CLARENDON STREET FL 41<br/>BOSTON, MA 02116-5016</b> |
|---|---|

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions \_\_\_\_\_

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPTED LTD PARTN**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** 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.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

**LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.** Form **8865** (2019)

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** 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) ▶ \_\_\_\_\_
- c** 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 ▶ \_\_\_\_\_
- d** 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 ▶ \_\_\_\_\_
- 13** 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 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?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** 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, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

|                               |   |  |                         |   |                          |
|-------------------------------|---|--|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>BRIDGETTE MUGGE</b>  | Preparer's signature<br><b>BRIDGETTE MUGGE</b> | Date<br><b>06/17/21</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00671418</b> |
|                               | Firm's name ▶ <b>BLUE &amp; CO., LLC</b>              |  |                         | Firm's EIN ▶ <b>35-1178661</b>                  |                          |
|                               | Firm's address ▶ <b>12800 N. MERIDIAN ST, STE 400</b> |  |                         | Phone no. <b>317-848-8920</b>                   |                          |
|                               | <b>CARMEL, IN 46032</b>                               |  |                         |   |                          |

**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**  Owns a direct interest **b**  Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
|      |         |                                |                         |                         |

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
|      |         |                                |                         |

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest |         |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
|                         |         |                                  |  |                                     | Capital             | Profits |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| STATEMENT 6 <sup>Name</sup> | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|-----------------------------|---------|--------------|-------------------------------|------------------------------|
|                             |         |              |                               |                              |

**SCHEDULE O  
(Form 8865)**

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

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

OMB No. 1545-1668

▶ **Attach to Form 8865. See the Instructions for Form 8865.**  
▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.** Filer's identifying number **35-1812636**

Name of foreign partnership **BAIN CAPITAL VENTURE FUND 2016, L** EIN (if any) **98-1299467** Reference ID number (see instr) **ISO8865-03**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Recovery period | (f)<br>Section 704(c) allocation method | (g)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash   | 07/30/19                |                                | 470,000.                                     |                            |                        |   |                                    |
| Stock, notes receivable and payable, and other securities                          |                         |                                |  |                            |                        |   |                                    |
| Inventory  |                         |                                |  |                            |                        |   |                                    |
| Tangible property used in trade or business  |                         |                                |  |                            |                        |   |                                    |
| Intangible property described in section 197(f)(9)                                 |                         |                                |  |                            |                        |   |                                    |
| Intangible property, other than intangible property described in section 197(f)(9) |                         |                                |  |                            |                        |   |                                    |
| Other property   |                         |                                |  |                            |                        |   |                                    |
| <b>Totals</b>  |                         |                                | <b>470,000.</b>                              |                            |                        |   |                                    |

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **.3093** % (b) After the transfer **.2959** %

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

**Part II Dispositions Reportable Under Section 6038B**

| (a)<br>Type of property | (b)<br>Date of original transfer | (c)<br>Date of disposition | (d)<br>Manner of disposition | (e)<br>Gain recognized by partnership | (f)<br>Depreciation recapture recognized by partnership | (g)<br>Gain allocated to partner | (h)<br>Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

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

Schedule O (Form 8865) 12-2018

**SCHEDULE G  
(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Statement of Application of the Gain Deferral Method  
Under Section 721(c)**

OMB No. 1545-1668

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

|  |  |  |  |   |
|--|--|--|--|---|
| Name of person filing Form 8865<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> |  |  | Filer's identification number<br><b>35-1812636</b>   |   |
| Name of partnership<br><b>BAIN CAPITAL VENTURE FUND 2016, L.P.</b>                             |  | <input type="checkbox"/> Successor partnership     | EIN (if any)<br><b>98-1299467</b>  | Reference ID number (see instructions)<br><b>ISO8865-03</b> |
| Name of U.S. transferor (see instructions)<br><b>BAIN CAPITAL VENTURE FUND 2016, L.P.</b>      |  | <input type="checkbox"/> Successor U.S. transferor | Filing year: (see instructions)<br><input type="checkbox"/> Tax year of gain deferral contribution | <input type="checkbox"/> Annual reporting                   |

**Part I Section 721(c) Property** (see instructions)

| 1.<br>Tax year of contribution | 2.<br>Description of property               | 3.<br>Recovery period | 4.<br>Section 197(f)(9) property | 5.<br>Effectively connected income property | 6. On the date of contribution |              |                      | 7. Events  |                          |                          |   |                             |
|--------------------------------|---|-----------------------|----------------------------------|---|--------------------------------|--------------|----------------------|--|--------------------------|--------------------------|---|-----------------------------|
|                                |   |                       |                                  |   | (a)<br>Fair market value       | (b)<br>Basis | (c)<br>Built-in gain | (a)<br>Acceleration (including partial acceleration event) | (b)<br>Termination       | (c)<br>Successor         | (d)<br>Tax disposition of a portion of partnership interest | (e)<br>Section 367 transfer |
| <b>1</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>2</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>3</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4a</b>                      | From Part I additional statement(s), if any |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |

Do the tiered partnership rules of Temporary Regulations section 1.721(c)-3T(d) apply to this partnership? See instructions .....  Yes  No

**Part II Remaining Built-in Gain, Remedial Income, and Gain Recognition** (see instructions)

| Part I, line number | (a)<br>Remaining built-in gain at beginning of tax year | (b)<br>Remaining built-in gain at end of tax year | (c)<br>Remedial income allocated to U.S. transferor | (d)<br>Gain recognized due to acceleration event | (e)<br>Gain recognized due to section 367 transfer |
|---------------------|---|---|---|--|--|
| <b>1</b>            |   |   |   |  |  |
| <b>2</b>            |   |   |   |  |  |
| <b>3</b>            |   |   |   |  |  |
| <b>4</b>            |   |   |   |  |  |
| <b>Total*</b>       |   |   |   |  |  |

\* Total must include any amounts included on an attached statement. See instructions.

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

**Schedule G (Form 8865) (11-2018)**



| <b>Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property</b> (see instructions) |                           |                                     |                                    |                           |                                     |                                    |                           |                                     |                                    |                           |                                     |                                    |
|--|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|---------------------------|-------------------------------------|------------------------------------|
| Part I,<br>line<br>number  | 1. Income                 |                                     |                                    | 2. Gain                   |                                     |                                    | 3. Deduction              |                                     |                                    | 4. Loss                   |                                     |                                    |
|  | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners | (a)<br>U.S.<br>transferor | (b)<br>Related domestic<br>partners | (c)<br>Related foreign<br>partners |
| 1  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 2  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 3  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |
| 4  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  | %                         | %                                   | %                                  |

| <b>Part IV Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property</b> (see instructions) |             |            |             |            |              |            |             |            |
|--|-------------|------------|-------------|------------|--------------|------------|-------------|------------|
| Part I,<br>line<br>number  | 1. Income   |            | 2. Gain     |            | 3. Deduction |            | 4. Loss     |            |
|  | (a)<br>Book | (b)<br>Tax | (a)<br>Book | (b)<br>Tax | (a)<br>Book  | (b)<br>Tax | (a)<br>Book | (b)<br>Tax |
| 1  |             |            |             |            |              |            |             |            |
| 2  |             |            |             |            |              |            |             |            |
| 3  |             |            |             |            |              |            |             |            |
| 4  |             |            |             |            |              |            |             |            |

| <b>Part V Additional Information</b> (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H. |  |    | Yes | No |
|--|--|----|-----|----|
| 1  | During the tax year, did an acceleration event or partial acceleration event (as described in Temporary Regulations section 1.721(c)-4T or Temporary Regulations section 1.721(c)-5T(d)) occur with respect to one or more section 721(c) properties? .....  | 1  |     |    |
| 2  | During the tax year, did a termination event (as described in Temporary Regulations section 1.721(c)-5T(b)) occur with respect to one or more section 721(c) properties? .....   | 2  |     |    |
| 3  | During the tax year, did a successor event (as described in Temporary Regulations section 1.721(c)-5T(c)) occur with respect to one or more section 721(c) properties? .....   | 3  |     |    |
| 4  | During the tax year, was there a tax disposition of a portion of an interest in the partnership (as described in Temporary Regulations section 1.721(c)-5T(f))? .....  | 4  |     |    |
| 5  | During the tax year, was there a direct or indirect transfer of section 721(c) property to a foreign corporation subject to section 367 (as described in Temporary Regulations section 1.721(c)-5T(e))? .....  | 5  |     |    |
| 6a   | Was any additional section 721(c) property contributed to the section 721(c) partnership during the tax year? If "Yes," complete Schedule O, include each contributed property in Part I above and information with respect to the property in Parts II-IV above, and complete line 6b .....   | 6a |     |    |
| b  | Is the gain deferral method applied with respect to one or more of such additional section 721(c) property contributed? .....  | 6b |     |    |
| 7a   | Was a copy of the waiver of treaty benefits (as described in Temporary Regulations section 1.721(c)-6T(b)(2)(iii)) filed with respect to each section 721(c) property contribution to the section 721(c) partnership? If "Yes," complete line 7b .....   | 7a |     |    |
| b  | With respect to each section 721(c) property for which a waiver of treaty benefits was filed, after exercising reasonable diligence, has the U.S. transferor determined that to the best of its knowledge and belief, all income from section 721(c) property allocated to the partners during the tax year remained subject to taxation as income effectively connected with the conduct of a trade or business within the United States (under either section 871 or 882) for all direct or indirect partners that are related foreign persons with respect to the U.S. transferor (regardless of whether any such partner was a partner at the time of the gain deferral contribution), and that neither the section 721(c) partnership nor any such partner has made any claim under an income tax convention to an exemption from U.S. income tax or a reduced rate of U.S. income taxation on income derived from the use of section 721(c) property? See Temporary Regulations section 1.721-6T(b)(3)(vi) ..... | 7b |     |    |

**Part VI Supplemental Information** (see instructions)

**SCHEDULE H  
(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Acceleration Events and Exceptions Reporting Relating  
to Gain Deferral Method Under Section 721(c)**

OMB No. 1545-1668

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

▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of person filing Form 8865  
**INDIANAPOLIS SYMPHONY ORCHESTRA**

Filer's identifying number  
**35-1812636**

Name of partnership  
**BAIN CAPITAL VENTURE FUND 2016,**

Successor partnership

EIN (if any)  
**98-1299467**

Reference ID number (see instructions)  
**ISO8865-03**

Name of U.S. transferor (see instructions)  
**BAIN CAPITAL VENTURE FUND 2016,**

Successor U.S. transferor

Filing year: (see instructions)  
 Tax year of gain deferral contribution  Annual reporting

**Part I Acceleration Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Partnership's adjustment<br>to section 721(c)<br>property tax basis | (f)<br>Partial<br>acceleration<br>event |
|--|-----------------------------------|----------------------------|---------------------------|--|---|
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |

**Part II Termination Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event |
|--|-----------------------------------|----------------------------|
|  |                                   |                            |
|  |                                   |                            |
|  |                                   |                            |

**Part III Successor Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Name, address, and U.S. taxpayer identification number (U.S. TIN) (if any) of<br>successor partnership, lower-tier partnership, upper-tier partnership, or U.S.<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---|
|  |                                   |                            |   |
|  |                                   |                            |   |
|  |                                   |                            |   |

**Part IV Taxable Disposition of a Portion of an Interest in Partnership Event** (see instructions)

| (a)<br>Description<br>of<br>event | (b)<br>Date<br>of<br>event | (c)<br>Percentage<br>of partnership<br>interest disposed | (d)<br>Percentage<br>of partnership<br>interest retained | (e)<br>Aggregate remaining<br>built-in gain attributed to<br>partnership interest retained |
|-----------------------------------|----------------------------|--|--|--|
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |

**Part V Section 367 Transfer Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Name, address, and U.S. TIN (if any)<br>of foreign transferee<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---------------------------|---|
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |

**Part VI Supplemental Information** (see instructions)

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

**2019**

Department of the Treasury  
Internal Revenue Service

Information furnished for the foreign partnership's tax year

beginning **JAN 1**, 2019, and ending **DEC 31**, 2019

Attachment Sequence No. **118**

|  |  |
|--|--|
| Name of person filing this return<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> | Filer's identification number<br><b>35-1812636</b> |
|--|--|

|  |  |
|--|--|
| Filer's address (if you aren't filing this form with your tax return)                    | <b>A</b> Category of filer (see Categories of Filers in the instructions and check applicable box(es):<br>1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> |
| <b>B</b> Filer's tax year beginning <b>SEP 1</b> , 2019, and ending <b>AUG 31</b> , 2020 |  |

**C** Filer's share of liabilities: Nonrecourse \$ \_\_\_\_\_ Qualified nonrecourse financing \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**D** If filer is a member of a consolidated group but not the parent, enter the following information about the parent:

|         |     |
|---------|-----|
| Name    | EIN |
| Address |     |

**E** Check if any excepted specified foreign financial assets are reported on this form. See instructions

**F** Information about certain other partners (see instructions)

| (1) Name | (2) Address | (3) Identification number | (4) Check applicable box(es) |            |                    |
|----------|-------------|---------------------------|------------------------------|------------|--------------------|
|          |             |                           | Category 1                   | Category 2 | Constructive owner |
|          |             |                           |                              |            |                    |

**G1** Name and address of foreign partnership  
**TRUEBRIDGE CAPITAL PARTNERS FUND V, L.P.**

**1011 SOUTH HAMILTON RD STE 400  
CHAPEL HILL, NC 27517**

|  |
|--|
| <b>2(a)</b> EIN (if any)<br><b>82-2173451</b>                        |
| <b>2(b)</b> Reference ID number<br><b>ISO8865-04</b>                 |
| <b>3</b> Country under whose laws organized<br><b>CAYMAN ISLANDS</b> |

|  |   |   |  |   |  |
|--|---|---|--|---|--|
| <b>4</b> Date of organization<br><b>01/01/2018</b> | <b>5</b> Principal place of business<br><b>CAYMAN ISLANDS</b> | <b>6</b> Principal business activity code number<br><b>523900</b> | <b>7</b> Principal business activity<br><b>INVESTMENTS</b> | <b>8a</b> Functional currency<br><b>USD</b> | <b>8b</b> Exchange rate (see instructions) |
|--|---|---|--|---|--|

**H** Provide the following information for the foreign partnership's tax year:

|  |  |
|--|--|
| <b>1</b> Name, address, and identification number of agent (if any) in the United States | <b>2</b> Check if the foreign partnership must file:<br><input type="checkbox"/> Form 1042 <input type="checkbox"/> Form 8804 <input checked="" type="checkbox"/> Form 1065<br>Service Center where Form 1065 is filed:<br><b>E-FILE</b> |
|--|--|

|   |   |
|---|---|
| <b>3</b> Name and address of foreign partnership's agent in country of organization, if any | <b>4</b> Name and address of person(s) with custody of the books and records of the foreign partnership, and the location of such books and records, if different<br><b>TRUEBRIDGE GP PARTNERS V, LP<br/>1011 SOUTH HAMILTON RD STE 400<br/>CHAPEL HILL, NC 27517</b> |
|---|---|

**5** During the tax year, did the foreign partnership pay or accrue any interest or royalty for which the deduction is not allowed under section 267A? See instructions  Yes  No  
 If "Yes," enter the total amount of the disallowed deductions \$ \_\_\_\_\_

**6** Is the partnership a section 721(c) partnership, as defined in Temporary Regulations section 1.721(c)-1T(b)(14)?  Yes  No

**7** Were any special allocations made by the foreign partnership?  Yes  No

**8** Enter the number of Forms 8858, Information Return of U.S. Persons With Respect to Foreign Disregarded Entities (FDEs) and Foreign Branches (FBs), attached to this return. See instructions

**9** How is this partnership classified under the law of the country in which it's organized? **EXEMPTED LTD PARTN**

**10 a** Does the filer have an interest in the foreign partnership, or an interest indirectly through the foreign partnership, that's a separate unit under Reg. 1.1503(d)-1(b)(4) or part of a combined separate unit under Reg. 1.1503(d)-1(b)(4)(ii)? If "No," skip question 10b  Yes  No

**b** If "Yes," does the separate unit or combined separate unit have a dual consolidated loss, as defined in Reg. 1.1503(d)-1(b)(5)(ii)?  Yes  No

**11** 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.  
 If "Yes," don't complete Schedules L, M-1, and M-2.  Yes  No

- 12 a** Is the filer of this Form 8865 claiming a foreign-derived intangible income deduction (under section 250) with respect to any amounts listed on Schedule N?  Yes  No
- b** 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) ▶ \_\_\_\_\_
- c** 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 ▶ \_\_\_\_\_
- d** 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 ▶ \_\_\_\_\_
- 13** 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 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?  Yes  No
- 15 a** Were there any transfers of property or money within a 2-year period between the partnership and any of its partners that would require disclosure under Regs. 1.703-3 or 1.707-6? If "Yes," attach a statement identifying the transfers, the amount or value of each transfer, and an explanation of the tax treatment. See instructions for exceptions  Yes  No
- b** 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, the amount or value of each transfer, the debt assumed or taken by the partnership, and an explanation of the tax treatment  Yes  No

Sign Here Only if You're Filing This Form Separately and Not With Your Tax Return. Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than general partner or limited liability company member) is based on all information of which preparer has any knowledge.

▶ \_\_\_\_\_ Signature of general partner or limited liability company member ▶ \_\_\_\_\_ Date

|                               |   |  |                         |   |                          |
|-------------------------------|---|--|-------------------------|---|--------------------------|
| <b>Paid Preparer Use Only</b> | Print/Type preparer's name<br><b>BRIDGETTE MUGGE</b>  | Preparer's signature<br><b>BRIDGETTE MUGGE</b> | Date<br><b>06/17/21</b> | Check <input type="checkbox"/> if self-employed | PTIN<br><b>P00671418</b> |
|                               | Firm's name ▶ <b>BLUE &amp; CO., LLC</b>              |  |                         | Firm's EIN ▶ <b>35-1178661</b>                  |                          |
|                               | Firm's address ▶ <b>12800 N. MERIDIAN ST, STE 400</b> |  |                         | Phone no. <b>317-848-8920</b>                   |                          |
|                               | <b>CARMEL, IN 46032</b>                               |  |                         |   |                          |

**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**  Owns a direct interest **b**  Owns a constructive interest

| Name | Address | Identification number (if any) | Check if foreign person | Check if direct partner |
|------|---------|--------------------------------|-------------------------|-------------------------|
|      |         |                                |                         |                         |

**Schedule A-1 Certain Partners of Foreign Partnership** (see instructions)

| Name | Address | Identification number (if any) | Check if foreign person |
|------|---------|--------------------------------|-------------------------|
|      |         |                                |                         |

**Schedule A-2 Foreign Partners of Section 721(c) Partnership** (see instructions)

| Name of foreign partner | Address | Country of organization (if any) | U.S. taxpayer identification number (if any) | Check if related to U.S. transferor | Percentage interest |         |
|-------------------------|---------|----------------------------------|--|-------------------------------------|---------------------|---------|
|                         |         |                                  |  |                                     | Capital             | Profits |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |
|                         |         |                                  |  | <input type="checkbox"/>            | %                   | %       |

Does the partnership have any other foreign person as a direct partner?  Yes  No

**Schedule A-3 Affiliation Schedule.** List all partnerships (foreign or domestic) in which the foreign partnership owns a direct interest or indirectly owns a 10% interest.

| Name | Address | EIN (if any) | Total ordinary income or loss | Check if foreign partnership |
|------|---------|--------------|-------------------------------|------------------------------|
|      |         |              |                               |                              |

**SCHEDULE O  
(Form 8865)**

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

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

OMB No. 1545-1668

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

Name of transferor **INDIANAPOLIS SYMPHONY ORCHESTRA  
FOUNDATION, INC.** Filer's identifying number **35-1812636**

Name of foreign partnership **TRUEBRIDGE CAPITAL PARTNERS FUND** EIN (if any) **82-2173451** Reference ID number (see instr) **ISO8865-04**

- 1 a** Is the partnership a section 721(c) partnership (as defined in Temporary Regulations section 1.721(c)-1T(b)(14))? See instructions .....  Yes  No
- b** If "Yes," was the gain deferral method applied to avoid the recognition of gain upon the contribution of property? .....  Yes  No
- 2** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? .....  Yes  No

**Part I Transfers Reportable Under Section 6038B**

| Type of property   | (a)<br>Date of transfer | (b)<br>Description of property | (c)<br>Fair market value on date of transfer | (d)<br>Cost or other basis | (e)<br>Recovery period | (f)<br>Section 704(c) allocation method | (g)<br>Gain recognized on transfer |
|--|-------------------------|--------------------------------|--|----------------------------|------------------------|---|------------------------------------|
| Cash   | 11/11/19                |                                | 280,000.                                     |                            |                        |   |                                    |
| Stock, notes receivable and payable, and other securities                          |                         |                                |  |                            |                        |   |                                    |
| Inventory  |                         |                                |  |                            |                        |   |                                    |
| Tangible property used in trade or business  |                         |                                |  |                            |                        |   |                                    |
| Intangible property described in section 197(f)(9)                                 |                         |                                |  |                            |                        |   |                                    |
| Intangible property, other than intangible property described in section 197(f)(9) |                         |                                |  |                            |                        |   |                                    |
| Other property   |                         |                                |  |                            |                        |   |                                    |
| <b>Totals</b>  |                         |                                | <b>280,000.</b>                              |                            |                        |   |                                    |

**3** Enter the transferor's percentage interest in the partnership: (a) Before the transfer **3.9188** % (b) After the transfer **3.9014** %

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

**Part II Dispositions Reportable Under Section 6038B**

| (a)<br>Type of property | (b)<br>Date of original transfer | (c)<br>Date of disposition | (d)<br>Manner of disposition | (e)<br>Gain recognized by partnership | (f)<br>Depreciation recapture recognized by partnership | (g)<br>Gain allocated to partner | (h)<br>Depreciation recapture allocated to partner |
|-------------------------|----------------------------------|----------------------------|------------------------------|---------------------------------------|---|----------------------------------|--|
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |
|                         |                                  |                            |                              |                                       |   |                                  |  |

**Part III** Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)? .....  Yes  No

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

Schedule O (Form 8865) 12-2018

**SCHEDULE G  
(Form 8865)**

(November 2018)

Department of the Treasury  
Internal Revenue Service

**Statement of Application of the Gain Deferral Method  
Under Section 721(c)**

OMB No. 1545-1668

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

▶ **Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.**

|  |  |  |  |   |
|--|--|--|--|---|
| Name of person filing Form 8865<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA<br/>FOUNDATION, INC.</b> |  |  | Filer's identification number<br><b>35-1812636</b>   |   |
| Name of partnership<br><b>TRUEBRIDGE CAPITAL PARTNERS FUND V, L.P.</b>                         |  | <input type="checkbox"/> Successor partnership     | EIN (if any)<br><b>82-2173451</b>  | Reference ID number (see instructions)<br><b>ISO8865-04</b> |
| Name of U.S. transferor (see instructions)<br><b>TRUEBRIDGE CAPITAL PARTNERS FUND V, L.P.</b>  |  | <input type="checkbox"/> Successor U.S. transferor | Filing year: (see instructions)<br><input type="checkbox"/> Tax year of gain deferral contribution | <input type="checkbox"/> Annual reporting                   |

**Part I Section 721(c) Property** (see instructions)

| 1.<br>Tax year of contribution | 2.<br>Description of property               | 3.<br>Recovery period | 4.<br>Section 197(f)(9) property | 5.<br>Effectively connected income property | 6. On the date of contribution |              |                      | 7. Events  |                          |                          |   |                             |
|--------------------------------|---|-----------------------|----------------------------------|---|--------------------------------|--------------|----------------------|--|--------------------------|--------------------------|---|-----------------------------|
|                                |   |                       |                                  |   | (a)<br>Fair market value       | (b)<br>Basis | (c)<br>Built-in gain | (a)<br>Acceleration (including partial acceleration event) | (b)<br>Termination       | (c)<br>Successor         | (d)<br>Tax disposition of a portion of partnership interest | (e)<br>Section 367 transfer |
| <b>1</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>2</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>3</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4</b>                       |   |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |
| <b>4a</b>                      | From Part I additional statement(s), if any |                       | <input type="checkbox"/>         | <input type="checkbox"/>                    |                                |              |                      | <input type="checkbox"/>                                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/>                                    | <input type="checkbox"/>    |

Do the tiered partnership rules of Temporary Regulations section 1.721(c)-3T(d) apply to this partnership? See instructions .....  Yes  No

**Part II Remaining Built-in Gain, Remedial Income, and Gain Recognition** (see instructions)

| Part I, line number | (a)<br>Remaining built-in gain at beginning of tax year | (b)<br>Remaining built-in gain at end of tax year | (c)<br>Remedial income allocated to U.S. transferor | (d)<br>Gain recognized due to acceleration event | (e)<br>Gain recognized due to section 367 transfer |
|---------------------|---|---|---|--|--|
| <b>1</b>            |   |   |   |  |  |
| <b>2</b>            |   |   |   |  |  |
| <b>3</b>            |   |   |   |  |  |
| <b>4</b>            |   |   |   |  |  |
| <b>Total*</b>       |   |   |   |  |  |

\* Total must include any amounts included on an attached statement. See instructions.

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

**Schedule G (Form 8865) (11-2018)**

| <b>Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property</b> (see instructions) |                     |                               |                              |                     |                               |                              |                     |                               |                              |                     |                               |                              |
|--|---------------------|-------------------------------|------------------------------|---------------------|-------------------------------|------------------------------|---------------------|-------------------------------|------------------------------|---------------------|-------------------------------|------------------------------|
| Part I, line number  | 1. Income           |                               |                              | 2. Gain             |                               |                              | 3. Deduction        |                               |                              | 4. Loss             |                               |                              |
|  | (a) U.S. transferor | (b) Related domestic partners | (c) Related foreign partners | (a) U.S. transferor | (b) Related domestic partners | (c) Related foreign partners | (a) U.S. transferor | (b) Related domestic partners | (c) Related foreign partners | (a) U.S. transferor | (b) Related domestic partners | (c) Related foreign partners |
| 1  | %                   | %                             | %                            | %                   | %                             | %                            | %                   | %                             | %                            | %                   | %                             | %                            |
| 2  | %                   | %                             | %                            | %                   | %                             | %                            | %                   | %                             | %                            | %                   | %                             | %                            |
| 3  | %                   | %                             | %                            | %                   | %                             | %                            | %                   | %                             | %                            | %                   | %                             | %                            |
| 4  | %                   | %                             | %                            | %                   | %                             | %                            | %                   | %                             | %                            | %                   | %                             | %                            |

| <b>Part IV Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property</b> (see instructions) |           |         |          |         |              |         |          |         |
|--|-----------|---------|----------|---------|--------------|---------|----------|---------|
| Part I, line number  | 1. Income |         | 2. Gain  |         | 3. Deduction |         | 4. Loss  |         |
|  | (a) Book  | (b) Tax | (a) Book | (b) Tax | (a) Book     | (b) Tax | (a) Book | (b) Tax |
| 1  |           |         |          |         |              |         |          |         |
| 2  |           |         |          |         |              |         |          |         |
| 3  |           |         |          |         |              |         |          |         |
| 4  |           |         |          |         |              |         |          |         |

| <b>Part V Additional Information</b> (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H. |  |    | Yes | No |
|--|--|----|-----|----|
| 1  | During the tax year, did an acceleration event or partial acceleration event (as described in Temporary Regulations section 1.721(c)-4T or Temporary Regulations section 1.721(c)-5T(d)) occur with respect to one or more section 721(c) properties? .....  | 1  |     |    |
| 2  | During the tax year, did a termination event (as described in Temporary Regulations section 1.721(c)-5T(b)) occur with respect to one or more section 721(c) properties? .....   | 2  |     |    |
| 3  | During the tax year, did a successor event (as described in Temporary Regulations section 1.721(c)-5T(c)) occur with respect to one or more section 721(c) properties? .....   | 3  |     |    |
| 4  | During the tax year, was there a tax disposition of a portion of an interest in the partnership (as described in Temporary Regulations section 1.721(c)-5T(f))? .....  | 4  |     |    |
| 5  | During the tax year, was there a direct or indirect transfer of section 721(c) property to a foreign corporation subject to section 367 (as described in Temporary Regulations section 1.721(c)-5T(e))? .....  | 5  |     |    |
| 6a   | Was any additional section 721(c) property contributed to the section 721(c) partnership during the tax year? If "Yes," complete Schedule O, include each contributed property in Part I above and information with respect to the property in Parts II-IV above, and complete line 6b .....   | 6a |     |    |
| b  | Is the gain deferral method applied with respect to one or more of such additional section 721(c) property contributed? .....  | 6b |     |    |
| 7a   | Was a copy of the waiver of treaty benefits (as described in Temporary Regulations section 1.721(c)-6T(b)(2)(iii)) filed with respect to each section 721(c) property contribution to the section 721(c) partnership? If "Yes," complete line 7b .....   | 7a |     |    |
| b  | With respect to each section 721(c) property for which a waiver of treaty benefits was filed, after exercising reasonable diligence, has the U.S. transferor determined that to the best of its knowledge and belief, all income from section 721(c) property allocated to the partners during the tax year remained subject to taxation as income effectively connected with the conduct of a trade or business within the United States (under either section 871 or 882) for all direct or indirect partners that are related foreign persons with respect to the U.S. transferor (regardless of whether any such partner was a partner at the time of the gain deferral contribution), and that neither the section 721(c) partnership nor any such partner has made any claim under an income tax convention to an exemption from U.S. income tax or a reduced rate of U.S. income taxation on income derived from the use of section 721(c) property? See Temporary Regulations section 1.721-6T(b)(3)(vi) ..... | 7b |     |    |

**Part VI Supplemental Information** (see instructions)

**SCHEDULE H  
(Form 8865)**

(November 2018)  
Department of the Treasury  
Internal Revenue Service

**Acceleration Events and Exceptions Reporting Relating  
to Gain Deferral Method Under Section 721(c)**

OMB No. 1545-1668

▶ Attach to Form 8865. See the instructions for Form 8865.  
▶ Go to [www.irs.gov/Form8865](http://www.irs.gov/Form8865) for instructions and the latest information.

Name of person filing Form 8865: **INDIANAPOLIS SYMPHONY ORCHESTRA** Filer's identifying number: **35-1812636**

Name of partnership: **TRUEBRIDGE CAPITAL PARTNERS FUND**  Successor partnership EIN (if any): **82-2173451** Reference ID number (see instructions): **ISO8865-04**

Name of U.S. transferor (see instructions): **TRUEBRIDGE CAPITAL PARTNERS FUND**  Successor U.S. transferor Filing year: (see instructions)  Tax year of gain deferral contribution  Annual reporting

**Part I Acceleration Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Partnership's adjustment<br>to section 721(c)<br>property tax basis | (f)<br>Partial<br>acceleration<br>event |
|--|-----------------------------------|----------------------------|---------------------------|--|---|
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |
|  |                                   |                            |                           |  | <input type="checkbox"/>                |

**Part II Termination Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event |
|--|-----------------------------------|----------------------------|
|  |                                   |                            |
|  |                                   |                            |
|  |                                   |                            |

**Part III Successor Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Name, address, and U.S. taxpayer identification number (U.S. TIN) (if any) of<br>successor partnership, lower-tier partnership, upper-tier partnership, or U.S.<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---|
|  |                                   |                            |   |
|  |                                   |                            |   |
|  |                                   |                            |   |

**Part IV Taxable Disposition of a Portion of an Interest in Partnership Event** (see instructions)

| (a)<br>Description<br>of<br>event | (b)<br>Date<br>of<br>event | (c)<br>Percentage<br>of partnership<br>interest disposed | (d)<br>Percentage<br>of partnership<br>interest retained | (e)<br>Aggregate remaining<br>built-in gain attributed to<br>partnership interest retained |
|-----------------------------------|----------------------------|--|--|--|
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |
|                                   |                            |  |  |  |

**Part V Section 367 Transfer Event** (see instructions)

| (a)<br>Schedule G,<br>Part I,<br>line number | (b)<br>Description<br>of<br>event | (c)<br>Date<br>of<br>event | (d)<br>Gain<br>recognized | (e)<br>Name, address, and U.S. TIN (if any)<br>of foreign transferee<br>corporation (as applicable) |
|--|-----------------------------------|----------------------------|---------------------------|---|
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |
|  |                                   |                            |                           |   |

**Part VI Supplemental Information** (see instructions)

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |



FORM 8865

AFFILIATION SCHEDULE

STATEMENT 6

| NAME                          | ADDRESS   | IDENTIFYING<br>NUMBER | TOTAL<br>ORDINARY<br>INCOME<br>OR (LOSS) | CK<br>IF<br>FOR-<br>EIGN<br>P'SH |
|-------------------------------|---|-----------------------|--|----------------------------------|
| INTANGIBLE LABS, LLC          | 2 HUDSON PLACE, 7TH FLOOR<br>HOBOKEN, NJ 07030        | 82-2579218            |  |                                  |
| PARAFI PRIVATE<br>OPPORTUNITI | 601 CALIFORNIA ST, SUITE 6<br>SAN FRANCISCO, CA 94108 | 83-4159058            |  |                                  |

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

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.</b>       | Taxpayer identification number (TIN)<br><b>35-1812636</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>32 EAST WASHINGTON STREET, NO. 600</b>            |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>INDIANAPOLIS, IN 46204-2919</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 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) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**ADAM WHITE - 32 EAST WASHINGTON STREET, NO. 600 -**

- The books are in the care of ▶ **INDIANAPOLIS, IN 46204-2919**  
Telephone No. ▶ **317-262-7092** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **JULY 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **SEP 1, 2019**, and ending **AUG 31, 2020**.

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

|   |           |    |    |
|---|-----------|----|----|
| <b>3a</b> 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>3a</b> | \$ | 0. |
| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.              | <b>3c</b> | \$ | 0. |

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Department of the Treasury  
Internal Revenue Service

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

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

|  |  |   |
|--|--|---|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions.<br><b>INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.</b>       | Taxpayer identification number (TIN)<br><b>35-1812636</b> |
| File by the due date for filing your return. See instructions. | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>32 EAST WASHINGTON STREET, NO. 600</b>            |   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>INDIANAPOLIS, IN 46204-2919</b> |   |

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 7

| Application Is For                       | Return Code | Application Is For                | Return Code |
|--|-------------|-----------------------------------|-------------|
| Form 990 or Form 990-EZ                  | 01          | Form 990-T (corporation)          | 07          |
| Form 990-BL                              | 02          | Form 1041-A                       | 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) | 05          | Form 6069                         | 11          |
| Form 990-T (trust other than above)      | 06          | Form 8870                         | 12          |

**ADAM WHITE - 32 EAST WASHINGTON STREET, NO. 600 -**

- The books are in the care of ▶ **INDIANAPOLIS, IN 46204-2919**  
Telephone No. ▶ **317-262-7092** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

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| <b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. | <b>3b</b> | \$ | 0. |
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