			** PUBLIC DISCLOSURE CO	PY **								
	0	00	Return of Organization Exempt F	From I	ncome Tax	OMB No. 1545-0047						
Forr		<b>90</b>	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue			) 2019						
		uary 2020)	Do not enter social security numbers on this form a	as it may b	e made public.	Open to Public						
Interr	al Rev	of the Treasury enue Service	Go to www.irs.gov/Form990 for instructions and			Inspection						
AF	or th	e 2019 calend	ar year, or tax year beginning ${ m SEP}$ $1$ , $2019$ and $6$	ending A	<u>UG 31, 2020</u>							
B	heck in		organization		D Employer identifica	ation number						
INDIANAPOLIS SYMPHONY ORCHESTRA												
Change FOUNDATION, INC.												
L change Doing business as 35-1812030												
	retur	n Number		Room/suite	E Telephone number							
	Final retur term	in_		600	317-262-1							
	ated Ame	City or t	own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	23,446,098.						
	_retur	n <b>INDI</b>	ANAPOLIS, IN 46204-2919		H(a) Is this a group ret							
	tion pend	F Name a	nd address of principal officer: ADAM WHITE		for subordinates?							
			AS C ABOVE		H(b) Are all subordinates incl							
		kempt status:	<b>X</b> 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 527		st. (see instructions)						
		<u>ite: ► N/A</u>			H(c) Group exemption							
	orm o art l	of organization: [ Summary	X Corporation	L Year	of formation: 1990 M	State of legal domicile: IN						
10			- н									
e	1		e the organization's mission or most significant activities: <u>THE</u> RA FOUNDATION, INC. (THE "ISO FOUN		N") WAS FORME							
ano	2		$x \models \square$ if the organization discontinued its operations or dispos									
/err	2		-		1 1	<sup>15.</sup> 9						
ĝ	4		lependent voting members of the governing body (Part VI, line 1a)			9						
ళ	5					0						
ties	6		Total number of individuals employed in calendar year 2019 (Part V, line 2a)       5         Total number of volunteers (estimate if necessary)       6									
Activities & Governance	7 9		d business revenue from Part VIII, column (C), line 12			<u> </u>						
Ă			business taxable income from Form 990-T, line 39			0.						
	~	The amolated			Prior Year	Current Year						
	8	Contributions	and grants (Part VIII, line 1h)		2,352,831.	1,402,252.						
Revenue	9		ce revenue (Part VIII, line 2g)		1,380,572.	1,304,127.						
eve	10	Investment ind	come (Part VIII, column (A), lines 3, 4, and 7d)		3,833,027.	5,236,928.						
č	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		141,102.	40,584.						
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,707,532.	7,983,891.						
	13	Grants and sir	nilar amounts paid (Part IX, column (A), lines 1-3)		7,781,540.	6,900,000.						
	14	Benefits paid	to or for members (Part IX, column (A), line 4)		0.	0.						
ŝ	15	Salaries, othe	r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.						
Expenses	16a	Professional f	undraising fees (Part IX, column (A), line 11e)		0.	0.						
, be	l t	Total fundrais	ng expenses (Part IX, column (D), line 25)	0.								
Ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)		1,482,533.	1,201,562.						
	18	Total expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,264,073.	8,101,562.						
	19	Revenue less	expenses. Subtract line 18 from line 12		-1,556,541.	-117,671.						
Net Assets or Fund Balances				Be	ginning of Current Year	End of Year						
sset	20	Total assets (F			98,318,900.	99,982,035.						
at As	21		(Part X, line 26)		472,275.	255,998.						
Ž	22		fund balances. Subtract line 21 from line 20		97,846,625.	99,726,037.						
	nrt II	•			and and to the horizon of the	manufadara and ball 4.202						
			I declare that I have examined this return, including accompanying schedules			nowledge and belief, it is						
true,	corre	ci, and complete	Declaration of preparer (other than officer) is based on all information of wh	ich preparer	nas any knowledge.							
<b>o</b> .	_	Signature	e of officer		Date							
Sig		, -	MARGETTS, TREASURER		Duio							
Her	e		rint name and title									

Paid	Print/Type preparer's name BRIDGETTE MUGGE	Preparer's signature BRIDGETTE MUGGE	Date 06/17/21	Check PTIN if self-employed P00671418							
Preparer	Firm's name 🕨 BLUE & CO., LLC	Firm's	EIN 🕨 35-1178661								
Use Only	Firm's address 🕨 12800 N. MERIDIA										
	CARMEL, IN 46032		Phone	e no. 317-848-8920							
May the IRS discuss this return with the preparer shown above? (see instructions)											
				000							

932001 0	01 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.												
	SEE	SCHEDULE	0	FOR	ORGANIZATION	MISSION	STATEMENT	CONTINUATION					

	INDIANAPOLIS SYMPHONY ORCHESTRA		
	1 990 (2019) FOUNDATION, INC.	35-1812636	Page <b>2</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC. (TH	E "ISO	
	FOUNDATION") WAS FORMED IN SEPTEMBER 1990 FOR THE PURPO	SE OF	
	EDUCATING THE PUBLIC AND PROVIDING FINANCIAL AND OTHER S		E
	INDIANA SYMPHONY SOCIETY, INC. (THE "SOCIETY"), AN INDIA		<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		
2			X No
-	If "Yes," describe these new services on Schedule O.		<b>v</b> .
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a		1,344,	<b>711.</b> )
	PROVIDE SUPPORT TO INDIANA SYMPHONY SOCIETY, INC.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	1ue \$	)
4-		•	
4c	(Code:) (Expenses \$ including grants of \$) (Rever	iue \$	)
4d	Other program services (Describe on Schedule O.)		
40		1	
-	(Expenses \$ including grants of \$ ) (Revenue \$       Total program service expenses ►     7,268,447.	)	
4e	Total program service expenses 7,268,447.		000 (*** ***

 INDIANAPOLIS SYMPHONY ORCHESTRA

 Form 990 (2019)
 FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			- <b>v</b>
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	<u> </u>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44.	х	
h	Part VI	11a	Λ	<u> </u>
U	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	Х	
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total		23	
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
Ь	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		x
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		v	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Form 990 (2019)

Form	990 (2019) FOUNDATION, INC.	35-1812636	5 г	Page
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		_	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization'			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complexity of the second s			
	Schedule J		_	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and com			
	Schedule K. If "No," go to line 25a		1	X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		)	-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to d			
	any tax-exempt bonds?			
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	1	<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		1	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," co	mplete		
	Schedule L, Part I		)	X
26	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%			
		26	_	X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key er			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule I		_	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV		۱ 	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		)	<u>x</u>
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV		;	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conserved	ation		
	contributions? If "Yes," complete Schedule M		_	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Par		_	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II			X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		_	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or I	/, and		
	Part V, line 1		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		<u>ا</u>	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlle	d entity		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		)	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related of	organization?		
	If "Yes," complete Schedule R, Part V, line 2		_	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19			
	Note: All Form 990 filers are required to complete Schedule O		Х	
Par	t 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	<u></u>		Ē
		-	Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	2		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable g	aming		

(gambling) winnings to prize winners?

1c

)

FOUNDATION, INC.

Form	990 (2019) FOUNDATION, INC. 35-1812	<u>636</u>	P	<sub>age</sub> 5							
Pa											
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 0										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b									
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	3a	Х								
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?										
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			v							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X							
a	If "Yes," enter the name of the foreign country										
50	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х							
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X							
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	00									
	any contributions that were not tax deductible as charitable contributions?	6a		x							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b									
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c		X							
	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7e		x							
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?										
f											
-	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	N/	<u>~</u>							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8									
9	sponsoring organization have excess business holdings at any time during the year? <u>N/A</u> Sponsoring organizations maintaining donor advised funds.	0									
	Did the sponsoring organization make any taxable distributions under section 4966?	9a									
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b									
10	Section 501(c)(7) organizations. Enter:										
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders 11a										
b	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the yearN/A 12b										
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
h.	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.										
a	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 13b										
с 14а	Enter the amount of reserves on hand       13c         Did the organization receive any payments for indoor tanning services during the tax year?	14a		X							
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i>	14a		<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or										
	excess parachute payment(s) during the year?	15		x							
	If "Yes," see instructions and file Form 4720, Schedule N.										
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
	If "Yes," complete Form 4720, Schedule O.										

Form **990** (2019)

	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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 9			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	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?	3	Х	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	10-	х	
10	in Schedule O how this was done	12c 13	X	
13 14	Did the organization have a written whistleblower policy?	14	X	
14 15	Did the organization have a written document retention and destruction policy?	14	- 23	
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
-	The organization's CEO, Executive Director, or top management official	15a		Х
	Other officers or key employees of the organization	15a		X
~	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	10.0		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright IN$			
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)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	ial	
	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		000	(00.15)

Form 990 (2	2019) FOUNDATION, INC.	35-1812636	Page 7
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		Χ
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Comple	ete this table for all persons required to be listed. Report compensation for the calendar year ending	with or within the organization's	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."

INDIANAPOLIS SYMPHONY ORCHESTRA

• 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)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one				ane	Reportable	Reportable	Estimated
	hours per	box, unless perso			rson is both an lirector/trustee)			compensation	compensation	amount of
	week		cer an	id a d	Irecto	or/trus	tee)	from	from related	other
	(list any	irecto						the	organizations	compensation
	(list any locality of the second seco	e or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	ruste	l trus		/ee	npen		(00-2/1099-00030)		and related
	below	dual t	utiona	_	m ploy	st col	5			organizations
	line)	Indivi	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			5
(1) JOHN R. THORNBURGH	2.00									
CHAIR		X		Х				0.	0.	0.
(2) JILL MARGETTS	2.00									
TREASURER		х		х				0.	0.	0.
(3) ROBERT H REYNOLDS	2.00									
SECRETARY		X		Х				0.	0.	0.
(4) SCOTT DAVIS	2.00									
DIRECTOR		Х						0.	0.	0.
(5) TOM GREIN	2.00									
DIRECTOR		Х						0.	0.	0.
(6) MARTHA LAMKIN	2.00									
DIRECTOR		Х						0.	0.	0.
(7) MARK MUTZ	2.00									
DIRECTOR		Х						0.	0.	0.
(8) ROBERT D RAMSEY	2.00									
DIRECTOR		Х						0.	0.	0.
(9) SUSAN RIDLEN	2.00									
DIRECTOR		Х						0.	0.	0.
(10) STEVE HAMILTON (RETIRED 9/2019)	2.00									
ASSISTANT TREASURER				Х				0.	114,630.	29,691.
		1								
						-				
		1								
					-	$\vdash$				
		1								
	1	I	L	I	L	1		l		000

			ION	IY	OR	CH	ΕS	STRA	25 10	0176	26	Dawa <b>8</b>
Form 990 (2019) FOUNDATIO									35-1	5120	020	Page <b>8</b>
		pioy	ees,			gnes	τC		, ,			<b>C</b> )
(A)	(B) Average	1		Pos	<b>C)</b> sitior	า		(D) Bapartabla	(E) Banartabla			F)
Name and title	hours per			heck	k more than one person is both an			Reportable compensation	Reportable compensatio			nated unt of
	week					pr/trust		from	from related			her
	(list any	tor						the	organization			ensation
	hours for	r direc				eq		organization	(W-2/1099-MIS		•	n the
	related	tee oi	ustee			ensat		(W-2/1099-MISC)			organ	nization
	organizations	al trus	nal tr		oyee	e om p					and r	related
	below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former				organi	izations
	line)	Ind	lns	0ff	Key	e Hig	Б <sub>1</sub>			$\rightarrow$		
										$\rightarrow$		
										$ \rightarrow $		
										$\rightarrow$		
		-										
1b Subtotal								0.	114,63	20	29	,691.
1b Subtotal c Total from continuation sheets to Part VI								0.	114,00	0.	27	0.
								0.	114,63		29	,691.
2 Total number of individuals (including but n						e) wh	o re					,
compensation from the organization						,		· · · ,				0
										_	Y	'es No
3 Did the organization list any former officer,	director, trust	ee, ł	key e	empl	loye	e, or	hig	phest compensated empl	oyee on			
line 1a? If "Yes," complete Schedule J for s	uch individual									L	3	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150	,000? If "Yes,	" со	mpl	ete S	Sche	edule	Ji	for such individual		[	4	X
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J f	or si	uch į	oers	on .					5	X
Section B. Independent Contractors												
1 Complete this table for your five highest co										pensati	on from	ı
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	vith c	or wit	hir		ear.		(0)	
(A) Name and business	address							<b>(B)</b> Description of s	ervices	Co	(C) ompens	ation
CAMBRIDGE ASSOCIATES LLC								Beschption of a			Sinpene	ation
125 HIGH STREET, BOSTON,	MA 0211	0						INVESTMENT A	OVISOR		191	,307.
		•							511501			/
2 Total number of independent contractors (ii	ncluding but n	ot lir	nited	d to	thos	se list	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz	•				1			,				

					ATION,	I	NC.			35-1812	636 Page 9
Pa	rt VI		Statement of Re	ver	lue						
			Check if Schedule O	cont	ains a respor	nse	or note to any lin				
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ο, o	1 :	a	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts	 k		Membership dues								
ي ق			Fundraising events								
ífts, r A			Related organizations								
, Gi nila			Government grants (contr								
Sins	f		All other contributions, gifts,								
utic		•	similar amounts not included				1,402,252.				
trib Ott		~	Noncash contributions included in				-,,				
2on Dud	s F	-	Total. Add lines 1a-1f				<b></b>	1,402,252.			
0 0							Business Code	_,			
•	2 8	~	RENT - HILBERT CIRCI	LE 1	THEATRE		900099	850,000.	850,000.		
Program Service Revenue	2 4	d h	RENT - SYMPHONY CEN			_	900099	400,000.	400,000.		
èer∖ ue	, K	0	CIRCLE TOWER RENT			_	900099	54,127.	54,127.		
m S ven		ม เ				_	500055	54,127.	54,127.		
gra Re	C	d				_					
ro	•	e				_					
-			All other program service					1,304,127.			
		g	Total. Add lines 2a-2f					1,304,127.			
	3							888,575.		215,209.	673,366.
	other similar amounts) 4 Income from investment of tax-exempt bond proc							000,373.		215,205.	075,500.
	4				-	-					
	5		Royalties		(i) Real		(ii) Personal				
	<b>^</b>	_	Owene weate	<b>C</b> -							
			Gross rents	6a							
			Less: rental expenses	6b							
			Rental income or (loss)	6c			L				
			Net rental income or (loss)	) <u></u>	(i) Securiti	<u></u>	(ii) Other				
	1 8	а	Gross amount from sales of	7-	19,809,7		805.				
		<b>I</b> -	assets other than inventory	7a	19,009,7						
đ	L L	D	Less: cost or other basis	71.	15,461,6	51	553.				
evenue		_	and sales expenses	70 70			252.				
eve			Gain or (loss)					4,348,353.			4 348 353
Other Re			Net gain or (loss) Gross income from fundraisin			·····		1,510,555.			4,348,353.
th€	0 4	d	including \$	•							
0											
			contributions reported on		-	0-					
		h	Part IV, line 18			8a 8b					
			Net income or (loss) from				►				
			Gross income from gamin			[] []					
	36	a	Part IV, line 19			9a					
		h	Less: direct expenses			9a 9b					
			Net income or (loss) from Gross sales of inventory, I			<u></u>	▶				
	10 6	d				10					
		h	and allowances			10a 10b					
			Less: cost of goods sold								
	(	U.	Net income or (loss) from	sale	s or inventor	у	Business Code				
sn	44 -	2	ANNUITIES EARNINGS				900099	40,584.	40,584.		
Miscellaneous Revenue	116							10,001.	10,001.		
yen ven		b c									<u> </u>
isce Be			All other revenue			_					<u> </u>
Σ			Total. Add lines 11a-11d					40,584.			
			Total revenue. See instruction					7,983,891.		215,209.	5,021,719.

## INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.

13       Office expenses         14       Information technology         15       Royalties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization         23       Insurance         24       Other expenses Itemize expenses on time 24e. If ine 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Stockule 0.)         3       ADMIN SERVICE FEE         b       MISCELLANEOUS         c		Part IX Statement of Functional Expenses					
Check if Schedule Contains response or note to any line in this Pat W           Check if Schedule Contains response or notes to any line in this Pat W         Contains response on the Set Diagonal Levinse         Proofficient Contains Cont	Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).		
Tr. 80.5 and 10b of Part With         Total expenses         Program service         Management and spenses         Purchastry openses         Purchastry opens         Purchastry openses         P	<u></u>	Check if Schedule O contains a respons	se or note to any line in t	this Part IX	······································		
1         Grants and other assistance to domestic individuals. See Part IV, line 21         6,900,000.         6,900,000.           2         Grants and other assistance to domestic individuals. See Part IV, line 21         6,900,000.         6,900,000.           3         Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 51         6,900,000.         6,900,000.           4         Beenets paid to or for members			<b>(A)</b> Total expenses	Program service	Management and	Fundraising	
2       Grants and other assistance to domestic individuals. See Part V, line 13 mail 15 mail 15 mail 16 mail madviduals. See Part V, line 13 mail 16 mail 20       Image: Comparison of Line of Advisory 10 mail 20         3       Grants and other assistance to toreign organizations, foreign governments, and toreign individuals. See Part V, line 13 mail 16 mail 20       Image: Comparison of Line of Advisory 10 mail 20         4       Benefits paid to or for members comparison of Line of Advisory 10 mail 10 mail 20       Image: Comparison of Line of Advisory 10 mail 20         7       Other salaries and wages 20       Image: Comparison of Line of Advisory 10 mail 20       Image: Comparison of Line of Advisory 10 mail 20         9       Other employees benefits 20       Image: Comparison of Line of Advisory 10 mail 20       Image: Comparison of Line of Advisory 10 mail 20         9       Other employee benefits 20       Image: Comparison of Line of Advisory 10 mail 20       Image: Comparison of Line Of	1	Grants and other assistance to domestic organizations				· · ·	
individuals. See Part V, line 22		and domestic governments. See Part IV, line 21	6,900,000.	6,900,000.			
3       Grants and other assistance to foreign individuals. See Part IV, lines 15 and 16	2	Grants and other assistance to domestic					
organizations, foreign governments, and toreign individuals. See Part IV, lines 15 and 16		individuals. See Part IV, line 22					
individuals. See Part IV, lines 15 and 16	3	Grants and other assistance to foreign					
4       Benefits paid to of or members         5       Compensation of current officers, directors, trustees, and kay employees         6       Compensation not included above to disqualified persons (as defined inder section 4580(1)) and approximate and vages         7       Other safedine under section 4580(1) and 480(1) employer contributions (moture section 401(a) and 480(1) employers (motion 401(a) emp		organizations, foreign governments, and foreign					
5       Compensation of current officers, directors, trustess, and key employees         6       Compensation of included above to disgualfied persons (ds official south of 4560(1)) and and persons (ds official south of 4560(1)) and 480(1) employee contributions;         9       Other employee benefits		individuals. See Part IV, lines 15 and 16					
trustees, and key employees	4	Benefits paid to or for members					
6       Compensation not included above to disqualified persons described in section 49560((1)) and approximates and vages <ul> <li>7</li> <li>70 ther salaries and vages</li> <li>80 Person plane acruats and contributions (include section 49560((1)) and approximates</li> <li>90 Other employee benefits</li> <li>91 Payoit taxes</li> <li>92 Accounting</li> <li>92 Conteremptoyee benefits</li> <li>93 Conteremptoyee benefits</li> <li>94 Conteremptoyee benefits</li> <li>95 Conteremptoyee benefits</li> <li>95 Conteremptoyee benefits</li> <li>92 Conteremptoyee benefits</li> <li>93 Conteremptoyee benefits</li> <li>94 Conteremptoyee benefits</li> <li>95 Conteremptoy</li></ul>	5	Compensation of current officers, directors,					
persons (as defined under section 4958(c)(3)(B)		trustees, and key employees					
approvide described in section 4058(c)(3)(8)	6	Compensation not included above to disqualified					
7       Other salaries and wages							
8       Persion plan accruates and contributions (include section 401(k) and 403(b) employer contributions) <ul> <li>Other employee benefits</li> <li>Payroli taxes</li> <li>If ress for services (nonemployees):</li> <li>a Management</li> <li>Legal</li> <li>Lingal</li> <li>Choire my lower services. See Part IV, line 17</li> <li>Investment management frees</li> <li>Other employee and tundraising services. See Part IV, line 17</li> <li>Investment management frees</li> <li>Other employee and tundraising services. See Part IV, line 17</li> <li>Investment management frees</li> <li>Other employee and tundraising services. See Part IV, line 17</li> <li>Investment management frees</li> <li>Other employee and tundraising and promotion</li> <li>Office expenses</li> <li>Office expenses</li> <li>Information technology</li> <li>Status of travel or entertainment expenses for any tederal, state, or local public officials</li> <li>Payments to families</li> <li>Status of travel or entertainment expenses for any tederal, state, or local public officials</li> <li>Payments to families</li> <li>Bayments to families</li> <li>Status of travel or entertainment expenses for any tederal, state, or local public officials</li> <li>Payments to families</li> <li>Bayments to families</li> <li>Bayment sto affiliates</li> <li>Bayment</li></ul>							
section 401(k) and 403(b) employer contributions) 9 Other employee benefits 11 Fees for services (nonemployees): a Management b Legal c Accounting d Lobbying e Professional fundralsing services. See Part IV, line 17 f Investment management fees 9 Other, (If line 11 garound excedes 10% of line 25, column (A) amount, list line 11g expenses on Sch 0. 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Occupancy 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 22 Depreciation, depletion, and amortization 23 Interest 24 Other expenses 25 Total functional expenses							
9       Other employee benefits	8	-					
10       Payroll taxes		· · · · · · · · · · · · · · · · · · ·					
11 Fees for services (nonemployees):   a Management   b Legal   c Accounting   c Accounting   d Lobbying   e Professional fundralsing services. See Part IV, line 17   f Investment management fees   g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)   2 Advertising and promotion   30 Office expenses   11   12   Advertising and promotion   30 Office expenses   14   15   Royatlies   16   Occupancy   17   Travel   30 Interest   21   Payments of travel or entertainment expenses for any fideral, state, or local public officials   19   Conferences, conventions, and meetings   314, 320.   314, 320.   314, 320.   314, 320.   314, 320.   314, 320.   314, 320.   314, 320.   50, 000.   50, 000.   50, 000.   50, 000.   6, 530.   6   All other expenses   25   715   8, 101, 562.   7, 268, 447.   833, 115.   0.   26.   11.   735, 898.		-					
a Management       11,529.         b Legal       11,529.         c Accounting       20,525.         d Lobbying       20,525.         e Professional fundraising services. See Part IV, line 17         f Investment management fees       735,898.         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch (D).       1         13 Office expenses       1         14 Information technology       54,127.         15 Royanets of travel or entertainment expenses for any federal, state, or local public officials       54,633.         19 Conferences, conventions, and meetings       314,320.         20 Interest       314,320.         21 Insurance       314,320.         22 Operociation, depletion, and amortization       314,320.         23 Insurance       50,000.         24 Other expenses. Itemize expenses on in 224. If line 24e expenses on Schedule (D) a aboutint SERVICE FEE       50,000.         25 Total functional expenses. Add lines 1 through 24e       8,101,562.       7,268,447.       833,115.       0.         25 Total functional expenses. Add lines 1 through 24e       8,101,562.       7,268,447.       833,115.       0.							
b Legal       11,529.       11,529.         c Accounting       20,525.       20,525.         d Lobbying       20       20         e Professional fundralising services. See Part IV, line 17       735,898.       735,898.         g Other. (If line 11g amount, list line 11g expenses on Sch 0.)       735,898.       735,898.         g Other. (If line 11g amount, list line 11g expenses on Sch 0.)       20       20         12 Advertising and promotion       20       20         13 Office expenses       20       54,127.         14 Information technology       54,127.       54,127.         15 Royalties       20       54,127.         16 Occupancy       54,127.       54,127.         17 Travel       20       20         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       20         10 Conferences, conventions, and meetings       314,320.       314,320.         21 Payments to affiliates       20       20       20         22 Depreciation, depletion, and amoritization       314,320.       314,320.       20         23 MISCELLANEOUS       6,530.       6,530.       6,530.       20       20         6       All other expenses.       4l line 11 finoung 20° B2.2(X co							
c Accounting       20,525.       20,525.         d Lobbying       20,525.       20,525.         e Professional fundraising services. See Part IV, line 17       735,898.       735,898.         g Other. (If line 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       20,525.       20,525.         12 Advertising and promotion       30 Office expenses       30 Office expenses       30 Office expenses         13 Office expenses       54,127.       54,127.       54,127.         18 Payments of travel or entertainment expenses for any federal, state, or local public officials       90 Conferences, conventions, and meetings       314,320.         21 Payments to affiliates       92 Depreciation, depletion, and amortization       314,320.       314,320.         21 Insurance       50,000.       50,000.       50,000.         24 Other expenses.       50,000.       50,000.       50,000.         a ADMIN SERVICE FEE       50,000.       50,000.       50,000.         b MISCELLANEOUS       6,530.       6,530.       6,530.         c       26 Joint costs. Complete his line only if the organization reported in column (8) point costs from a combined educational expenses. Add lines 1 through 24e       8,101,562.       7,268,447.       833,115.       0.         26 Joint costs. Complete his line only if the organization			11 520		11 520		
d Lobbying       Professional fundialising services. See Part IV, line 17         r       Professional fundialising services. See Part IV, line 17         f       Investment management fees         g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royatties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Insurance         22       Insurance         24       Other expenses on Schelle 0.)         314,320.       314,320.         23       Insurance         24       Mits Dise 24e, regime 2							
e       Professional fundraising services. See Part IV, line 17         f       Investment management fees         g       Other. (If line 11g anount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royatties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization insvance         24       Other expenses. Itenize expenses on to covered above (List miscellaneous expenses on Schedule 0.)         a       ADMIN SERVICE FEE         b       MISCELLALNEOUS         c			20,525.		20,525.		
f       Investment management fees       735,898.       735,898.         g       Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)       1         12       Advertising and promotion       1         13       Office expenses       1         14       Information technology       1         15       Royaties       1         16       Occupancy       54,127.       54,127.         17       Travel       1       1         18       Payments of travel or entertainment expenses for any federal, state, or local public officials       1       1         19       Conferences, conventions, and meetings       8,633.       8,633.       1         20       Interest       314,320.       314,320.       1       1         21       Namourt, Isit line 24e apress on Schedule 0.)       314,320.       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1       1							
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)   12 Advertising and promotion   13 Office expenses   14 Information technology   15 Royatties   16 Occupancy   17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   20 Interest   21 Neurast   22 Depreciation, depletion, and amortization amount, list line 24e expenses on Schedule 0.)   a ADMIN SERVICE FEE   b MISCELLANEOUS   c   c   c   d   a All other expenses   28 Iott rests   20 Interest   20 Other expenses. Itemize expenses on Schedule 0.)   a ADMIN SERVICE FEE   b MISCELLANEOUS   c   c   c   c   d   e All other expenses. Add lines 1 through 24e   8, 101, 562.   7, 268, 447.   833, 115.   0.   rest   a Lotter expenses. Add lines 1 through 24e   8, 101, 562.   7, 268, 447.   833, 115.   0.			735,898.		735,898.		
column (A) amount, list line 11g expenses on Sch 0.)       Advertising and promotion         12       Advertising and promotion         13       Office expenses         14       Information technology         15       Royaties         16       Occupancy         17       Travel         18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest         21       Payments to affiliates         22       Depreciation, depletion, and amortization above (List miscellaneous expenses on line 24.e if above (List miscellaneous expe			,				
12       Advertising and promotion	5						
13       Office expenses       Information technology         14       Information technology       Information technology         15       Royatties       Image: State of travel of travel or entertainment expenses for any federal, state, or local public officials       54,127.54,127.         19       Conferences, conventions, and meetings       Image: State of travel of travel or entertainment expenses for any federal, state, or local public officials       Image: State of travel of travel or entertainment expenses         20       Interest       8,633.       8,633.         21       Payments to affiliates       Image: State of travel or entertainment expenses       Image: State of travel of travel or entertainment expenses         20       Interest       8,633.       8,633.         22       Depreciation, depletion, and amortization above (List miscellaneous expenses on line 24e, If time 24e amount exceeds 10% of time 25, column (A) amount, list line 24e expenses on Statelule 0.       State of travel of time 25, column (A) amount, list line 24e expenses on Statelule 0.         3       ADMIN SERVICE FEE       50,000.       50,000.         6	12						
15 Royatties   16 Occupancy   17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   20 Interest   20 Interest   21 Payments of affiliates   22 Depreciation, depletion, and amortization mount, list line 24e expenses on line 25, column (A) amount, list line 24e expenses on Schedule 0.)   3 ADMIN SERVICE FEE   4 MISCELLANEOUS   6 6, 530.   6 All other expenses. Add lines 1 through 24e   25 Total functional expenses. Add lines 1 through 24e   26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaing and fundraising solicitation. Check here b if tollowing SOP 98-2 (ASC 98-720)	13						
15 Royatties   16 Occupancy   17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   20 Interest   20 Interest   21 Payments of affiliates   22 Depreciation, depletion, and amortization mount, list line 24e expenses on line 25, column (A) amount, list line 24e expenses on Schedule 0.)   3 ADMIN SERVICE FEE   4 MISCELLANEOUS   6 6, 530.   6 All other expenses. Add lines 1 through 24e   25 Total functional expenses. Add lines 1 through 24e   26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaing and fundraising solicitation. Check here b if tollowing SOP 98-2 (ASC 98-720)	14	Information technology					
17 Travel   18 Payments of travel or entertainment expenses for any federal, state, or local public officials   19 Conferences, conventions, and meetings   20 Interest   21 Payments to affiliates   22 Depreciation, depletion, and amortization   23 Insurance   24 Other expenses. Itemize expenses on towered above (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)   a ADMIN SERVICE FEE   b MISCELLANEOUS   c	15						
18       Payments of travel or entertainment expenses for any federal, state, or local public officials         19       Conferences, conventions, and meetings         20       Interest       8,633.         20       Interest       8,633.         21       Payments to affiliates       314,320.         22       Depreciation, depletion, and amortization       314,320.         23       Insurance       314,320.         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       50,000.         a       ADMIN SERVICE FEE       50,000.         b       MISCELLANEOUS       6,530.         c	16	Occupancy	54,127.	54,127.			
for any federal, state, or local public officials   19   Conferences, conventions, and meetings   20   Interest   21   Payments to affiliates   22   Depreciation, depletion, and amortization   23   Insurance   24   Other expenses. Itemize expenses on tocvered 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 0.)   a   ADMIN SERVICE FEE   b   d   e   All other expenses   25   Total functional expenses. Add lines 1 through 24e   8,101,562.   7,268,447.   833,115.   0.	17	Travel					
19       Conferences, conventions, and meetings       8,633.         20       Interest       8,633.         21       Payments to affiliates       314,320.         22       Depreciation, depletion, and amortization       314,320.         23       Insurance       314,320.         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       50,000.         a ADMIN SERVICE FEE       50,000.       50,000.         b       MISCELLANEOUS       6,530.         c	18	Payments of travel or entertainment expenses					
20       Interest       8,633.       8,633.         21       Payments to affiliates       314,320.       314,320.         22       Depreciation, depletion, and amortization       314,320.       314,320.         23       Insurance       314,320.       314,320.         24       Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       50,000.       50,000.         a       ADMIN SERVICE FEE       50,000.       6,530.       6,530.         c							
21       Payments to affiliates       314,320.         22       Depreciation, depletion, and amortization       314,320.         23       Insurance       314,320.         24       Other expenses. Itemize expenses on to 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 0.)       50,000.         a       ADMIN SERVICE FEE       50,000.         b       MISCELLANEOUS       6,530.         c	19	Conferences, conventions, and meetings	0 600		0.000		
22       Depreciation, depletion, and amortization       314,320.       314,320.         23       Insurance       314,320.       314,320.         24       Other expenses. Itemize expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)       50,000.       50,000.         a       ADMIN SERVICE FEE       50,000.       50,000.         b       MISCELLANEOUS       6,530.       6,530.         c	20	F	४,७३३.		8,633.		
23       Insurance	21		31/ 220	21/ 220			
24       Other expenses. Itemize expenses on to 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 0.)       a         a       ADMIN SERVICE FEE       50,000.         b       MISCELLANEOUS       6,530.         c       6       6,530.         d       6       50.000.         e       All other expenses. Add lines 1 through 24e       8,101,562.       7,268,447.       833,115.       0.         25       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here imaging and fundraising solicitation. Check here imaging and fundraising solicitation.       Check here imaging and fundraising solicitation.       Check here imaging and fundraising solicitation.       Check here imaging and fundraising solicitation.		. Γ	514,520.	JI4,34U.			
above (List miscellaneous expenses on line 24e. If line 24e expenses on Schedule 0.)         a ADMIN SERVICE FEE       50,000.         b MISCELLANEOUS       6,530.         c							
amount, list line 24e expenses on Schedule 0.)       50,000.         ADMIN SERVICE FEE       50,000.         b MISCELLANEOUS       6,530.         c       6         d       6         e All other expenses       8,101,562.         25 Total functional expenses. Add lines 1 through 24e       8,101,562.         26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)       6,530.	24	above (List miscellaneous expenses on line 24e. If					
a ADMIN SERVICE FEE       50,000.       50,000.         b MISCELLANEOUS       6,530.       6,530.         c		line 24e amount exceeds 10% of line 25, column (A)					
b       MISCELLANEOUS       6,530.       6,530.         c	я		50,000.		50,000,		
c	b						
d							
25       Total functional expenses. Add lines 1 through 24e       8,101,562.       7,268,447.       833,115.       0.         26       Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ if following SOP 98-2 (ASC 958-720)       Image: Complete the solution of the solu							
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	е	All other expenses					
reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here  findlowing SOP 98-2 (ASC 958-720)	25	Total functional expenses. Add lines 1 through 24e	8,101,562.	7,268,447.	833,115.	0.	
educational campaign and fundraising solicitation. Check here  fillowing SOP 98-2 (ASC 958-720)	26	Joint costs. Complete this line only if the organization					
Check here Fillowing SOP 98-2 (ASC 958-720)							
Eorm 990 (2010)						Earm <b>990</b> (2010)	

Form 990 (2019)

#### INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.

	990 () <b>t X</b>			35-	1812636 Page
aı	נא	Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1.	1	
	2	Savings and temporary cash investments	1,290,560.	2	448,047
	3	Pledges and grants receivable, net	1,608,344.	3	1,742,893
	4	Accounts receivable, net	79,763.	4	59,468
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
,	7	Notes and loans receivable, net	435,800.	7	250,00
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	18,75
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10, 720, 497.			
	b	Less: accumulated depreciation 10b 6,929,446.	4,105,372.	10c	3,791,05
	11	Investments - publicly traded securities	24,557,688.	11	24,386,49
	12	Investments - other securities. See Part IV, line 11	63,688,912.	12	68,319,08
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,552,460.	15	966,24
	16	Total assets. Add lines 1 through 15 (must equal line 33)	98,318,900.	16	99,982,03
	17	Accounts payable and accrued expenses	36,475.	17	5,99
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other 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		22	
	23	Secured mortgages and notes payable to unrelated third parties	435,800.	23	250,00
	24	Unsecured notes and loans payable to unrelated third parties		24	-
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	472,275.	26	255,99
		Organizations that follow FASB ASC 958, check here 🕨 🗴			
		and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	55,980,687.	27	58,426,80
	28	Net assets with donor restrictions	41,865,938.	28	41,299,23
		Organizations that do not follow FASB ASC 958, check here			
		and complete lines 29 through 33.			
	29	Capital stock or trust principal, or current funds		29	
	30	Paid in or capital surplus, or land, building, or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	97,846,625.	32	99,726,03
•	33	Total liabilities and net assets/fund balances	98,318,900.	33	99,982,03

INDIANAPOLIS	SYMPHONY	ORCHESTRA
FOUNDATION,	INC.	

	990 (2019) FOUNDATION, INC.	35-3	18126	536	Pag	<sub>je</sub> 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		<u>,983</u>		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,101		
3	Revenue less expenses. Subtract line 2 from line 1	3		-117		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,846		
5	Net unrealized gains (losses) on investments	5	1,	,997	,20	)1.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9			-11	<u>18.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	99,	<u>,726</u>	,03	<u>37.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII			<u></u>		X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х	
	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit	:			
	Act and OMB Circular A-133?		L	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2019)

SCHEDULE A (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service		C	Public Charity Status and Public Support         Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.         ► Attach to Form 990 or Form 990-EZ.         ► Go to www.irs.gov/Form990 for instructions and the latest information.					OMB No. 1545-0047	
Name of	the organizati			YMPHONY ORCHI	ESTRA				identification number
Dort	Decem		DATION, INC						5-1812636
Part I				All organizations must co			e instructions	S	
The organ 1 2 3 4	<ul> <li>ganization is not a private foundation because it is: (For lines 1 through 12, check only one box.)</li> <li>A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).</li> <li>A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)</li> <li>A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).</li> <li>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:</li> </ul>								
5	An organizati	on operated fo	or the benefit of a col	lege or university owned	l or operat	ed by a go	vernmental u	nit describe	ed in
	section 170	(b)(1)(A)(iv). (0	Complete Part II.)						
6    7    8    9	An organizati <b>section 170(</b> A community	on that norma b)(1)(A)(vi). (C trust describe	Illy receives a substar complete Part II.) ed in <b>section 170(b)(</b>	nental unit described in antial part of its support fr (1)(A)(vi). (Complete Partin	rom a gove t II.)	ernmental	unit or from th		
9 🛄	-	-	-	in <b>section 170(b)(1)(A)(</b> i ulture (see instructions).		-		-	-
10	An organizati activities rela income and u	ted to its exen Inrelated busir	npt functions - subjec	than 33 1/3% of its supp t to certain exceptions, (less section 511 tax) fro	and (2) no	more thar	n 33 1/3% of it	s support	from gross investment
12 X a _ b _	<ul> <li>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.</li> <li>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.</li> </ul>								
U [2.	_ ,1	-	• • •	g organization operated ). You must complete I				ly integrate	ia with,
d [	Type III no that is not i requiremen	n-functionally functionally int t (see instruct	y integrated. A supp regrated. The organiz ions). You must con	porting organization oper ation generally must sat nplete Part IV, Sections written determination fro	ated in con isfy a distr <b>s A and D,</b>	nnection with the second se	vith its suppor quirement and <b>V.</b>	an attenti	
e	functionally	integrated, or	r Type III non-functior	nally integrated supportin	ng organiz	ation.		n, rype m	1
				d avaanization(a)					L
	vide the follow (i) Name of supp		n about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other
	organizatior		(, ב	(described on lines 1-10	in your governi	ng document?	support (see ir	-	support (see instructions)
	NA SYMP			above (see instructions))	Yes	No			
	TY, INC	HONY	35-0998627	7	x		6,900	,000.	
Total							6,900	,000.	0.
· · · · <b>-</b>					000 EE		<b>•</b> •		

Schedule A (Form 990 or 990-EZ) 2019	FOUNDATION,	INC
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35-1812636 Page 2

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 failed to qualify under the total initial 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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
Ŭ	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)						
6							
	Public support. Subtract line 5 from line 4. ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	(a) 2015	(b) 2010	(0) 2017	(u) 2018	(e) 2019	
-							
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3)	
<u>.</u>	organization, check this box and stop	here					
See	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2019 (li		•	.,,		14	%
	Public support percentage from 2018					15	%
<b>16</b> a	33 1/3% support test - 2019. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			▶∟
b	33 1/3% support test - 2018. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not	check a box on lin	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and <b>stop</b>	<b>here.</b> Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization	-	▶□
b	0 10% -facts-and-circumstances test	- 2018. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	e "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explain	n in Part VI how th	e
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		-				s

Schedule A (Form 990 or 990-EZ) 2019

Part II

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disgualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						_
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	) (f) Total
	Amounts from line 6						
108	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
Ľ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
12	or loss from the sale of capital						
40	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)		 	al farrith an fifth to			
14	First five years. If the Form 990 is fo	•					
Se	check this box and stop here	c Support Per	centage				
	Public support percentage for 2019 (			column (f))		15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20			ne 13. column (f))		17	%
	Investment income percentage from					18	%
	a 33 1/3% support tests - 2019. If the					· · · · · · · · · · · · · · · · · · ·	
	more than 33 1/3%, check this box a						
ł	<b>33 1/3% support tests - 2018.</b> If the						
	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						

### Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC. Part IV Supporting Organizations

Yes

No

(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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If* "Yes." *complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

Х 1 Х 2 Х 3a 3b 3c Х 4a 4b 4c Х 5a 5b 5c х 6 Х 7 х 8 х 9a Х 9b Х 9c Х 10a 10b

	dule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.	35-181263	6 Pa	age <b>5</b>
Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		X
	A family member of a person described in (a) above?	11b		X
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		X
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
-	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
800	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
Sec			Vee	Na
4	Mare a majority of the executivation is divertors or tructure during the tax year also a majority of the divertors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how control</i>			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations			
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	x	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in <b>Part VI</b> how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	Х	
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		х
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	structions).		
а	X The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
с	The organization supported a governmental entity. Describe in Part VI how you supported a government enti	ty (see instructions	s) <u>.</u>	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a	X	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	X	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	<u>3a</u>		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	1	

Schedule A (Form 990 or 990-EZ) 2019

#### 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 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. (B) Current Year Section A - Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 4 4 Add lines 1 through 3. 5 5 Depreciation and depletion 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 7 Other expenses (see instructions) 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year Section B - Minimum Asset Amount (A) Prior Year (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): a Average monthly value of securities 1a **b** Average monthly cash balances 1b c Fair market value of other non-exempt-use assets 1c d Total (add lines 1a, 1b, and 1c) 1d e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 2 3 3 Subtract line 2 from line 1d. Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 4 see instructions). 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 5 6 6 Multiply line 5 by .035. 7 Recoveries of prior-year distributions 7 8 Minimum Asset Amount (add line 7 to line 6) 8 Section C - Distributable Amount Current Year Adjusted net income for prior year (from Section A, line 8, Column A) 1 1 Enter 85% of line 1. 2 2 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 Enter greater of line 2 or line 3. 4 4 5 5 Income tax imposed in prior year 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 6

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2019

	dule A (Form 990 or 990-EZ) 2019 FOUNDATION, I			5-1812636 Page 7
Par	t V Type III Non-Functionally Integrated 509	a)(3) Supporting Orga	nizations (continued)	
Sect	on D - Distributions			Current Year
_1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
_7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
с	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
с	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### INDIANAPOLIS SYMPHONY ORCHESTRA Schedule A (Form 990 or 990 EZ) 2019 FOUNDATION, INC.

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

Name of the organization

Organization type (check one):

#### \*\* PUBLIC DISCLOSURE COPY \*\*

### **Schedule of Contributors**

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

OMB No. 1545-0047

# 2019

Employer identification number

INDIANAPOLIS	SYMPHONY	ORCHESTRA

FOUNDATION, INC.

35-1812636

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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**

X 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 for an *exclusively* set is charitable, etc., but this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the set is charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is the se

**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).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ <u>100,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ <u>25,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$598,687.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
<u>No.</u>	Name, address, and ZIP + 4	Total contributions           \$         100,000.	Type of contribution         Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$500,000 <b>.</b>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$12,502.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

FOUNDATION, INC.

Employer identification number

35-1812636

			Employer identification number
	NAPOLIS SYMPHONY ORCHESTRA ATION, INC.		35-1812636
Part II		if additional space is needed	•
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Data received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.	Listo received
		   \$	

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

Page **3** 

Schedule B	(Form	990,	990-EZ,	or 990-PF	(2019)
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Pa	ae	4

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)			Page <b>4</b>
Name of o	rganization			Employer identification number
	NAPOLIS SYMPHONY ORCHES	TRA		
	ATION, INC.			35-1812636
Part III	from any one contributor. Complete columns (a	) through (e) and the following line en	try. For organizations	
	completing Part III, enter the total of exclusively religious,	charitable, etc., contributions of <b>\$1,000 or</b>	less for the year. (Enter this info. or	nce.) ► \$
(a) No.	Use duplicate copies of Part III if additional			
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd <b>7</b> ID $\pm 4$	Relationship of tra	ansferor to transferee
(-) N				
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I				
		(e) Transfer of gif	t	
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I	() ·	(0) 000 01 g	(,	
		(e) Transfer of gif	t	
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held
Part I			(0) Des	
		(e) Transfer of gif	t	
		., 0		
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee

SC		Supplementa	al Financial Statements		OMB No. 1545-0047
	n 990)	Complete if the org	anization answered "Yes" on Form 990,		2019
Depart	ment of the Treasury	Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.		Open to Public
	I Revenue Service	Go to www.irs.gov/Form9	90 for instructions and the latest information	on.	Inspection
Nam	e of the organization		ONY ORCHESTRA	Em	ployer identification number
Pa	t I Organiza	FOUNDATION, INC.	d Funds or Other Similar Funds or	<u> </u>	35-1812636
Fai		n answered "Yes" on Form 990, Part IV, lin		Accour	its. Complete if the
	organization	n answered "Yes" on Form 990, Part IV, lin	e o. (a) Donor advised funds	(b) Fur	nds and other accounts
4	Total number at on	ad of year		(6) 1 01	
1 2		nd of year f contributions to (during year)			
2		f grants from (during year)			
3 4					
5		t end of year	writing that the assets held in donor advised f	iunde	
Ŭ	-		exclusive legal control?		Yes No
6			dvisors in writing that grant funds can be use		
Ŭ	•		r donor advisor, or for any other purpose con	•	
	impermissible priva			Ũ	
Pa			ganization answered "Yes" on Form 990, Part		
1		ervation easements held by the organization		,	
•		of land for public use (for example, recrea		istorically	important land area
		f natural habitat	Preservation of a c		
		of open space			
2			ied conservation contribution in the form of a	conserva	tion easement on the last
-	day of the tax year	0 0 1			Held at the End of the Tax Year
а				2a	
b					
c			ucture included in (a)		
b b			after 7/25/06, and not on a historic structure		
ŭ				2d	
3			eased, extinguished, or terminated by the org		during the tax
Ū	year ►			Janization	during the tax
4		where property subject to conservation easily and the	sement is located		
5		tion have a written policy regarding the per			
-		orcement of the conservation easements it			Yes No
6			handling of violations, and enforcing conserv		
	•	5, T 5,	5		5
7	Amount of expense	es incurred in monitoring, inspecting, hanc	lling of violations, and enforcing conservation	easemen	ts during the vear
	▶\$	5, 1 5,	5		5
8	Does each conserv	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4	)(B)(i)	
					Yes No
9			on easements in its revenue and expense sta		
	balance sheet, and	d include, if applicable, the text of the footr	ote to the organization's financial statements	that des	cribes the
		ounting for conservation easements.	-		
Pa	't III   Organiza	ations Maintaining Collections of	Art, Historical Treasures, or Othe	r Simila	r Assets.
	Complete if	the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and I	balance s	heet works
	of art, historical tre	asures, or other similar assets held for put	lic exhibition, education, or research in furthe	erance of	public
	service, provide in	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and bala	nce sheet	t works of
	art, historical treas	ures, or other similar assets held for public	exhibition, education, or research in furthera	nce of pu	blic service,
	provide the following	ng amounts relating to these items:			
	(i) Revenue inclue	ded on Form 990, Part VIII, line 1		►	\$
				•	\$
2	If the organization		asures, or other similar assets for financial ga		e
		unts required to be reported under FASB A			
а	-		~ 	►	\$
					\$
		eduction Act Notice, see the Instructions			Schedule D (Form 990) 2019

932051 10-02-19

		POLIS SYMP	HONY ORC	HESTRA	<b>L</b>				-	-
-		ION, INC.					35-18	12636	P	age <b>2</b>
Par	t III Organizations Maintaining C	ollections of Ar	t, Historical	Treasure	es, or Othe	er Similar	Asset	s <sub>(contin</sub>	ued)	
3	Using the organization's acquisition, accession	on, and other record	s, check any of	the followir	ng that make s	significant u	ise of its			
	collection items (check all that apply):									
а	Public exhibition	c		exchange						
b	Scholarly research	e	e [] Other_							
С	Preservation for future generations									
4	Provide a description of the organization's co	ellections and explair	n how they furth	er the orga	nization's exe	mpt purpos	se in Part	XIII.		
5	During the year, did the organization solicit of		•	-		r assets	_	_		_
_	to be sold to raise funds rather than to be ma							Yes		No
Par	t IV Escrow and Custodial Arrang		ete if the organi	zation answ	vered "Yes" or	n Form 990	, Part IV,	line 9, or		
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodia						_	_		_
	on Form 990, Part X?						L	Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	lowing table:							
								Amount		
с	Beginning balance					1c				
d	Additions during the year					1d				
	Distributions during the year									
f	Ending balance					1f				
2a	Did the organization include an amount on Fo					lity?		Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has b	een provide	ed on Part XIII					
Par	rt V Endowment Funds. Complete i	f the organization ar	swered "Yes" o	n Form 990	), Part IV, line	10.				
		(a) Current year	(b) Prior yea	ur (c) Tv	wo years back	(d) Three y	ears back	(e) Four	years	back
1a	Beginning of year balance	36,728,701.	36,437,5	97. 3	5,646,389.	34,4	61,941.	34,	546,	103.
	Contributions	501,000.	501,0	00.	111,000.		12,500.		15,	000.
	Net investment earnings, gains, and losses	848,185.	282,4	15.	1,103,191.	1,5	99,437.		326,	712.
	Grants or scholarships									
	Other expenditures for facilities									
	and programs	506,223.	492,3	11.	422,983.	4	27,489.		425,	874.
f	Administrative expenses									
	End of year balance	37,571,663.	36,728,7	01. 3	6,437,597.	35,6	46,389.	34,	461,	941.
2	Provide the estimated percentage of the curr					, ,		,		
	Board designated or guasi-endowment	.00	%							
h	Permanent endowment  89.60	%								
с С	10.40	% %								
U	The percentages on lines 2a, 2b, and 2c show									
20	Are there endowment funds not in the posses		tion that are be	ld and adm	inistored for t	ho organiza	tion			
Ja		ssion of the organiza	allon that are ne	iu anu aum		ne organiza		Г	Yes	No
	by:								Tes	No X
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		
	If "Yes" on line 3a(ii), are the related organiza			R?				3b		
4 Dar	Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm		wment funds.							
T ai						line 10				
	Complete if the organization answered						.	( ) = .		
	Description of property	(a) Cost or o	• •	Cost or oth			d	(d) Bool	valu	е
		basis (investr	D	asis (other)		epreciation		600		00
	Land		10	600,00		000 00				00.
	Buildings		<u></u> ,	$\frac{083,34}{27,1}$		892,29		3,191	.,0	
	Leasehold improvements			37,1		37,15	• • •			0.
	Equipment									
	Other						_	<u> </u>	~	- 4
Tota	I. Add lines 1a through 1e. <i>(Column (d) must</i> e	qual Form 990, Part	<u>X, column (B), li</u>	<u>ne 10c.)</u>				3,791	-	
						:	Schedule	e D (Form	990)	2019

INDIANAPOLIS	SYMPHONY	ORCHESTRA
FOUNDATION,	INC.	

Schedule D (Form 990) 2019 FOUNDATION,	INC.	35	-1812636 Page 3
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	1-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)	00,010,0010		
(D)			
(E)			
(F)			
(G)			
(H)	68,319,081.		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related.	00,319,001.		
Complete if the organization answered "Yes"			A of yoor markat yellet
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	a-ot-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line			
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)			
( <i>i</i> )(8)			<u> </u>
(9)			<u> </u>
Total. (Column (b) must equal Form 990, Part X, col. (B) line	<i>: 23.)</i>		l

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

X Schedule D (Form 990) 2019

	INDIANAPOLIS SYMPHONY OR	CHESTRA			
Sche	dule D (Form 990) 2019 FOUNDATION, INC.				1812636 Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial State	ements Witl	n Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,245,076.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	1,997,201.		
b	Donated services and use of facilities				
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-118.		
е	Add lines 2a through 2d			2e	1,997,083.
3	Subtract line <b>2e</b> from line <b>1</b>			3	7,247,993.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	735,898.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	735,898.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	7,983,891.
Pa	rt XII Reconciliation of Expenses per Audited Financial Stat	tements Wi	th Expenses per F	Retur	n.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 12a.			
1	Total expenses and losses per audited financial statements			1	7,365,664.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	7,365,664.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	735,898.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	735,898.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18,	)		5	8,101,562.
Pa	rt 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

INDIANAPOLIS SIMPHONI ORCHESTRA		
Schedule D (Form 990) 2019 FOUNDATION, INC.	35-1812636	Page 5
Part XIII Supplemental Information (continued)		
BY VARIOUS FEDERAL AND STATE TAXING AUTHORITIES. MANAGEMENT	HAS ANALYZE	ED
THE TAX POSITIONS TAKEN BY THE ISO FOUNDATION, AND HAS CONCLU	DED THAT AS	5
OF AUGUST 31, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS	TAKEN OR	
EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIAB	ILITY OR	
DISCLOSURE IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ISO	FOUNDATION	1
IS SUBJECT TO ROUTINE AUDITS BY TAXING JURISDICTIONS; HOWEVER	, THERE ARE	Ξ
CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.		

DIANA DOLLA GUNDUONU ODGUDGEDA

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:

<u>CHANGE IN NPV - CHARITABLE GIFT ANNUITY</u>

-118.

SCHEDULE F	Stateme	nt of Act	ivities Outside the Ur	nited Sta	ites	ОМ	B No. 1545-0047
(Form 990)	Complete if	the organizatio	n answered "Yes" on Form 990, Part	IV, line 14b, 1	5, or 16.		2019
Department of the Treasury Internal Revenue Service	► Go to	www.irs.gov/Fo	Attach to Form 990. orm990 for instructions and the latest	t information.		Open Inspec	to Public ction
Name of the organization					Employer	identific	cation number
INDIANAPOLIS		RCHESTRA					-
FOUNDATION, II	NC.				35-18	12630	5
		ctivities Out	side the United States. Compl	ete if the organ	ization answ	vered "Ye	es" on
	art IV, line 14b.						
-	e e		ds to substantiate the amount of its gra the selection criteria used to award the		-	🔲 י	Yes 🗌 No
2 For grantmakers. D United States.	escribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and ot	her assistan	ce outsic	le the
3 Activities per Region	. (The following Part	I, line 3 table ca	an be duplicated if additional space is r	needed.)			
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in the region	1	vity listed in	(d)	(f) Total
	offices in the region	employees, agents, and independent contractors in the region	(by type) (such as, fundraising, pro- gram services, investments, grants to recipients located in the region)	describe	gram service e specific typ (s) in the reg	be	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.
3 a Subtotal	0	0					44,405,546.
<b>b</b> Total from continuat sheets to Part I	ion	0					0.
c Totals (add lines 3a	0	0					44 405 546.

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

Schedule F (Form 990) 2019

### INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.

Schedule F (Form 990) 2019

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 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
by the IRS, or for whic	ch the grantee or cou	nsel has provided a sect	recognized as charities by the t tion 501(c)(3) equivalency letter					

932072 10-12-19

Page 2

35-1812636

Schedule F (Form 990) 2019

FOUNDATION, INC.

35-1812636

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>(b)</b> Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	<b>(f)</b> Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)		

Schedule F (Form 990) 2019

Page 3

Sched	lule F (Form 990) 2019 FOUNDATION, INC.	35-1812636	Page 4
Part	t IV Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the		
	organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign		
	Corporation (see Instructions for Form 926)	X Yes	No No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization		
	may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign		
	Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign		
	Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes,"		
	the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to		
	Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X 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	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes,"		
	the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain		
	Foreign Partnerships (see Instructions for Form 8865)	X Yes	No No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If		
	"Yes," the organization may be required to separately file Form 5713, International Boycott Report (see		
	Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2019

INDIANALODIO DIMINONI OKCHEDIKA	INDIANAPOLIS	SYMPHONY	ORCHESTRA
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Schedule F	(Form 990) 2019 Supplementa	FOUNDATION,	INC.	35-1812636	Page <b>5</b>
. are t			line 2 (monitoring of funds); Part I, line 3, column (f) (accountir	ng method: amounts of	
			Part II, line 1 (accounting method); Part III (accounting method		
			able. Also complete this part to provide any additional information		

SCHEDULE I (Form 990)		Go	irants and Oth vernments, an ete if the organizatio	nd Individual	s in the Ŭni on Form 990, Pa	ted States		OMB No. 1545-0047 <b>2019</b> Open to Public
Internal Revenue Service			Go to www.ir	s.gov/Form990 fo		nation.		Inspection
Name of the organization	on INDIANAPO FOUNDATIO		ONY ORCHEST	RA				Employer identification number 35-1812636
Part I General Int	formation on Grants a							
criteria used to av <u>2</u> Describe in Part I	ation maintain records t ward the grants or assis IV the organization's pro	tance?	-			-		
	d Other Assistance to I					anization answered "	/es" on Form 990, Part	IV, line 21, for any
1 (a) Name and add	nat received more than dress of organization rernment	5,000. Part II can <b>(b)</b> EIN	be duplicated if additi (c) IRC section (if applicable)	onal space is neede (d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
INDIANA SYMPHONY S 32 EAST WASHINGTON INDIANAPOLIS, IN 4	N STREET, NO. 600	35-0998627	501(C)(3)	6,900,000.	0.			TO FUND OPERATING EXPENSES, RENT, EDUCATION, AND ARTISTIC ENDEAVORS.
3 Enter total number	er of section 501(c)(3) and the section 501 (c)(3) and the section 500 (c)(	s listed in the line 1	table	I e line 1 table			1	1. 0. Schodula L (Form 200) (2010)

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

### INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.

					00 1018000 10		
art 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	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistanc		

**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:

Schedule I (Form 990) (2019)

#### THE ORGANIZATION HAS DIRECT ACCESS TO THE BOOKS OF THE INDIANA SYMPHONY

SOCIETY, INC.

35-1812636

Page 2

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service Name of the organization 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 for the latest information. INDIANAPOLIS SYMPHONY ORCHESTRA

Supplemental Information to Form 990 or 990-EZ

2019 Open to Public Inspection Employer identification number 35-1812636

OMB No. 1545-0047

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

INC.

FOUNDATION,

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.

Schedule O (Form 990 or 9	990-EZ) (2019)	Page 2
Name of the organization	INDIANAPOLIS SYMPHONY ORCHESTRA 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.

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.

SCHEDUL (Form 990) Department of Internal Reven	)) f the Treasury		Go to www.irs.gov/Form99	ed "Yes" on Form 990, Part IV, Attach to Form 990. 90 for instructions and the late	line 33, 34, 3	35b, 36, or 3	37.			OMB No. 154 201 Open to P Inspect	9 Public
Name of th	ne organizat	ion INDIANAPOLIS S FOUNDATION, IN	YMPHONY ORCHESTRA	A					nployer ident 35-1812		umber
Part I	Identificati	ion of Disregarded Entities. Complete	te if the organization answered "Y	′es" on Form 990, Part IV, line 3	3.						
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state o foreign country)	or Tota	(d) al income	(e) End-of-year assets		ets Direct co ent		g	
Part II		ion of Related Tax-Exempt Organiza	tions. Complete if the organizati	on answered "Yes" on Form 990	D, Part IV, line	e 34, becau	se it had one or	r more	related tax-ex	kempt	
	Nam	(a) ne, address, and EIN related organization	(b) Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt C sectio	n stati	(e) blic charity us (if section 501(c)(3))	Direo	(f) ct controlling entity	con	<b>g)</b> 512(b)(13) trolled tity?
32 EAST	WASHINGTO	SOCIETY, INC 35-0998627 DN ST, NO. 600 46204-2919	SYMPHONY OPERATIONS	INDIANA	501(C)(3)						No X
			-								

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

Schedule R (Form 990) 2019

#### INDIANAPOLIS SYMPHONY ORCHESTRA

### Schedule R (Form 990) 2019 FOUNDATION, INC.

#### 35-1812636 Page 2

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)	(b)	(c)	(d)	(e)	(f)	(g)	()	h)	(i)	(j		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Dispropor allocatio		Code V-UBI amount in box 20 of Schedule	Gener mana partr	ral or F ging her?	Percentage ownership
		country)		sections 512-514)		455615	Yes	No	K-1 (Form 1065)	Yes	No	
	1											
	-											
	-											
	-											
	1											
	1											
									I	1		

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	( <b>i)</b> ction b)(13) rolled tity?
		country)		or trusty		233013		Yes	No
					1				

#### INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.

Schedule R (Form 990) 2019

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	<b>1</b> a		X
b	Gift, grant, or capital contribution to related organization(s)	1b	X	
	Gift, grant, or capital contribution from related organization(s)	1c		X
	Loans or loan guarantees to or for related organization(s)	1d	X	
	Loans or loan guarantees by related organization(s)	1e		X
f	Dividends from related organization(s)	1f		Х
g	Sale of assets to related organization(s)	1g		Х
	Purchase of assets from related organization(s)	1h		X
i	Exchange of assets with related organization(s)	1i		Х
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	X	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		Х
	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х
	Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o	Sharing of paid employees with related organization(s)	10	X	
р	Reimbursement paid to related organization(s) for expenses	1p	X	
	Reimbursement paid by related organization(s) for expenses	1q		Х
r	Other transfer of cash or property to related organization(s)	1r		Х
S	Other transfer of cash or property from related organization(s)	1s	X	

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

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

## INDIANAPOLIS SYMPHONY ORCHESTRA

Schedule R (Form 990) 2019 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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General c managin partner?	(k) Percentage ownership
		country	sections 512-514)	Yes	No	income	455615	Yes	No	(Form 1065)	Yes NC	

Schedule R (Form 990) 2019

INDIANAPOLIS	SYMPHONY	ORCHESTRA
FOUNDATION,	INC.	

Schedule R (Form 990) 2019 FOUN
Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

	EXTENDED TO JU					
Form <b>990-T</b>	Exempt Organization Bus			ax Return	_	OMB No. 1545-0047
	(and proxy tax unde		• •	~ 21 000		0040
	For calendar year 2019 or other tax year beginning SEP 1,				<u>0</u> .	2019
Department of the Treasury Internal Revenue Service	➡ Go to www.irs.gov/Form990T for in: ■ Do not enter SSN numbers on this form as it may					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	Name of organization ( Check box if name cl				D Emplo	over identification number
address changed	INDIANAPOLIS SYMPHONY					oyees' trust, see ctions.)
B Exempt under section	Print FOUNDATION, INC.				3	5-1812636
<b>X</b> 501( <b>c</b> )( <b>3</b> )	or Number, street, and room or suite no. If a P.O. box					ated business activity code nstructions.)
408(e) 220(e)	32 EAST WASHINGTON STRI				-	
408A 530(a)	City or town, state or province, country, and ZIP or				000	000
<b>529(a)</b> <b>C</b> Book value of all assets	<b>INDIANAPOLIS, IN 46204</b> F Group exemption number (See instructions.)	•			900	099
at end of year 99,982,0	35. G Check organization type ► X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
H Enter the number of the o	organization's unrelated trades or businesses.	1	Describe t	the only (or first) un		
	SEE STATEMENT 1			complete Parts I-V.		than one,
describe the first in the b	ank space at the end of the previous sentence, complete Pa	rts I an	d II, complete a Schedule	M for each additiona	al trade	or
business, then complete						
	the corporation a subsidiary in an affiliated group or a paren	it-subsi	diary controlled group?	► L	Ye	s X No
	nd identifying number of the parent corporation.  ADAM WHITE		Talanho	ne number 🕨 3	17_	262-7092
	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale	s			.,		
<b>b</b> Less returns and allow	vances c Balance ►	1c				
	chedule A, line 7)	2				
	line 2 from line 1c	3				
	ne (attach Schedule D)	4a	112,381.			112,381.
	4797, Part II, line 17) (attach Form 4797)	4b	-6,074.			-6,074.
	for trusts	4c	100 000		<u> </u>	100 000
	partnership or an S corporation (attach statement)	5 6	108,902.	STMT 2	3	108,902.
	le C) ed income (Schedule E)	0 7				
	alties, and rents from a controlled organization (Schedule F)	8				
· · ·	a section $501(c)(7)$ , (9), or (17) organization (Schedule G)	9				
	vity income (Schedule I)	10				
	Schedule J)	11				
12 Other income (See ins	structions; attach schedule)	12				
13 Total. Combine lines	3 through 12	13	215,209.			215,209.
	ns Not Taken Elsewhere (See instructions fo must be directly connected with the unrelated busin					
			· · · · · · · · · · · · · · · · · · ·		44	
	cers, directors, and trustees (Schedule K)				14 15	
	ance				16	
					17	
	dule) (see instructions)				18	
					19	
	Form 4562)					
21 Less depreciation cla	imed on Schedule A and elsewhere on return		21a		21b	
					22	
	erred compensation plans				23	
	ograms				24	
	nses (Schedule I)				25	
26 Excess readership co	osts (Schedule J)		ሪኳኳ ሪጣንጣ	EMENT 3	26 27	199,931.
	tach schedule) dd lines 14 through 27				27	199,931.
	axable income before net operating loss deduction. Subtract				20	15,278.
	erating loss arising in tax years beginning on or after Januar					,_,
				EMENT 4	30	0.
	axable income. Subtract line 30 from line 29				31	15,278.
						- 000 T

		INDIANAPOLIS SYMPHO		UNDAT	ION,	INC.	•	35	5-1812636 Page 2
Part		Fotal Unrelated Business Tax							15 050
32		unrelated business taxable income comput							15,278.
33		s paid for disallowed fringes						33	
34		ole contributions (see instructions for limita						34	0.
35		related business taxable income before pre					_	35	15,278.
36		on for net operating loss arising in tax year						36	15,278.
37		unrelated business taxable income before s			1 000				
38		deduction (Generally \$1,000, but see line 3		38	1,000.				
39		ed business taxable income. Subtract line	•		· ·				0
Dort		e smaller of zero or line 37 <b>Fax Computation</b>						39	0.
		•	line 00 h. 010/ (0.01)				<b>&gt;</b>	40	0.
40		ations Taxable as Corporations. Multiply Faxable at Trust Rates. See instructions fo						40	0.
41			-				•	44	
40			rm 1041)					41	
42 43	Altornat	ax. See instructions						42	
43 44	Tax on	ive minimum tax (trusts only) Noncompliant Facility Income. See instruc	tione					43	
		dd lines 42, 43, and 44 to line 40 or 41, wh						44	0.
Part	V	Fax and Payments						45	Ŭ.
		tax credit (corporations attach Form 1118;	trusts attach Form 1116)						
		redits (see instructions)						-	
c	General	business credit. Attach Form 3800			46c				
u b	Credit f	or prior year minimum tax (attach Form 880	)1 or 8827)		46d				
		edits. Add lines 46a through 46d						46e	1
47		t line 46e from line 45						47	0.
48	Other ta	xes. Check if from: 🗌 Form 4255 🗌	Form 8611 Form 8697	Form	8866	Other	(attach schedule)		
49		x. Add lines 47 and 48 (see instructions)							0.
50		et 965 tax liability paid from Form 965-A or							0.
		its: A 2018 overpayment credited to 2019							
		timated tax payments							
		osited with Form 8868							
		organizations: Tax paid or withheld at sour							
		withholding (see instructions)							
		or small employer health insurance premiur							
		redits, adjustments, and payments:							
	E Fo	orm 4136 📃	Other	Total	► 51g				
52	Total pa	ayments. Add lines 51a through 51g						52	
53	Estimat	ed tax penalty (see instructions). Check if F	orm 2220 is attached 🕨 📃	]				53	
54	Tax due	e. If line 52 is less than the total of lines 49,	50, and 53, enter amount owed				►	54	
55	Overpa	yment. If line 52 is larger than the total of li	nes 49, 50, and 53, enter amount	overpaid .			►	55	
56		e amount of line 55 you want: Credited to			_		funded 🕨 🕨	56	
Part		Statements Regarding Certai	n Activities and Other	Informat	t <b>ion</b> (se	e instru	ctions)		
57	At any t	ime during the 2019 calendar year, did the	organization have an interest in or	<sup>r</sup> a signature	or other a	uthority			Yes No
		inancial account (bank, securities, or other)	• • •	•					
	FinCEN	Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter the	name of the	foreign co	ountry			
	here	▶							<u> </u>
58	During	the tax year, did the organization receive a c	listribution from, or was it the gra	ntor of, or t	ransferor t	o, a forei	gn trust?		X
		see instructions for other forms the organi	•						
59		e amount of tax-exempt interest received o							
Sign		nder penalties of perjury, I declare that I have examin rrect, and complete. Declaration of preparer (other t						edge and	belief, it is true,
Here			1					May the IF	RS discuss this return with
TIELE		Signature of officer		TREASU	JRER				rer shown below (see
				itle				-	ns)? X Yes No
		Print/Type preparer's name	Preparer's signature		Date		Check	if PT	IN
Paid	I					101	self- employed		
-	Jaiei	BRIDGETTE MUGGE	BRIDGETTE MUGO	) <u>تل</u> و	06/17	/ 41			200671418
Use	Only	Firm's name ► BLUE & CO.,					Firm's EIN	► 3	85-1178661
		Firm's address ► CARMEL, I	MERIDIAN ST, ST N 46032	.6 400			Phone no.	317-	848-8920

# INDIANAPOLIS SYMPHONY ORCHESTRA

Form 990-T (2019) FOUNDATION, INC.

Schedule A - Cost of Goods	s Sold. Enter	method of inven	tory va	aluation 🕨 N/A								
1 Inventory at beginning of year	1		6	Inventory at end of yea	ır		6					
2 Purchases	2			Cost of goods sold. Su								
3 Cost of labor				from line 5. Enter here	and in F	Part I,						
4a Additional section 263A costs				line 2			7					
(attach schedule)	4a		8		on 263A (with respect to Yes No							
<b>b</b> Other costs (attach schedule)				property produced or a	`							
5 Total. Add lines 1 through 4b				the organization?		, 11 ,						
Schedule C - Rent Income		Property and	Per		ease	d With Real Prop	erty	)				
(see instructions)	-											
1. Description of property												
(1)												
(2)												
(3)												
(4)												
	2. Rent receive	ed or accrued										
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	` of rent for p	ersonal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	<b>3(a)</b> Deductions directly columns 2(a) a	d 2(b)	cted with the income in attach schedule)				
(1)												
(2)												
(3)												
(4)												
Total	0.	Total			0.							
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columr		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.			
Schedule E - Unrelated Deb		Income (see	instru	ctions)								
		X		Gross income from		3. Deductions directly con to debt-finant						
1. Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)	S			
(1)												
(2)												
(3)												
(4)												
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a debt-fina	adjusted basis Illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		<b>8.</b> Allocable deduction (column 6 x total of col 3(a) and 3(b))	ons lumns			
(1)				%								
(2)				%								
(3)				%								
(4)				%								
<u></u>	1		1	/0		nter here and on page 1, Part I, line 7, column (A).		Enter here and on page Part I, line 7, column (I				
Totals				►		0			0.			
Total dividends-received deductions in				·····	L				0.			
							_					

Form **990-T** (2019)

Page 3

35-1812636

Form 990-T (2019) <b>FOUND</b>	NAPOLIS SYM ATION, INC.					35-18	12630	6 Page 4
Schedule F - Interest	, Annuities, Royal				-	ations (see in	struction	s)
	0 -		t Controlled O	<u> </u>				0
1. Name of controlled organization 2. Employer identification number		ication (loss) (s	unrelated income see instructions)	<b>4.</b> Io pay	otal of specified ments made	<ol> <li>Part of column 4 included in the cont organization's gross</li> </ol>	trolling	<b>6.</b> Deductions directly connected with income in column 5
(1)								
(2)								
(3)								
(4)								
Nonexempt Controlled Orga	nizations							
7. Taxable Income	8. Net unrelated incor (see instruction		tal of specified payr made	nents	in the controll	mn 9 that is included ing organization's s income		ductions directly connected income in column 10
(1)								
_(2)								
_(3)								
(4)								
	structions)	Section 501(c)	(7), (9), or ( 2. Amount of		3. Deduction directly conne (attach sched	ected 4. Set	-asides schedule)	<ol> <li>Total deductions and set-asides (col. 3 plus col. 4)</li> </ol>
(1)								
(2)								
(3)								
(4)								
			Enter here and o Part I, line 9, co					Enter here and on page 1, Part I, line 9, column (B).
Totals				0.				0.
Schedule I - Exploite (see ins	d Exempt Activity tructions)	Income, Othe	er Than Adv	vertisir	ng Income			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	<b>3.</b> Expenses directly connected with production of unrelated business income	4. Net incom from unrelated business (co minus colum gain, compute through	l trade or lumn 2 n 3). If a e cols. 5	5. Gross inco from activity is not unrelat business inco	that attribu	penses table to imn 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

 Totals
 0.
 0.

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

 Part I
 Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ►	0.	0.				0.

0.

# INDIANAPOLIS SYMPHONY ORCHESTRA

Form 990-T (2019) FOUNDATION, INC. 35-18126
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	<b>3.</b> Direct advertising costs	<b>4.</b> Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		Readership costs	<ol> <li>Excess readership costs (column 6 minu column 5, but not mor than column 4).</li> </ol>	is
(1)								
(2)								
(3)								
(4)								
Totals from Part I 📃 🕨 🕨	0.	0.						0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).					Enter here and on page 1, Part II, line 26.	
Totals, Part II (lines 1-5) 🕨	0.	0.						0.
Schedule K - Compensation	n of Officers, I	Directors, and	Trustees (see ir	structions)			•	
1. Name			2. Title	<b>3.</b> Perc time deve busin	oted to		pensation attributable arelated business	
(1)					%			
(2)					%			
(3)					%			
(4)					%			
Total. Enter here and on page 1, Part II, li	ine 14	•		•				0.

35-1812636

Page 5

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

#### PASS THROUGH INCOME FROM INVESTMENT IN PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
NORTHGATE PRIVATE EQUITY PARTNERS LP - ORDINARY BUSINESS	
INCOME (LOSS) NORTHGATE PRIVATE EQUITY PARTNERS III LP - ORDINARY	-514.
BUSINESS INCOME (LOSS)	-6,904.
COREALPHA PRIVATE EQUITY PARTNERS II LP - ORDINARY	-0,904.
BUSINESS INCOME (LOSS)	617.
COREALPHA PRIVATE EQUITY PARTNERS II LP - INTEREST INCOME	751.
COREALPHA PRIVATE EQUITY PARTNERS II LP - OTHER INCOME	
(LOSS)	-1,632.
PARTNERS GROUP SECONDARY 2008, LP - ORDINARY BUSINESS	10
INCOME (LOSS)	-43.
PARTNERS GROUP SECONDARY 2008, LP - INTEREST INCOME PARTNERS GROUP SECONDARY 2008, LP - DIVIDEND INCOME	367. 19,279.
PARTNERS GROUP SECONDARY 2008, LP - DIVIDEND INCOME PARTNERS GROUP SECONDARY 2008, LP - OTHER PORTFOLIO INCOME	19,279.
(LOSS)	-3,801.
PARTNERS GROUP SECONDARY 2008, LP - OTHER INCOME (LOSS)	-6,853.
QUANTUM ENERGY PARTNERS VI LP - ORDINARY BUSINESS INCOME	
(LOSS)	109,338.
AUDAX PRIVATE EQUITY FUND V-A, L.P ORDINARY BUSINESS	
INCOME (LOSS)	16,513.
LEVEL STRUCTURED CAPITAL I LP - ORDINARY BUSINESS INCOME	1 9 6 0
(LOSS) TRUEBRIDGE CAPITAL PARTNERS FUND V - ORDINARY BUSINESS	-1,869.
INCOME (LOSS)	-153.
AUDAX PRIVATE EQUITY FUND VI-B, L.P ORDINARY BUSINESS	100.
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.

# FORM 990-T

#### DESCRIPTION

FORM 990-T

TAX YEAR

08/31/19

INVESTMENT MANAGEMENT EXPENSES ADMIN SERVICE FEE AMORTIZATION

TOTAL TO FORM 990-T, PAGE 1, LINE 27

LOSS SUSTAINED

NOL CARRYOVER AVAILABLE THIS YEAR

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 08/31/17	38,769. 96,055.	7,582.	31,187. 96,055.	31,187. 96,055.	
NOL CARRYOV	ER AVAILABLE THIS	YEAR	127,242.	127,242.	

OTHER DEDUCTIONS

NET OPERATING LOSS DEDUCTION

0.

LOSS

REMAINING

12,756.

12,756.

LOSS PREVIOUSLY

APPLIED

#### STATEMENT 3

AMOUNT

178,231. 1,505. 20,195.

199,931.

12,756.

12,756.

STATEMENT 4

AVAILABLE

THIS YEAR

Name

# Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123 2019

INDIANAPOLIS	SYMPHONY	ORCHESTRA
FOUNDATION, ]	INC.	

Employer	identification	number
----------	----------------	--------

35-1	812	636		
		Yes	X	No

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? If "Ves." attach Form 8040 and see its instructions for additional requirements for reporting your gain

Part I       Short-Term Capital Gains and Losses (See instructions.)         See instructions for how to figure the amounts to enter on the lines below.       (d) Posteds (page price)       (e) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c	See instructions for how to figure the amounts to enter on the lines below.       (d) Proceeds (sales price)       (e) Cost (or other basis)         This form may be easier to complete if you round off cents to whole dollars.       (d) Proceeds (sales price)       (e) Cost (or other basis)         1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b       1b         1b Totals for all transactions reported on Form(s) 8949 with Box A checked       1b         2 Totals for all transactions reported on       1b	( <b>g</b> ) 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)
to enter on the lines below. This form may be easier to complete if you round of cents to whole dollars. This form may be easier to complete if you provide on form 1090-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 bank and go to line to Form(s) 8949 with Box A checked 10 Totals for all transactions reported on Form(s) 8949 with Box B checked 11 the set of the IRS and for sing the set of the set of the set of the set 12 Totals for all transactions reported on Form(s) 8949 with Box C checked 13 Totals for all transactions reported on Form(s) 8949 with Box C checked 14 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 15 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 16 Unused capital loss carryover (attach computation). 17 Jog 7, 700. 18 Totals for all transactions reported on Form(s) 8949 with Box C checked 19 Or (lass) from like-kind exchanges from Form 8824 10 Unused capital loss carryover (attach computation). 10 Totals for all transactions reported on 10 Totals for all transactions reported on 10 Totals for all transactions reported on 11 Long-Term Capital Gains and Lossees (See instructions.) 10 Totals for all transactions reported on 11 Long-Term Capital Gains and Lossees (See instructions.) 10 Totals for all transactions reported on 11 Long-Term Capital Gains and Lossees (See instructions.) 10 Totals for all transactions reported on 11 Long-Term Capital Gains and Lossees (See instructions.) 10 Totals for all transactions reported on 11 Totals for all transactions reported on 12, 681. 11 Long-Term Capital Gains and Lossees (See instructions.) 12 Totals for all transactions reported on 12, 681. 11 Long-Term Capital Gains and Lossees (See instructions.) 12 Totals for all transactions reported on 12, 681. 11 Long-Term Sof Mang be capital transactions reported on 12, 681. 11	to enter on the lines below.       (d)       (e)         This form may be easier to complete if you round off cents to whole dollars.       Proceeds (sales price)       Cost (or other basis)         1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b       1         1b Totals for all transactions reported on       Form(s) 8949 with Box A checked       2         2 Totals for all transactions reported on       Ital transactions reported on       Ital transactions reported on	( <b>g</b> ) 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)
Inits Unit Har be dasked to Complete in You       (eales price)       (or other basis)       Part I, line 2, column (g)       combine the result with column (g)         1a       Totals for all short-term transactions reported on Form (S9-B6 pare this line to the basis) was reported to the IRS and for which basis was reported to the IRS and for which you frave no adjustments (see instructions). However, if you choose to report all heise to the basis was reported to the IRS and for which was intervented basis was reported on Form(S) 8949 with Box A checked	round off cents to whole dollars.         1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b         1b Totals for all transactions reported on Form(s) 8949 with Box A checked         2 Totals for all transactions reported on	Part I, line 2, column (g)		combine the result with column (g)
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Form(s) 8949 with Box A checked       99,700.         2 Totals for all transactions reported on Form(s) 8949 with Box B checked       99,700.         3 Totals for all transactions reported on Form(s) 8949 with Box C checked       99,700.         4 Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6 Unused capital loss carryover (attach computation)       6 ( ( )         7 Net short-term capital Qain or (loss). Combine lines ta through 6 in column h       7 99,700.         Part III       Long-Term Capital Cains and Losses (See instructions.)         See instructions for how to figure the amounts to enter on the lines below.       (d)         Proceeds (seales price)       (cor other basis)         0 doit for ent to whole dollars.       (d)         8a Totals for all 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 reported on form 1099-B for which basis was reported on form 1099-B for which basis was reported on form(s) 849 with Box D checked         9 Totals for all transactions reported on form(s) 849 with Box E checked       11         10 Totals for all transactions reported on form(s) 849 with Box E checked       12,681.         11 Enter gain from Form 4797, line 7 or 9       11	Form(s) 8949 with Box A checked       2 Totals for all transactions reported on			
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Form(s) 8949 with Box B checked       99,700.         3 Totals for all transactions reported on Form(s) 8949 with Box C checked       99,700.         4 Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6 Unused capital loss carryover (attach computation)       7       99,700.         Part II       Long-Term Capital Gains and Losses (See instructions.)       6       (_)         See instructions for how to figure the amounts to entre lines below.       (d)       (est (cor other basis))       (g) Adjustments to gain or (loss). Subtract common (g)         This form may be easier to complete if you round off cents to whole dollars.       (f) Gain or flose). Subtract or object of toolars.       (f) Gain or flose). Subtract content (g)         8a Totals for all long-term transactions reported on Form 039-8 for which you have no adjustments (see instructions). However, if you choose to report all these transactions reported on Form 8949, leave this line blank and go to line 8b       (f) Totals for all transactions reported on Form(s) 8949 with Box D checked       (f) Totals for all transactions reported on Form(s) 8949 with Box E checked       (f) Totals for all transactions reported on Form(s) 8949 with Box E checked       (f) Totals for all transactions reported on Form(s) 8949 with Box E checked       (f) Totals for all transactions reported on Form(s) 8949 with Box E checked       (f) Totals for all transactions reported on Form(s) 8949 with Box E checked       (				
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Form(s) 8949 with Box C checked       99,700.         4       Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5       Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6       Unused capital loss carryover (attach computation)       6       (         7       Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7       99,700.         Part II       Long-Term Capital Gains and Losses (See instructions.)       6       (       ()         See instructions for how to figure the amounts to enter on the lines below.       (d)       Proceeds (cast proce)       (f) Cast for the sheat proceed (cast for the basis)       (h) Cast or (loss). Subtract column (g)         Totals for all tong-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 8249, leave this line blank and go to line 8       9       Totals for all transactions reported on Form(s) 8949 with Box D checked       9       12, 681.         9       Totals for all transactions reported on Form (g) 8949 with Box F checked       11       11	Form(s) 8949 with Box B checked			
4       Short-term capital gain from installment sales from Form 6252, line 26 or 37       4         5       Short-term capital gain or (loss) from like-kind exchanges from Form 8824       5         6       Unused capital loss carryover (attach computation)       7       99, 700.         Part II       Long-Term Capital Gains and Losses (See instructions.)       6       (       )         See instructions for how to figure the amounts to entro the lines below.       (d)       (e)       (d)       (e)       (f) Adjustments to gain, or loss for form (g) and combine lines.) Subtract continue for loss for how to figure the amounts to entro the lines below.       (f) Gain or (loss). Subtract continue (g)         7       99, 700.       (f)	3 Totals for all transactions reported on			
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6       Unused capital loss carryover (attach computation)       6       ()         7       Net short-term capital gain or (loss). Combine lines 1a through 6 in column h       7       99,700.         Part II       Long-Term Capital Gains and Losses (See instructions.)       5       7       99,700.         See instructions for how to figure the amounts to enter on the lines below.       (d)       (e)       (g) Adjustments to gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)         This form may be easier to complete if you round off cents to whole dollars.       (d)       (e)       (g) Adjustments to gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)         8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b       8b       Totals for all transactions reported on Form(s) 8949 with Box D checked       9         9       Totals for all transactions reported on Form(s) 8949 with Box E checked       10       12, 681.       12, 681.         11       Letter gain from Form 4797, line 7 or 9       11       11			4	
7       99,700.         Part II       Long-Term Capital Gains and Losses (See instructions.)         See instructions for how to figure the amounts to enter on the lines below.       (d)         Proceeds (sales price)       (e)         Cost (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)         8a       Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b       Image: Cost (sales price)       Image: Cost (sale price)         8b       Totals for all transactions reported on Form(s) 8949 with Box D checked       Image: Cost (sale price)	5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824		5	
Part II       Long-Term Capital Gains and Losses (See instructions.)         See instructions for how to figure the amounts to enter on the lines below.       (d)       (e)       (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)       (h) Gain or (loss). Subtract column (g) and combine the result with column (g)         This form may be easier to complete if you round off cents to whole dollars.       (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)       (h) Gain or (loss). Subtract column (g)         8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions.). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.       (f)         8b Totals for all transactions reported on Form(s) 8949 with Box D checked	6 Unused capital loss carryover (attach computation)		6	()
See instructions for how to figure the amounts to enter on the lines below.       (d)       (e)       (g)       Adjustments to gain or (loss). Subtract column (d) and combine the result with column (g)         This form may be easier to complete if you round off cents to whole dollars.       (d)       (e)       (g)       Adjustments to gain or (loss). Subtract column (d) and combine the result with column (g)         8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b       Image: second			7	99,700.
to enter on the lines below.       (d) Proceeds (sales price)       (e) Cost (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 (d) and combine the result with column (g)         8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b       Image: Column (g)       Image: Column (g)         8b Totals for all transactions reported on Form(s) 8949 with Box D checked       Image: Column (g)       Image: Column (g)         9 Totals for all transactions reported on Form(s) 8949 with Box E checked       Image: Column (g)       Image: Column (g)         10 Totals for all transactions reported on Form(s) 8949 with Box E checked       Image: Column (g)       Image: Column (g)         11 Enter gain from Form 4797, line 7 or 9       Image: Column (g)       Image: Column (g)				
Ba       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       Image: Construction of the set of the se	to enter on the lines below. (d) (e)	( <b>g</b> ) Adjustments to gain or loss from Form(s) 8949 Part II, line 2, column (a)	),	column (e) from column (d) and
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9 Totals for all transactions reported on Form(s) 8949 with Box E checked       10         10 Totals for all transactions reported on Form(s) 8949 with Box F checked       12,681.         11 Enter gain from Form 4797, line 7 or 9       11				
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10 Totals for all transactions reported on       12,681.         Form(s) 8949 with Box F checked       11         11 Enter gain from Form 4797, line 7 or 9       11				
Form(s) 8949 with Box F checked         12,681.           11 Enter gain from Form 4797, line 7 or 9         11				
11 Enter gain from Form 4797, line 7 or 9         11				12 681.
			11	12,0010
	12       Long-term capital gain from installment sales from Form 6252, line 26 or 37		12	
10 Least have so that as (least) from the bird outbornes from 50004	40. Lower house on that water on (lower) from the bind on the second from From 0004			
14       Capital gain distributions         15       Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				12 681
Part III Summary of Parts I and II			15	12,001.
16    Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)			16	99 700
10 Line cross of the short-term capital gain (interrouted interrouted interrouted) $10$ $10$ $10$				
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)1712,681.18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns18112,381.	Note: If losses exceed gains, see <i>Capital Losses</i> in the instructions.	L	10	

Internal Revenue Service	ile with your Schedule	D to list your trans	actions for lines 1	b, 2, 3, 8b, 9, and 10	of Schedule D.	Atta Seq	uence No. <b>12A</b>
Name(s) shown on return INDIANAPOLIS	SYMPHONY (	ORCHESTRA	7				urity number or dentification no.
FOUNDATION,	INC.						812636
Before you check Box A, B, or C statement will have the same info broker and may even tell you whi Part I Short-Term. Tran	ich box to check.						ıbstitute RS by your
transactions, see page 2 Note: You may aggrega codes are required. Enter	2. ite all short-term transac	tions reported on F	Form(s) 1099-B show	ving basis was reporte	d to the IRS and fo	or which no ac	
You must check Box A, B, or C below If you have more short-term transactions that						3949, page 1, for	each applicable box.
(A) Short-term transactions							
(B) Short-term transaction							
X (C) Short-term transaction	s not reported to you	u on Form 1099-E	3				
1 (a) Description of property (Example: 100 sh. XYZ Co.)	<b>(b)</b> Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the <b>Note</b> below and see <i>Column (e)</i> in the instructions		r an amount ter a code in	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
PARTNERS GROUP							
SECONDARY 2008, I	LP						3.
AUDAX PRIVATE							
EQUITY FUND V-A,							
L.P.							99,697.
• • • • • • • • • •							
2 Totals. Add the amounts in c negative amounts). Enter eac Schedule D, line 1b (if Box A	h total here and inclu	ude on your					
above is checked), or line 3	(if <b>Box C</b> above is ch	necked)					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.

# Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074 2019

Form	8949						
Department of the Treasury Internal Revenue Service							

Namela intervention return. Name and SSM or targenyse identification on. not required if shown on page 1 INDELANPOLIE SSW PHONY ORCHESTRA Section 2012 Section 20	Form 8949 (2019)				Attachn	nent Sequen	ce No. <b>12A</b>	Page <b>2</b>
Before you check Box D, E, or P before, see whether you received any Formit) 1009-8 for substitute state-entroling from your books are ported to the IRS by your interview of the same information as from 109-9. Each will show the there you basis (state) you call were ported to the IRS by your interview of the same information as from 109-9. Each will show the port are generally target term (see instructions). For short term transactors, the same information are ported to from 500 000 000 000 0000 0000 0000 0000 0							Social secur	ity number or
Direct and rank even fail you which how to check           Part         Dorf Part           Direct and the second	FOUNDATION, IN	с.					35-1	812636
The point is the point is the point on a statution is statution in a statution is an an expected to the IRS and took in a statution as at an expected to the IRS and took in a statution is at a statution in a statution in a statution in a statution in a statution is at a statution in a statutine statution in a statution in a statution in a statutio	broker and may even tell you which b	pox to check.						
Codes are regimed. Enter the total directly on Schedule (), the Sch you and integration of regimed to regulate the traductions of reductions of the schedule (). The Schedule (), the Schedule	see page 1.							
Up to the mole big term bindicates than will be a the big by to de or more the totals any brink with the same big of books.         Note above                [C) Long-term transactions reported on Form(9) 1099-8 showing basis was enort reported to the HS (See Note above).               [C) Long-term transactions reported on Form(9) 1099-8 showing basis was enort reported to the HS.                 [C) Long-term transactions reported on Form(9) 1099-8 showing basis was enort reported to the HS.               Migatimet, 11 any, 10 gain of (b) (B).             [V) and (B).	codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; you aren't required	d to report these trans	actions on For	m 8949 (see instru	ctions).
□ (c) Long-term transactions not reported to you on form 1909B showing basis water't reported to the IRS         ③ (c) Long-term transactions not reported to you on form 1909B.       (c) Date solution of property (Example: 100 sh. NYZ Co.)       (c) Date solution of property (Mo., day, yr.)       (c) Date solution of property (Basis)       (c) Date solution of (Basis)	If you have more long-term transactions than will	fit on this page for one	or more of the boxes,	complete as many forr	ms with the same box che	cked as you need		each applicable box.
IX (P) Long-term transactions not reported to you on Form 1099-5       (a)       (b)       (c)			,	0 1		Note above	e)	
1         (a) Description of property (Example: 100 sh. XYZ Co.)         (b) Date social (Mo., day, yr.)         (c) Date social (Mo., day, yr.)         (d) Proceeds (Mo., day, yr.)         (e) Proceeds (Mo., day, yr.)         (f) Date social (Mo., day,				-				
Usescription of property (Example: 100 sh, XYZ Co.)       Date acquire (bit) (b, day, yr)       Date back of (Mo., day, yr)       Calles price) (sales price)       Date back of column (b, set ar a code in both back or a code in set Column (b, set ar a code in back set of the set of the set of the set of the set of the set column (c), set ar a code in back set of the set of the set of the set column (c), set ar a code in back set of the set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set column (c), set ar a code in back set of the set of the				(d)	(e)			(h)
(WO, Gay, Y-)     see Column (e) in Column (c) and (			disposed of		basis. See the	in column (g	), enter a code in	Subtract column (e)
COREALPHA PRIVATE       909.         EQUITY PARTNERS II       909.         PARTNERS GROUP       11,772.         SECONDARY 2008, LP       11,772.         Image: Construction of the second s			(Mo., day, yr.)		see Column (e) in		Amount of	combine the result
Lip PARTNERS GROUP SECONDARY 2008, LP 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772. 11,772.	COREALPHA PRIVATE						adjustment	
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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 80 (if Box E above is checked), ine 10 (if Box F above is checked). ►								
negative amounts). Enter each total here and include on your         Schedule D, line 8b (if Box D above is checked), line 9 (if Box E         above is checked), or line 10 (if Box F above is checked)         Image: the state of the	SECONDARY 2008, LP							11,772.
negative amounts). Enter each total here and include on your         Schedule D, line 8b (if Box D above is checked), line 9 (if Box E         above is checked), or line 10 (if Box F above is checked)         Image: the state of the								
negative amounts). Enter each total here and include on your         Schedule D, line 8b (if Box D above is checked), line 9 (if Box E         above is checked), or line 10 (if Box F above is checked)         Image: the state of the								
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negative amounts). Enter each total here and include on your         Schedule D, line 8b (if Box D above is checked), line 9 (if Box E         above is checked), or line 10 (if Box F above is checked)         Image: the state of the								
negative amounts). Enter each total here and include on your         Schedule D, line 8b (if Box D above is checked), line 9 (if Box E         above is checked), or line 10 (if Box F above is checked)         Image: the state of the								
negative amounts). Enter each total here and include on your         Schedule D, line 8b (if Box D above is checked), line 9 (if Box E         above is checked), or line 10 (if Box F above is checked)         Image: the state of the								
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negative amounts). Enter each total here and include on your         Schedule D, line 8b (if Box D above is checked), line 9 (if Box E         above is checked), or line 10 (if Box F above is checked)         Image: the state of the								
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Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked)  12,681.								
above is checked), or line 10 (if Box F above is checked)	<b>e</b> ,		•					
	above is checked), or line 10 (if E	Box F above is ch	necked)					

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

4500		Deprec	iation and	Amortizatio	n		OMB No. 1545-0172
Form <b>4562</b>		(Including		Listed Property		Г	2019
Department of the Treasury Internal Revenue Service (99)	► Go to			ctions and the latest	information.		Attachment Sequence No. <b>179</b>
Name(s) shown on return		j		Business or activity to white			Identifying number
INDIANAPOLIS	SYMPHONY	ORCHESTRA	A				
FOUNDATION,	INC.			FORM 990-T	PAGE 1		35-1812636
Part I Election To Exp	ense Certain Propert	y Under Section 17	79 Note: If you have	any listed property, c	omplete Part V	V before yo	ou complete Part I.
1 Maximum amount (s	ee instructions)					. 1	1,020,000.
2 Total cost of section	179 property place	d in service (see i	instructions)			. 2	
3 Threshold cost of se	ction 179 property k	before reduction i	in limitation			. 3	2,550,000.
4 Reduction in limitation	on. Subtract line 3 fr	rom line 2. If zero	or less, enter -0-			4	
5 Dollar limitation for tax year	Subtract line 4 from line 1	. If zero or less, enter -	0 If married filing separate	ly, see instructions		5	
6	(a) Description of prop	perty	(b) Co:	st (business use only)	(c) Elected c	ost	
7 Listed property. Ente	r the amount from I	line 29		7			
8 Total elected cost of	section 179 proper					8	
9 Tentative deduction.							
10 Carryover of disallow							
11 Business income lim							
12 Section 179 expense							
13 Carryover of disallow							
Note: Don't use Part II o							
Part II Special De	preciation Allowar	ce and Other De	epreciation (Don't	include listed propert	v.)		
14 Special depreciation	•		· · ·				
		1 1 2 (			Ū	14	
15 Property subject to s							
16 Other depreciation (i							
			perty. See instructio				
	preclation (Bon t		Section A				
17 MACRS deductions	for accets placed in	action in tax vo		0010		17	
18 If you are electing to group a	•	,	8 8			ï <b>– "</b> –	
				Year Using the Gene	ral Depreciat	ion System	m
	Cetton D - Assets I	(b) Month and	(c) Basis for deprecia	tion			
(a) Classification	of property	year placed in service	(business/investment only - see instruction		(e) Convention	(f) Method	(g) Depreciation deduction
10- 2 year property				·,			
19a 3-year property							
<b>b</b> 5-year property					+		
c 7-year property							
d 10-year property							
e 15-year property							
f 20-year property							
g 25-year property				25 yrs.		S/L	
h Residential renta	al property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i Nonresidential re	al property	/		39 yrs.	MM	S/L	
		/			MM	S/L	
Se	ction C - Assets Pl	aced in Service	During 2019 Tax Y	ear Using the Altern	ative Deprecia	ation Syst	em
20a Class life						S/L	
<b>b</b> 12-year				12 yrs.		S/L	
<b>c</b> 30-year		/		30 yrs.	MM	S/L	
d 40-year		/		40 yrs.	MM	S/L	
Part IV Summary	See instructions.)						
21 Listed property. Ente	er amount from line	28				. 21	
22 Total. Add amounts	from line 12, lines 1	4 through 17, line	es 19 and 20 in colu	mn (g), and line 21.			
		-		rporations - see instr.	<u></u>	22	0.
23 For assets shown ab	ove and placed in s	ervice during the	current year, enter	the			
nortion of the basis	•	•		23			

		-	IANAPOL			ONY	ORCH	ESTI	RA			<u> </u>			
	rm 4562 (2019)		NDATION									35-	1812	636	Page <b>2</b>
P	art V Listed Propert entertainment,				her vehic	les, cert	ain aircr	aft, an	d propert	y used for	ſ				
	Note: For any	vehicle for w	hich you are u	, sing the	standar	d mileag	je rate o	r dedu	cting leas	e expens	e, com	olete <b>or</b>	<b>ily</b> 24a,		
	24b, columns (												、		
		-	on and Other		-			_							
<u>24a</u>	a Do you have evidence to s			nt use cl	aimed?	<u> </u>	es	_ No	24b lf "					_ Yes _	<u>No</u>
	<b>(a)</b> Type of property	(b) Date	(c) Business/		(d)	Bas	(e) sis for depre	eciation	(f) Recovery		<b>g)</b> hod/		( <b>h)</b> eciation		(i) cted
	(list vehicles first)	placed in	investment		Cost or ther basis	(bu	siness/inve use only		period		ention		uction	sectio	on 179
		service	use percentaç				-		I	-1				CC	ost
25	Special depreciation allo	•			•		•				0.5				
	used more than 50% in a Property used more than										25				
20	Troperty used more that	1.5070 in a q										1			
				% %											
		: :		~ %								-			
27	Property used 50% or le														
21				/ <u>30</u> . //						S/L -					
				%						S/L -					
		: :		%						S/L -					
28	Add amounts in column				e and on	line 21	nage 1			-	28				
	Add amounts in column												29		
25		(), 1110 20. 2			B - Infor								20		
Co	mplete this section for ve	hicles used l								r related	person	lf you p	rovided v	ehicles	
	your employees, first ans		, , ,	· ·	,				,					ernelee	
,							excep		een pien	.g					
					(a)	(	b)		(c)	(0	d)	(	e)	(1	;)
30	Total business/investment i	miles driven d	urina the		hicle		hicle		/ehicle	Veh		-	hicle	Veh	
	year ( <b>don't</b> include commu		0												
31	Total commuting miles of														
	Total other personal (no														
	driven														
33	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availabl			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used pr	imarily by a	more												
	than 5% owner or relate	d person?													
36	Is another vehicle availa	ble for perso	nal												
	use?														
		Section C	- Questions f	or Emp	loyers W	/ho Prov	vide Veh	nicles f	for Use b	y Their E	mploye	es			
Ans	swer these questions to c	letermine if y	/ou meet an e>	ceptior	n to comp	oleting S	Section E	3 for ve	ehicles us	ed by em	ployees	who <b>a</b>	ren't		
mo	re than 5% owners or rela	ated persons	S.												
37	Do you maintain a writte	n policy stat	ement that pro	ohibits a	all persor	nal use o	of vehicle	es, incl	uding cor	nmuting,	by your			Yes	No
	employees?														
38	Do you maintain a writte		-					-							
	employees? See the inst			•		ficers, di	rectors,	or 1%	or more o	owners					
	Do you treat all use of ve	-													
40	Do you provide more that														
	the use of the vehicles, a														
41	Do you meet the require														
	Note: If your answer to 3	37, 38, 39, 4	0, or 41 is "Ye	s," don'	't comple	ete Secti	on B for	the co	vered vel	nicles.					
	art VI Amortization			(b)	1	1-1			7-11		1-1			(6)	
	(a) Description of	costs	Date	(b) amortization		(C) Amortizat	ole		<b>(d)</b> Code		(e) Amortiz		Ar	(f) nortization	
				begins		amount			section		period or pe		fo	r this year	
<u>42</u>	Amortization of costs the	at begins du	ring your 2019	tax yea	ar: T										
				: :				_							
	<b>.</b>			<u>: :</u>										20	105
43	Amortization of costs the	at began bef	ore your 2019	tax yea	ır							43		<u>۷</u> υ,	195.

43	Amortization of costs that began before your 2019 tax year	43	20,195.
44	Total. Add amounts in column (f). See the instructions for where to report	44	20,195.
016			Form <b>4562</b> (2010)

Form <b>4797</b>
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.

	2019
	Attachment Sequence No. 27
Ide	entifying number

OMB No. 1545-0184

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

#### INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATION, INC.

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

# 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.)	<b>(C)</b> Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or basis, plu improvement expense of	is s and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
CO	REALPHA PRIVATE							
EQ	UITY PARTNERS II LP							-6,074.
3	Gain, if any, from Form 4684, line 39	1			•		3	
4	Section 1231 gain from installment s						4	
5	Section 1231 gain or (loss) from like						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the						7	-6,074.
	<b>Partnerships and S corporations.</b> line 10, or Form 1120-S, Schedule K		. , .	5	or Form 1065, Sch	edule K,		
	Individuals, partners, S corporatio from line 7 on line 11 below and skip 1231 losses, or they were recapture the Schedule D filed with your return	lines 8 and 9. If d in an earlier yea	line 7 is a gain a ar, enter the gair	and you didn't have n from line 7 as a lo	e any prior year sec	ction		
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruct	tions			8	
9	Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the ar capital gain on the Schedule D filed	less, enter -0 If nount from line 8	line 9 is zero, en on line 12 belov	iter the gain from li w and enter the ga		ong-term	9	

#### 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):		
		_	
11	Loss, if any, from line 7	11	( 6,074.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	12	
13	Gain, if any, from line 31	13	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	14	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	15	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	16	
17	Combine lines 10 through 16	17	-6,074.
18	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.		
а	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	18a	
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	18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2019)

Form 4797 (2019) FOUNDATION, INC.

Page **2** 

Pa	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 (mo., day, yr.)         (c) Date sold (mo., day, yr.)									
Α										
В										
_ <u>_</u> 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 $\ldots$	22								
23	Adjusted basis. Subtract line 22 from line 21	23								
<u>24</u>	Total gain. Subtract line 23 from line 20	24								
25	If section 1245 property:									
a	Depreciation allowed or allowable from line 22	25a								
b	Enter the <b>smaller</b> of line 24 or 25a	25b								
26	<b>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 $\dots$	26a								
b	Applicable percentage multiplied by the <b>smaller</b> of line 24 or line 26a. See instructions	26b								
c	Subtract line 26a from line 24. If residential rental property <b>or</b> line 24 isn't more than line 26a, skip lines 26d and 26e	26c								
c	Additional depreciation after 1969 and before 1976	26d								
e	Enter the smaller of line 26c or 26d	26e								
f	Section 291 amount (corporations only)	26f								
	Add lines 26b, 26e, and 26f	26g								
27	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.									
	Soil, water, and land clearing expenses	27a								
	Line 27a multiplied by applicable percentage	27b								
	Enter the smaller of line 24 or 27b	27c								
28 a	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a								
	Enter the smaller of line 24 or 28a	28b								
29 a	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a								
k	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	
D	art IV Recenture Amounts Under Sections 170 and 280E(b)/2) When Business Use Drops to	F0%	orloss

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

			(a) Section 179	•	) Section 80F(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			
				_	4707 (*****

0065	Ret	urn of U.S. Pe Certain Fore	rsons	With	Respec	t to		OMB	No. 1545-1668
Form <b>8865</b>	Go to	Attach www.irs.gov/Form8865 f	to your to or instruc	ax return. ctions and	- I the latest in			2	2019
Department of the Treasury Internal Revenue Service		Information furnished for beginning <b>FE</b>		•	ship's tax yea , and ending		. 2019	Attac	hment ence No. <b>118</b>
Name of person filing this r	eturn	beginning I. I	כד ם.	, 2019	, and enumy		, 2019 r's identifica		
1 0	IS SYMPHONY C	RCHESTRA					35-181		
FOUNDATION									
Filer's address (if you aren't	; filing this form with your ta	x return)	Α	Category of	f filer (see Categ	ories of Filers in th	ne instructions	and check app	blicable box(es)):
				1 [	2			4	
			В	Filer's tax	<sup>/ear</sup> SEP	1 ,201	L <b>9</b> , and end	<sub>ling</sub> AUG	31,2020
C Filer's share of liabilities	Nonrecourse \$	Qualified n	onrecour	se financi	ng \$		Othe	r \$	
D If filer is a member of a	consolidated group but not t	he parent, enter the follow	ing inforr	mation abo	out the parent				
Name						EIN			
Address									
· · · · · · · · · · · · · · · · · · ·	pecified foreign financial asso		m. See ir	nstruction	3		<u></u>	<u></u>	·····
F Information about certai	n other partners (see instruc	tions)						Oha ala ana lia	
(1) Name		(2) Address			(3) Identific	ation number		Check applica	
							Category 1	Category 2	Constructive owner
							-		
C1 Name and address of fa	raian northarabin						2(a) EIN	(if any)	
G1 Name and address of fo		דע דע ד.ס						(" ally) 8-1426	919
ADRI ADVANCE.	DECONTIED	IOND IV, DI						erence ID nu	
888 BOYLSTON	STREET, SUIT	Έ 1600					1 ` '	865-0	
	02199	1 1000							se laws organized
	02100						-	N ISL	-
4 Date of organization 5 G	rincipal place f business	6 Principal business 6 activity code numb	er 7 Pri	incipal bus	siness	8a Fund	ctional	Excha	ange rate nstructions)
02/19/2019CA	YMAN ISLANDS	523900		ESTM	ENTS	USD	ency	(3661	istructions
	formation for the foreign par	tnership's tax year:	•					•	
	ntification number of agent (		2	Check if th	ne foreign part	nership must f	ile:		
		-,		E Fo	orm 1042	Form 88	304 X	Form 10	65
				Service Ce	enter where Fo	orm 1065 is file	d:		
				E-FI					
3 Name and address of fo	reign partnership's agent in	country of organization, if	any <b>4</b>	Name and a partnership,	ddress of persor and the location	(s) with custody o of such books an	of the books and d records, if di	d records of th fferent	e foreign
			AE	BRY A	DVANCE	D SECUR	ITIES	FUND	IV, LP
			88	88 BO		STREET	', SUI	TE 160	00
			BC	STON	, MA	02199			
5 During the tax year, d	d the foreign partnership pa	y or accrue any interest or	royalty fo	or which t	he deduction	s not			
	267A? See instructions							Yes	X No
	amount of the disallowed d							\$	
	ection 721(c) partnership, as		Julations	section 1.	721(c)-1T(b)(	14)?	►	Yes	X No
• •	ations made by the foreign (						►	X Yes	No
	orms 8858, Information Ret			-	-				
	anches (FBs), attached to th								
	p classified under the law of						PW.LD	PARIN	ERSHIP
	interest in the foreign partne			•	•	• •			
	eg. 1.1503(d)-1(b)(4) or par	-		-					<b>TZ</b>
							►	Yes	X No
	rate unit or combined separa						•		<b></b>
	5)(ii)?						►	Yes	No
	meet <b>both</b> of the following r								
	otal receipts for the tax year		non than I	¢1 million	}		•		
	rtnership's total assets at th e Schedules L, M-1, and M-3	-	555 UIdli i	φιπιπΟΠ	• • • • • • • • • • • • • • • • • • • •		►	Yes	No
			notru-4!-		)				Earm 0065 (0010)
LITA FULPTIVACY ACT and	Paperwork Reduction Act	vouce, see me separate	INSTRUCTIO	115.					Form <b>8865</b> (2019)

Form 88	65 (2019)	INDIANAPOLIS SYM	PHON	Y ORCHESTRA E	FOUNDATI	3	5-1812	636	Page <b>2</b>	
12 a	Is the filer of	this Form 8865 claiming a foreign-de	rived inta	ngible income deduction (u	nder section 250) with	respect to				
	any amounts	s listed on Schedule N?					Yes	X	No	
b	If "Yes," ente	r the amount of gross income derived	from sale	es, leases, exchanges, or oth	ner dispositions (but no	t licenses)				
		tions with or by the foreign partnersh	•		•					
		ne (FDDEI)					▶			
C	If "Yes," ente	r the amount of gross income derived	from a li	cense of property to or by th	ne foreign partnership t	hat the				
							►			
d		r the amount of gross income derived								
		ts computation of FDDEI					▶			
13		mber of foreign partners subject to se								
		nip or of receiving a distribution from								
14		during the tax year were any transfers						v	No	
15 .	•			or pariod batwaan the parts			Yes	Δ	. NO	
15 a		ny transfers of property or money wit								
		equire disclosure under Regs. 1.703-3 alue of each transfer, and an explanati		•		•	Yes	X	No	
b		hership assume a liability or receive pr						23		
U	•	od of transferring the property to the			•					
		or value of each transfer, the debt assi				•	Yes	X	No	
Sign Here	Only Under p	enalties of perjury, I declare that I have exami	ned this ref	urn, including accompanying sch	edules and statements, and	I to the best of my knowl	edge and belief,	it is true,		
if You're F This Form		and complete. Declaration of preparer (other	than genera	al partner or limited liability compa	any member) is based on al	l information of which pr	eparer has any kr	nowledge.		
Separatel Not With										
Tax Retur		ignature of general partner or limited liability	company m	lember				Date		
Paid	Print/Typ	be preparer's name	Prepar	er's signature	Date	Check	if PTIN			
Prepa	arerBRII	DGETTE MUGGE	BRI	DGETTE MUGGE	06/1	7/21 self-employ		6714		
Use	Firm's	name 🕨 BLUE & CO.,				Firm's EIN 🕨			1	
Only		address ▶ <u>12800 N. MER</u>	IDIA	N ST, STE 400	)	Phone no.31	7-848-	8920		
		1EL, IN 46032								
Sche	dule A	Constructive Ownership		•						
		box <b>b</b> , enter the name, add			tification number (	if any) of the per	rson(s) who	se		
		interest you constructively	own. S	Г						
		<b>a</b> Owns a direct interest		b	Owns a construct	tive interest		Check if	Check if	
		Name		Address		Identification num	number (if any) foreign d			
								person	partner	
									<u> </u>	
Sche	dule A-1	Certain Partners of Foreig	n Part	nership (see instruct	tions)					
									Check if	
		Name		Address		Identification	n number (if any)		foreign person	
Sche	dule A-2	Foreign Partners of Section	on 721	c) Partnership (see	instructions)				•	
Name	of foreign	Address		Country of organization	U.S. taxpayer identification number	Check if related to	Percer	ntage intere	st	
pa	rtner	Address		(if any)	(if any)	U.S. transferor	Capital	P	rofits	
								%	%	
								%	%	
		have any other foreign person as a dir				[	Yes		No	
Sche	dule A-3	Affiliation Schedule. List a direct interest or indirect			mestic) in which t	he foreign partn	ership own:	S		
Name				Address		ordinary e or loss	Check if foreign partner- ship			
_										

Form 8865 (2019)

SCHEDULE (Form 8865)		Tr	ansfer of Proj (Ui	perty to a Fore	eign Pa 8B)	artnersh	ip		OMB No. 1545-1668		
(Rev. December 2	,		Attach to Form 8	865. See the Instruct	ions for F	orm 8865.			UNIB NO.	1040-10	000
Department of the Tre Internal Revenue Serv	vice		-	18865 for instructions	and the	latest inform					
Name of transfero			S SYMPHONY	ORCHESTRA			Filer's ident				
	FOUNDA						35-1	8126			
Name of foreign p	artnership AB	RY AD	VANCED SECU	RITIES FUND	IV,	EIN (if any)	c o 4 o		ce ID num	•	e instr)
						98-142			<u>865-0</u>		
<b>b</b> If "Yes," wa	is the gain deferral	method appl	lied to avoid the recognit	porary Regulations sectio ion of gain upon the cont to be, at the time of the ti	ribution of	property?	ee instruction:		Yes Yes	X	No No
time therea	after, a platform co	ntribution as	defined in Regulations s	section 1.482-7(c)(1)?					Yes	X	No
Part I Ti	ransfers Reportab	le Under Sec	ction 6038B								
Type of property	(a)(b)(c)(d)(e)(f)Type of propertyDate of transferDescription of propertyFair market value on date of transferCost or other basisRecovery periodSection 704(c) allocation method									(g) recognize i transfer	d
Cash	12/20/19		166,167.								
Stock, notes											
receivable											
and payable, and other											
securities											
Inventory											
Inventory											
Tangible											
property											
used in trade or business											
Intangible property											
described in											
section 197(f)(9)											
Intangible											
property, other than intangible											
property											
described in section 197(f)(9)											
Other											
property											
Totals			166,167.								
3 Enter the tr	ransferor's percent	age interest i	in the partnership: (a) Be	efore the transfer •	0000	%	(b) After	the trans	fer	.061	5 %

Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner
t III ls anv					 04(f)(3) or section 904(		Yes X N

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

Schedule 0 (Form 8865) 12-2018

SCHEDULE (Form 8865)		Sta	atemer	nt of Ap	oplication o Under See			Deferral	Method			OMB No. 1	545-1668
(November 201				Allesk 1	o Form 8865. See t		4 F.	00CF					
Department of the Tro Internal Revenue Serv			► Go t		ov/Form8865 for i				tion.				
Name of person fi	ing rollin oooo	NAPOLI			RCHESTRA						Filer's identifie 35-18126		er
Name of partners	nip ANCED SECURITI	ES FUNI	D IV, I	ΓP		[		Successor partnership	EIN (if any) 98–142694		Reference ID nur		uctions)
Name of U.S. transferor (see instructions)       Successor       Filing year: (see instructions)         ABRY ADVANCED SECURITIES FUND IV, LP       U.S. transferor       Tax year of gain deferral contribution         Part L       Section 721(c) Property (see instructions)												Annua	reporting
Part I Section 721(c) Property (see instructions)													
1. Tax year of contribution	2. Description of property	3. Recovery period	wery iod 197(f)(9) property Effectively connected income property (a) Fair market value (b) Fair market value (b) Basis (b) Basis (c) Built-in gain (c) Built-in gain (c) Built-in gain (c) Built-in gain (c) Built-in gain (c) (c) C (c) Termination (c) (c) (c) (c) (c) (c) (c) (c) (c) (c)					(d) Tax disposition of a portion of partnership interest	<b>(e)</b> Section 367 transfer				
1													
2													
3													
4													
4a	From Part I additional statement(s), if any												
	d partnership rules of Tempo Remaining Built-in Gair							ons				🗌 Yes	No
(a)     (b)       Part I,     Remaining built-in gain at       line     beginning of tax year       number     end of tax year		) ıilt-in gain at	Remed	(c) lial income allocate U.S. transferor		du	(d) Gain recognized e to acceleration eve	ent		(e) ain recognized section 367 tra			
1													
2 3													
Total*													

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

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

#### INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATI

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

#### Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Part	Allocati	on Percenta	ges of Partin	ersnip items	with Respe		121(0) Prop	erty (see instr	uctions)					
		1. Income			<b>2.</b> Gain			3. Deduction	_		4. Loss			
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)	
Part I,	U.S.	Related domestic	Related foreign	U.S.	Related domestic	Related foreign	U.S.	Related domestic		U.S.	Related domestic		ed foreign	
line number	transferor	partners	partners	transferor	partners	partners	transferor	partners	partners	transferor	partners	ра	rtners	
1	%	%	%	%	%	%	%	%	%	%	%		%	
2	%	%	%	%	%	%	%	%	%	%	%		%	
3	%	%	%	%	%	%	%	%	%	%	%	%		
4	%	%	%	%	%	%	%	%	%	%	%		%	
Part	V Allocati	on of Items t	to U.S. Trans	feror With R	espect to Se	ction 721(c)	Property (se	e instructions)						
Devit		1. Income			<b>2.</b> Gain			3. Deduction			4. Loss			
Part I, line	(a)		(b)	(a)		(b)	(a)		(b)	(a)		(b)		
number	Dook Tox Dook				Tax	Book		Tax	Book		Tax			
1														
2														
3														
4														
Part V       Additional Information (see instructions). If "Yes" to any question 1 through 6b below, complete Schedule H.       Yes         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       Yes											es No			
1	• •			•	•	•		•	· ·					
	Regulations sec	tion 1.721(c)-5T(	d)) occur with res	spect to one or r	nore section 721	(c) properties?						1		
2	During the tax y	ear, did a termin	ation event (as d	escribed in Tem	porary Regulatio	ns section 1.721	(c)-5T(b)) occur	with respect to a	one or more section	on 721(c) prope	rties?	2		
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(	c)-5T(c)) occur w	vith respect to or	ne or more section	n 721(c) propert	ies?	3		
4	During the tax y	ear, was there a	tax disposition o	f a portion of an	interest in the p	artnership (as de	escribed in Temp	orary Regulation	ns section 1.721(	c)-5T(f))?		4		
5	<b>°</b> ,					, ,			7 (as described in			_		
-	Temporary Regu	lations section <sup>-</sup>	1.721(c)-5T(e))?									5		
6a									chedule O, incluc					
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	e line 6b				ba 📃		
	•		ed with respect 1									ib		
7a			•					•	to each section 72					
												'a	_	
b									has the U.S. trans					
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														
			,					<b>```</b>	artner was a partr	,				
									n under an incom					
	convention to ar	n exemption from	n U.S. income ta	x or a reduced ra					ction 721(c) prop					
_			ion 1.721-6T(b)(3								7	'b		
Part	Part VI Supplemental Information (see instructions)													

Page 2

SCHEDU (Form 8865 (November 2018	<b>5)</b> 3)	Acceleration to Gain I ► Attac	Deferral		Ünde	er (	Section	7Ž1(c		OMBI	No. 1	545-1668
Department of the T Internal Revenue Se	ervice	Go to www.ii							tion.			
Name of person		3865 SYMPHONY ORCHE	ESTRA	1			fying number 12636					
Name of partners	-	O SECURITIES FU	JND IV	Succes			EIN (if any) 98-1426	949	Reference ID num		nstru	ctions)
Name of U.S. tra				Succes	sor		Filing year: (s	ee instru	uctions)			
		D SECURITIES FU		U.S. tra	nsferor		Tax year	of gain d	eferral contribution	Ar	nual	reporting
Part I A	cceleral	ion Event (see instruc) (b)	tions)	(c)					(e)			(f)
Schedule G, Part I,		Description of		Date of			<b>(d)</b> Gain	F	Partnership's adjust to section 721(c	tment Partia		Partial acceleration
line number		event		event		rec	cognized		property tax bas	,		event
											_	
Part II Termination Event (see instructions)												
(a)				(b)								(c)
Schedule G, Part I,			Descriptio	n							Date	
line number				event								event
		_										
	uccesso	r Event (see instructio	ons)									
<b>(a)</b> Schedule G,		<b>(b)</b> Description		(c) Date	Na	ame,	address, and L	J.S. taxpa	<b>(d)</b> yer identification חנ	n number (U.S. TIN) (if any) of		
Part I, line number		of event		of event	suc	cces	ssor partnership		wer-tier partnership, upper-tier partnership, or U.S. corporation (as applicable)			
										-,		
Part IV Ta	axable [	Disposition of a Portio	n of an In	nterest in P	artner	rsh	ip Event (	see ins	structions)			
	Des	(a) cription	<b>(b)</b> Date	(c Percer	-		<b>(d)</b> Percentage		Aggregat	( <b>e)</b> e remainir	na	
		of	of	of partn	ership	.	of partnership		built-in gain	attributed	d to	
	e	event	event	interest d	isposed	"	nterest retained		partnership ir	iterest ret	ained	
						+						
Part V Se	ection 3	67 Transfer Event (se	e instructi	ions)				I				
(a)		(b)		(c)		6	d)		(e)			
Schedule G, Part I,	· · · · · · · · · · · · · · · · · · ·						ain	1	Name, address, and of foreign tr		(if an	iy)
line number		event		event recognized corporation (as application)				le)				
Dart V/I C	unnlem	ental Information (see	instructio	ne)								
	аррісній											

0065	Ret	urn of U.S. P				t to		OMB	No. 1545-1668
Form <b>8865</b>			ich to yo	our tax return.	-			9	2019
5 <i></i>	Go to	www.irs.gov/Form886 Information furnished							019
Department of the Treasury Internal Revenue Service				28,2019			, 2019		hment ence No. <b>118</b>
Name of person filing this r						File	er's identifica		r
	IS SYMPHONY O	RCHESTRA					35-181	2636	
FOUNDATION				1.					
Filer's address (if you aren'	t filing this form with your ta	( return)		A Category o	` <sup>°</sup>	ories of Filers in			licable box(es)):
				B Filer's tax	/ <sup>ear</sup> SEP	1 20	3 <u>X</u>		31,2020
<b>C</b> Filer's share of liabilities	Nonrecourse ¢	Qualifia	d nonre	beginning course financii		<u>т</u> ,20	19 <sub>, and end</sub> Othei		<u>JI, 2020</u>
	consolidated group but not t						Utilei	φ	
Name		to parent, enter the for	lowing in			EIN			
Address						1			
E Check if any excepted s	pecified foreign financial asse	ts are reported on this	form. S	ee instructions					
F Information about certain	n other partners (see instruc	tions)					_		
(1) Norma					(0) Identifie	ation number	(4)	Check applica	ble box(es)
(1) Name		(2) Address			(3) Identific	ation number	Category 1	Category 2	Constructive owner
							_		
							0(-) EIN	(11, 2, 2, 2)	
G1 Name and address of fo	• • •						2(a) EIN	(11 a ny) -1450	551
ABRY PARTNER	5 IA, LP							erence ID nu	
888 BOYLSTON	STREET, SUIT	E 1600						865-0	
	02199	1 1000							se laws organized
	02200						-	N ISL	-
4 Date of organization 5 F	Principal place f business	6 Principal busine 6 activity code nu		7 Principal bus activity		8a cur	ictional rency	8b Excha	ange rate nstructions)
02/28/2019CA	YMAN ISLANDS	523900	I	NVESTM	ENTS	USD			
	formation for the foreign par			1					
<b>1</b> Name, address, and ide	ntification number of agent (i	f any) in the United Sta	ates		• •	nership must			-
					rm 1042	Form 8		<b>S</b> Form 106	5
						orm 1065 is fil	eu.		
3 Name and address of fo	reign partnership's agent in (	country of organization	if any			n(s) with custody of such books a	of the books and	d records of th	e foreign
	roigh parthoromp o agont in t	ountry of organization	, ir uny			SIX,		nerent	
						STREE'		TE 16(	00
				BOSTON	, MA	02199			
5 During the tax year, d	id the foreign partnership pay	or accrue any interes	t or roya	lty for which t	ne deduction i	is not			
	267A? See instructions							Yes	XNO
	l amount of the disallowed de							\$	
	ection 721(c) partnership, as		-		., .,	,		Yes	X No
	cations made by the foreign p						▶	X Yes	No No
	orms 8858, Information Retu		-	-	-		•		
	ranches (FBs), attached to the provident of the classified under the law of							PARTN	ERSHTP
	interest in the foreign partne								
	eg. 1.1503(d)-1(b)(4) or part		-	-					
	-9			-			►	Yes	X No
	rate unit or combined separa								
	5)(ii)?						►	Yes	No No
	meet <b>both</b> of the following re				)				
	total receipts for the tax year		00.		L				
•	artnership's total assets at the		as less t	han \$1 million	· /		►	Yes	No No
If "Yes," don't complet	te Schedules L, M-1, and M-2	)			J				
LHA For Privacy Act and	I Paperwork Reduction Act N	lotice, see the separa	te instru	ictions.					Form <b>8865</b> (2019)

Form 88	65 (2019)	INDIANAPOLIS SYM	PHON	Y ORCHESTRA E	FOUNDATI	3	5-1812	636	Page <b>2</b>	
12 a	Is the filer of	this Form 8865 claiming a foreign-de	rived inta	ngible income deduction (u	nder section 250) with	respect to				
	any amounts	s listed on Schedule N?					Yes	X	No	
b	If "Yes," ente	r the amount of gross income derived	from sale	es, leases, exchanges, or oth	ner dispositions (but no	t licenses)				
		tions with or by the foreign partnersh	•		•					
		ne (FDDEI)					▶			
C	If "Yes," ente	r the amount of gross income derived	from a li	cense of property to or by th	ne foreign partnership t	hat the				
							•			
d		r the amount of gross income derived								
		ts computation of FDDEI					▶			
13		mber of foreign partners subject to se								
		nip or of receiving a distribution from								
14		during the tax year were any transfers						v	No	
15 .	•			or pariod batwaan the parts			Yes	Δ	. NO	
15 a		ny transfers of property or money wit								
		equire disclosure under Regs. 1.703-3 alue of each transfer, and an explanati		•		•	Yes	X	No	
b		hership assume a liability or receive pr						23		
U	•	od of transferring the property to the			•					
		or value of each transfer, the debt assi				•	Yes	X	No	
Sign Here	Only Under p	enalties of perjury, I declare that I have exami	ned this ref	urn, including accompanying sch	edules and statements, and	I to the best of my knowl	edge and belief,	it is true,		
if You're F This Form		and complete. Declaration of preparer (other	than genera	al partner or limited liability compa	any member) is based on al	l information of which pr	eparer has any kr	nowledge.		
Separatel Not With										
Tax Retur		ignature of general partner or limited liability	company m	lember				Date		
Paid	Print/Typ	be preparer's name	Prepar	er's signature	Date	Check	if PTIN			
Prepa	arerBRII	DGETTE MUGGE	BRI	DGETTE MUGGE	06/1	7/21 self-employ		6714		
Use	Firm's	name 🕨 BLUE & CO.,				Firm's EIN 🕨			1	
Only		address ▶ <u>12800 N. MER</u>	IDIA	N ST, STE 400	)	Phone no.31	7-848-	8920		
		1EL, IN 46032								
Sche	dule A	Constructive Ownership		•						
		box <b>b</b> , enter the name, add			tification number (	if any) of the per	rson(s) who	se		
		interest you constructively	own. S	Г						
		<b>a</b> Owns a direct interest		b	Owns a construct	tive interest		Check if	Check if	
		Name		Address		Identification num	number (if any) foreign d			
								person	partner	
									<u> </u>	
Sche	dule A-1	Certain Partners of Foreig	n Part	nership (see instruct	tions)					
									Check if	
		Name		Address		Identification	n number (if any)		foreign person	
Sche	dule A-2	Foreign Partners of Section	on 721	c) Partnership (see	instructions)				•	
Name	of foreign	Address		Country of organization	U.S. taxpayer identification number	Check if related to	Percer	ntage intere	st	
pa	rtner	Address		(if any)	(if any)	U.S. transferor	Capital	P	rofits	
								%	%	
								%	%	
		have any other foreign person as a dir				[	Yes		No	
Sche	dule A-3	Affiliation Schedule. List a direct interest or indirect			mestic) in which t	he foreign partn	ership own:	S		
Name				Address		ordinary e or loss	Check if foreign partner- ship			
_										

Form 8865 (2019)

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

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

OMB No. 1545-1668

Department of the Tre Internal Revenue Serv	easury vice	► Go t	to www.irs.gov/Form	8865 for instructions	s and the latest inform	ation.	
Name of transfero		APOLIS	S SYMPHONY (	ORCHESTRA		Filer's identifyin	g number
	FOUNDA	TION,	INC.			35-181	2636
Name of foreign p			RTNERS IX,	LP	EIN (if any)	Re	ference ID number (see instr)
					98-145	0551 IS	08865-02
1a Is the partr	nership a section 7	21(c) partne	rship (as defined in Temj	porary Regulations section	on 1.721(c)-1T(b)(14))? S	ee instructions	Yes 🗌 No
<b>b</b> If "Yes," wa	is the gain deferral	method app	lied to avoid the recognit	ion of gain upon the con	tribution of property?		Yes 🗌 No
			onsidered or anticipated		-		
				ection 1.482-7(c)(1)?			Yes No
Part I T	ransfers Reportab	le Under Sec	ction 6038B	I			
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Recovery period	(f) Section 704(c) allocation method	(g) 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					ļ		
property					ļ		
Totals			335,904.				
	ransferor's percent	age interest	in the partnership: (a) Be	I fore the transfer	0000 %	(b) After the	transfer .6958 %

Supplemental Information Required To Be Reported (see instructions):

Part II Dispos	Part II Dispositions Reportable Under Section 6038B												
(a) Type of property	(b) Date of original transfer	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by partnership	(f) Depreciation recapture recognized by partnership	(g) Gain allocated to partner	(h) Depreciation recapture allocated to partner						
Part III Is any	Part III Is any transfer reported on this schedule subject to gain recognition under section 904(f)(3) or section 904(f)(5)(F)?												
LIA For Deserved Deduction Act Nation and the Instructions for Form 0005													

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

Schedule O (Form 8865) 12-2018

SCHEDU (Form 88 (November Department of Internal Revenue	8865)       Under Section 721(c)         ber 2018)       ► Attach to Form 8865. See the Instructions for Form 8865.         venue Service       ► Go to 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 identification         FOUNDATION, INC.       35–181263																	
Name of partnership     Successor     EIN (if any)     Reference ID number       ABRY PARTNERS IX, LP     partnership     98-1450551     ISO8865-02														uctions)			
Name of U.S. transferor (see instructions)       Successor       Filing year: (see instructions)         ABRY PARTNERS IX, LP       U.S. transferor       Tax year of gain deferral contribution													Annua	reporting			
Part I Section 721(c) Property (see instructions)																	
<b>1.</b> Tax year contributi		2. escription of property	3. Recovery period	<b>4.</b> Section 197(f)(9) property	5. Effectively connected income property	<b>(a</b> Fair m val	<b>a)</b> narket	On the date of col (b) Basis	ntribu	ition (c) Built-in gai		(a) Acceleration (including partial acceleration event)	<b>(b)</b> Termination		7. Events (c) Successor	(d) Tax disposition of a portion of partnership interest	<b>(e)</b> Section 367 transfer
1																	
2																	
3																	
4																	
4a		Part I additional ment(s), if any															
	Do the tiered partnership rules of Temporary Regulations section 1.721(c)-3T(d) apply to this partnership? See instructions																
Part II	Rema	ining Built-in Gai	n, Remed			in Reco	gnition		ıs)								
Part I, Remaining built-in gain at line beginning of tax year number				<b>(b)</b> Remaining built-in gain at end of tax year			<b>(c)</b> Remedial income allocated to U.S. transferor			<b>(d)</b> Gain recognized due to acceleration event			nt	<b>(e)</b> Gain recognized due to section 367 tra			
1																	
2														_			
3 4																	
Total*																	

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

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

#### INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATI

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

#### Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Part	Allocati	on Percenta	ges of Partin	ersnip items	with Respe		121(0) Prop	erty (see instr	uctions)				
		1. Income			<b>2.</b> Gain			3. Deduction	_				
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)
Part I,	U.S.	Related domestic	Related foreign	U.S.	Related domestic	Related foreign	U.S.	Related domestic		U.S.	Related domestic		
line number	transferor	partners	partners	transferor	partners	partners	transferor	partners	partners	transferor	partners	partners	
1	%	%	%	%	%	%	%	%	%	%	%		%
2	%	%	%	%	%	%	%	%	%	%	%		%
3	%	%	%	%	%	%	%	%	%	%	%		%
4	%	%	%	%	%	%	%	%	%	%	%		%
Part	Part IV Allocation of Items to U.S. Transferor With Respect to Section 721(c) Property (see instructions)												
Devit		1. Income			<b>2.</b> Gain			3. Deduction			4. Loss		
Part I, line	(a)		(b)	(a)		(b)	(a)		(b)	(a)		(b)	
number	Book		Tax	Book		Tax	Book		Tax	Book		Tax	
1													
2													
3													
4													
Part	Additio	nal Informati	on (see instruct	ions). If "Yes" to	any question 1	through 6b belov	w, complete Sch	iedule H.				<u> </u>	es No
1	• •			•		•		•	c)-4T or Temporar				
	Regulations sec	tion 1.721(c)-5T(	d)) occur with res	spect to one or r	nore section 721	(c) properties?						1	
2	During the tax y	ear, did a termin	ation event (as d	escribed in Tem	porary Regulatio	ns section 1.721	(c)-5T(b)) occur	with respect to a	one or more section	on 721(c) prope	rties?	2	
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(	c)-5T(c)) occur w	vith respect to or	ne or more section	n 721(c) propert	ies?	3	
4	During the tax y	ear, was there a	tax disposition o	f a portion of an	interest in the p	artnership (as de	escribed in Temp	orary Regulation	ns section 1.721(	c)-5T(f))?		4	
5	<b>°</b> ,					, ,			7 (as described in			_	
-	Temporary Regu	lations section <sup>-</sup>	1.721(c)-5T(e))?									5	
6a									chedule O, incluc				
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	e line 6b				ba 📃	
	•		ed with respect 1									ib	
7a			•					•	to each section 72				
												'a	_
b									has the U.S. trans				
									he tax year remain section 871 or 88				
			,					<b>```</b>	artner was a partr	,			
									n under an incom				
	convention to ar	n exemption from	n U.S. income ta	x or a reduced ra					ction 721(c) prop				
_			ion 1.721-6T(b)(3								7	'b	
Part	VI Suppler	mental Inforr	nation (see ins	structions)									

Page 2

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 for instructions and the latest information.								OMB No. 1545-1668			
Name of person	-	3865 SYMPHONY ORCHE	ESTRA			ntifying number 812636							
Name of partner	S IX, LP	Success						umber (see instructions) – 0 2					
Name of U.S. tra			Successor Filing year: (see instructions)				-02						
	BRY PARTNERS IX, LP					U.S. transferor Tax year of gain deferral contribution					rting		
(a) Schedule G, Part I, line number	of			(c) Date of event		<b>(d)</b> Gain recognized	F	<b>(e)</b> Partnership's adjust to section 721(c property tax bas	;)	(f Part acceler eve	tial ration		
											1		
											<u>,                                     </u>		
											<u>]</u>		
											]		
Part II To (a)	erminati	on Event (see instruct	ions)	(b)						(c)			
Schedule G, Part I, line number				Description of event	n			Date of event					
Part III S	uccesso	r Event (see instructio	ns)	I									
<b>(a)</b> Schedule G, Part I, line number		<b>(b)</b> Description of event		(c) (d) Date of successor partnership, lower-tier partnership, up corporation (as applicat									
Part IV Ta	axable [	Disposition of a Portio	n of an Ir (b)				(see ins						
(a) Description of event		cription of	(c) Percen of partne interest di	tage ership	(d) Percentage of partnership interest retained	1	Aggregata built-in gain partnership in	to					
							_						
Part V S	ection 3	67 Transfer Event (se	e instruct	ions)									
<b>(a)</b> Schedule G, Part I, line number	(b) Description of event		<b>(c)</b> Date of event	Date ( <b>G</b> ) of Gain			(e) Name, address, and U.S. TIN (if any of foreign transferee corporation (as applicable)						
Part VI S	uppleme	ental Information (see	instructio	ons)									

0065		Return	n of U.S.	Perso	ons With	Respect	to		OMB	No. 1545-1668
Form <b>ÖÖD</b>	Go to www.irs.gov/Form8865 for instructions and the latest information.									
										2019
Department of the Treasury Internal Revenue Service	beginning JAN 1 , 2019, and ending DEC 31 , 2019									hment ence No. <b>118</b>
Name of person filing this re	eturn						Filer	s identifica		ſ
INDIANAPOL:		ONY ORC	HESTRA				3	5-181	2636	
FOUNDATION										
Filer's address (if you aren't	filing this form wit	th your tax retu	irn)		A Category of	f filer (see Categori				licable box(es)):
					B Filer's tax y beginning	2 [ <sup>ear</sup> SEP	<u> </u>	X 9 , and end	4 Iina AUG	31,2020
<b>C</b> Filer's share of liabilities:	· Nonrecourse \$		Quali	ified nonre	course financin		<u> </u>	, and end Other	5	<u> </u>
<b>D</b> If filer is a member of a c		but not the pa						0110	Ψ	
Name	<b>U</b>	·	,	0		•	EIN			
Address										
E Check if any excepted sp				his form. S	See instructions		<u></u>			
F Information about certain	n other partners (se	ee instructions	)							
(1) Name			(2) Addre	ess		(3) Identificat	ion number	(4) Category 1	Check applica Category 2	Constructive owner
								Category	Calegory 2	Constructive owner
G1 Name and address of for	reign partnership							2(a) EIN	(if any)	
BAIN CAPITAL		FUND 2	019, L.	P.				98	-1439	438
								1	erence ID nu	
000 en	N STREET	FL 41							865-0	
		_						3 Country	/ under who	se laws organized
200 CLARENDON BOSTON, MA	02116-501	6								~
BOSTON, MA (			- Principal busi	iness	- Principal bus	iness	Le Func	ional	N ISL	
BOSTON, MA ( <u> <u> <u> </u> <u> <u> </u> </u></u></u>	Principal place f business		6 Principal busi activity code		7 Principal bus 7 activity		8a Func Ba curre	ional		ANDS ange rate hstructions)
BOSTON, MA ( Date of 4 organization 5 or 11/09/2018 CA	Principal place of business YMAN ISLA	ANDS	52390		7 Principal bus 7 activity INVESTII		8a <sup>Func</sup> curre USD	ional		ange rate
BOSTON, MA ( <sup>4</sup> <sup>Date of</sup> 5 <sup>o</sup> 11/09/2018 CA H Provide the following inf	Principal place If business YMAN ISLA formation for the fo	ANDS preign partners	52390 hip's tax year:	בן 0	INVESTI	NG	8a <sub>curre</sub> USD	ional ncy		ange rate
BOSTON, MA ( <u> <u> <u> </u> <u> <u> </u> </u></u></u>	Principal place If business YMAN ISLA formation for the fo	ANDS preign partners	52390 hip's tax year:	בן 0	2 Check if th		8a <sub>curre</sub> USD	e:		inge rate istructions)
BOSTON, MA 4 organization 11/09/2018 CA H Provide the following inf	Principal place If business YMAN ISLA formation for the fo	ANDS preign partners	52390 hip's tax year:	בן 0	2 Check if th	NG e foreign partne	ership must fil	e: 194	N ISL. 8b Excha	inge rate istructions)
BOSTON, MA 4 organization 11/09/2018 CA H Provide the following inf	Principal place If business YMAN ISLA formation for the fo	ANDS preign partners	52390 hip's tax year:	בן 0	2 Check if th     5    6     5    6     5    6     5    6     5    6     5    7     5     7     7	NG e foreign partne rm 1042 [ nter where Forr LE	ership must fil Form 88 n 1065 is filed	e: 04 X	N ISL. 86 Excha (see ii	inge rate istructions)
BOSTON, MA 4 organization 5 or 11/09/2018 CA H Provide the following inf 1 Name, address, and ider 3 Name and address of for	Principal place of business YMAN ISLA formation for the fo ntification number of reign partnership's	ANDS preign partners of agent (if any agent in count	52390 hip's tax year: ) in the United try of organizati	0 I	2 Check if th 2 Check if th Service Ce E - FII A Name and ac	NG e foreign partne rm 1042 [ nter where Forr LE differess of person(s and the location of	ership must fil Form 88 n 1065 is filed	e: 04 X the books and records, if di	N ISL. 8b Excha (see in Form 106 d records of th fferent	inge rate istructions)
BOSTON, MA A Date of 4 organization 11/09/2018 CA H Provide the following inf 1 Name, address, and ider 3 Name and address of for MAPLES CORPOR	Principal place of business YMAN ISLA formation for the fo ntification number of reign partnership's RATE SERV	ANDS preign partners of agent (if any agent in count VICES L	52390 hip's tax year: ) in the United try of organizati IMITED	0  I States ion, if any	2 Check if th 2 Check if th 5 For Service Ce E-FII 4 Name and ac partnership, BAIN CA	ng e foreign partne rm 1042 [ nter where Forr LE idress of person(s and the location of APITAL	ership must fil Form 88 n 1065 is filed with custody of f such books and VENTUR	e: )4 X the books and records, if dir E FUN	N ISL. 8b Excha (see in Form 106 d records of th fferent D 2019	inge rate istructions)
BOSTON, MA A Date of 4 organization 11/09/2018 CA H Provide the following inf 1 Name, address, and ider 3 Name and address of for MAPLES CORPOR UGLAND HOUSE	Principal place of business YMAN ISLA formation for the font ntification number of reign partnership's RATE SERV S CHURCH	ANDS oreign partners of agent (if any agent in count /ICES L I ST, P	52390 hip's tax year: ) in the United try of organizati IMITED O BOX 3	0 I States ion, if any 309	2 Check if th 2 Check if th 5 For Service Ce E-FII 4 Name and ac 4 partnership, BAIN CA 200 CLA	NG e foreign partne rm 1042 [ nter where Forr LE dress of person(s and the location of APITAL ARENDON	ership must fil Form 88 n 1065 is filed with custody of f such books and VENTUR STREE	the books and records, if di E FUN T FL	N ISL. 8b Excha (see in Form 106 d records of th fferent D 2019	inge rate istructions)
BOSTON, MA A Date of 4 organization 11/09/2018 CA H Provide the following inf 1 Name, address, and ider 3 Name and address of for MAPLES CORPON UGLAND HOUSE GEORGE TOWN,	Principal place of business YMAN ISLA formation for the fo ntification number of reign partnership's RATE SERV S CHURCH GRAND CA	ANDS preign partners of agent (if any agent in count /ICES L I ST, P AYMAN C.	52390 hip's tax year: ) in the United try of organizati IMITED O BOX 3 AYMAN I	0 1 States ion, if any 309 SLA	2 Check if th 5 Check if th 5 For Service Ce E-FII 4 Name and ac 4 partnership, BAIN CA 200 CLA BOSTON	NG e foreign partne rm 1042 [ nter where Forr LE dress of person(s and the location of APITAL ARENDON , MA 0	ership must fil Form 88 n 1065 is filed with custody of such books and VENTUR STREE 2116-5	the books and records, if di E FUN T FL	N ISL. 8b Excha (see in Form 106 d records of th fferent D 2019	inge rate istructions)
BOSTON, MA 4 Date of 4 organization 11/09/2018 CA H Provide the following inf 1 Name, address, and ider 3 Name and address of for MAPLES CORPOH UGLAND HOUSE GEORGE TOWN, 5 During the tax year, di	Principal place of business formation for the fo ntification number of reign partnership's RATE SERV S CHURCH GRAND CA id the foreign partne	ANDS preign partners of agent (if any agent in count AGENTINE AGENTINE AGENTINE ANDS ANDS ANDS ANDS ANDS ANDS ANDS ANDS ANDS ANDS A ANDS A ANDS A A A A A A A A A A A A A	52390 hip's tax year: ) in the United try of organizati IMITED O BOX 3 AYMAN I Inccrue any inter	0 ] States ion, if any 0 9 SLA rest or roya	2 Check if th 2 Check if th Service Ce E-FII 4 partnership, BAIN CA 200 CLA BOSTON alty for which th	NG e foreign partne rm 1042 [ nter where Forr LE Idress of person(s and the location of APITAL ARENDON , MA 0 ne deduction is	ership must fil Form 88 m 1065 is filed with custody of f such books and VENTUR STREE 2116-5 not	tional ncy e: 04 X the books and records, if di E FUN I FL 016	N ISL. 8b Excha (see in Form 106 d records of th fferent D 2019 41	nge rate Instructions)
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Form 88	865 (2019)	INDIANAPOLIS SYM	PHON	Y ORCHESTRA F	OUNDATI			3	5-1	8126	536	Page <b>2</b>
12 a	Is the filer of	this Form 8865 claiming a foreign-de	rived inta	ngible income deduction (u	nder section 250) with	resp	ect to					
	any amounts	listed on Schedule N?						🕨	•	Yes	X	No
b	If "Yes," enter											
	from transact											
	eligible incon		•									
С		the amount of gross income derived							_			
	filer included		•									
d	If "Yes," enter		_									
	included in it	)	•									
13		nber of foreign partners subject to se							_			
		ip or of receiving a distribution from t							•			
14		luring the tax year were any transfers							_			
		( D ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (							•	Yes	X	No
15 a	Were there a	ny transfers of property or money wit										
		quire disclosure under Regs. 1.703-3										
	amount or va	lue of each transfer, and an explanation	on of the	tax treatment. See instructio	ons for exceptions				•	Yes	X	No
b		ership assume a liability or receive pr										
	a 2-year perio	od of transferring the property to the	artnersh	ip? If "Yes," attach a stateme	ent identifying the prop	perty	transferre	d,				
	the amount o	r value of each transfer, the debt assu	imed or t	aken by the partnership, and	an explanation of the	tax ti	reatment		•	Yes	X	No
Sign Here		enalties of perjury, I declare that I have exami and complete. Declaration of preparer (other										
This Forn		and complete. Declaration of preparer (other	nan genera	a partner or infined hability compa	any member) is based on a		mation or w	nich pre	parer n	as any kno	wiedge.	
Separate Not With												
Tax Retur		ignature of general partner or limited liability	company m	nember							Date	
Paid	Print/Typ	e preparer's name	Prepar	er's signature	Date		Che	x	if '	PTIN		
Prepa	arerBRID	GETTE MUGGE	BRI	DGETTE MUGGE	06/1	.7/	21 self-	employe	ed	P006	5714	L8
Use	Firm's r	name 🕨 BLUE & CO., 🗆	LLC				Firm's E					L
Only	Firm's a	address ▶ <u>12800 N. MER</u>	IDIA	N ST, STE 400	)		Phone n	0.31	7–8	48-8	3920	
	CARM											
Sche	dule A	Constructive Ownership of		•		•						
		box <b>b</b> , enter the name, add			tification number	(if ar	וy) of th	e pers	son(s	s) whos	e	
		interest you constructively	own. S	ee instructions.								
		<b>a</b> X Owns a direct interest		b	Owns a construc	<u>ctive i</u>	nterest					
		Name		Address			Identificati	on numh	oer (if a	nv)	Check if foreign	Check if direct
			Aug 255								person	partner
_		-										
Sche	dule A-1	Certain Partners of Foreig	in Part	nership (see instruct	ions)							
		Name		Address			Ident	fication	numbe	r (if any)		Check if foreign
										. (		person
Sche	dule A-2	Foreign Partners of Section	on 721		instructions)							
	of foreign artner	Address		Country of organization	U.S. taxpayer identification number		Check if rel U.S. trans				age interes	
pe				(if any)	(if any)		0.3. trans		ror Capital		Pr	ofits
											6	%
										0	6	%
	· · · · ·	have any other foreign person as a dir								es		No
Sche	dule A-3	Affiliation Schedule. List a direct interest or indirect			mestic) in which	the f	oreign p	artne	ership	owns		
		Name	Address								dinary or loss	Check if foreign partner- ship
BAIN	I RELIS	H INVESTOR, L.P.	200 CLARENDON STREET FL 41 84					84-2326905				1
		-			6-5016							1
												<u> </u>

Form 8865 (2019)

SCHEDULE (Form 8865)		Tr	ansfer	of Prop (Ur	perty to a nder Sectio	Fore	ign Pa 3B)	artnersh	ip			1545-1668
(Rev. December 2	,		Attacl	n to Form 8	865. See the	Instructi	ons for F	orm 8865.			UNID NU.	1040-1000
Department of the Tre Internal Revenue Serv	vice				8865 for instr		and the l	latest inform	nation.			
Name of transfero				PHONY (	ORCHESTI	RA			Filer's iden			
	FOUNDA									8126		
Name of foreign p	partnership <b>BA</b>	IN CA	PITAL	VENTU	RE FUND	2019	), L	EIN (if any) 98-143			nce ID num 865–0	ber (see instr) 4
	nership a section 7 Is the gain deferral								ee instructior	Г	Yes Yes	X No No
	tangible property t after, a platform co									Г	Yes	XNO
	ransfers Reportabl			rogalatione o		<u>///·/·</u>				L		
Type of property	(a) Date of transfer	(b) Description of property	Fair mar	c) ket value of transfer	(d) Cost or oti basis	her		(e) ery period	(f) Section 70 allocation m			(g) ecognized 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												
Totals			915	5,000.								
3 Enter the tr	ransferor's percent	age interest	in the partne	ership: (a) Be	fore the transfer	•	3076	%	(b) Afte	r the trans	sfer •	3634 %

Supplemental Information Required To Be Reported (see instructions):

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

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

Schedule 0 (Form 8865) 12-2018

SCHEDULE (Form 8865		Statement of Application of the Gain Deferral Method Under Section 721(c)												545-1668
(November 201	18)						• •							545-1000
Department of the T Internal Revenue Se	reasury rvice			•	o Form 8865. See t									
		IANAPOLI			ov/Form8865 for in	nstructions and	the	latest informa	ition.					
Name of person f	ining i citti cocco	TANAPOLI	5 SIMP	HONY OF	XCHESTRA							-18126	ation numb 36	er
Name of partners	ship PITAL VENTURE	FUND 20	19, L.I	Ρ.				Successor partnership	EIN (if any) 98–14394	38		rence ID num 08865-	nber (see instr 04	uctions)
	nsferor (see instructions) PITAL VENTURE	FUND 20	19, L.I	Ρ.				Successor U.S. transferor	Filing year: (see	nstructions ain defer	-	tribution	Annua	reporting
	Section 721(c) Prop									3				
1.	2.	3.	4.	5.	6.	On the date of co	ntribut	tion				7. Events		
Tax year of contribution	Description of property	r Recovery period	Section 197(f)(9) property	Effectively connected income property	<b>(a)</b> Fair market value	<b>(b)</b> Basis		<b>(c)</b> Built-in gai	n Accelerati (includin partial accelerati event)	g		<b>(c)</b> Successor	(d) Tax disposition of a portion of partnership interest	<b>(e)</b> Section 367 transfer
1											]			
2											]			
3											]			
4											]			
4a	From Part I additional statement(s), if any										]			
Do the tier	ed partnership rules of Te Remaining Built-in (	mporary Regula	tions section	1.721(c)-3T(	d) apply to this part	hership? See in	struct	ions	<b>I</b>		I		🗌 Yes	No
							ns)		(d)				(-)	
Part I, line number	(a) (b) Remaining built-in gain at beginning of tax year end of tax year					<b>(c)</b> ial income allocat U.S. transferor	ed	du	Gain recognize le to acceleration				(e) ain recognized section 367 tra	
1														
2														
3														
4														
Total*														

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

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

## INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATI

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

## Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Part	Allocati	on Percenta	ges of Partin	ersnip items	with Respe		121(0) Prop	erty (see instr	uctions)				
		1. Income			<b>2.</b> Gain			3. Deduction	_		4. Loss		
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)
Part I,	U.S.	Related domestic	Related foreign	U.S.	Related domestic	Related foreign	U.S.	Related domestic		U.S.	Related domestic		ed foreign
line number	transferor	partners	partners	transferor	partners	partners	transferor	partners	partners	transferor	partners	ра	rtners
1	%	%	%	%	%	%	%	%	%	%	%		%
2	%	%	%	%	%	%	%	%	%	%	%		%
3	%	%	%	%	%	%	%	%	%	%	%		%
4	%	%	%	%	%	%	%	%	%	%	%		%
Part	V Allocati	on of Items t	to U.S. Trans	feror With R	espect to Se	ction 721(c)	Property (se	e instructions)					
Devit		1. Income			<b>2.</b> Gain			3. Deduction			4. Loss		
Part I, line	(a)		(b)	(a)		(b)	(a)		(b)	(a)		(b)	
number	Book		Tax	Book		Tax	Book		Tax	Book		Tax	
1													
2													
3													
4													
Part	Additio	nal Informati	on (see instruct	ions). If "Yes" to	any question 1	through 6b belov	w, complete Sch	iedule H.				<u> </u>	es No
1	• •			•		•		•	c)-4T or Temporar				
	Regulations sec	tion 1.721(c)-5T(	d)) occur with res	spect to one or r	nore section 721	(c) properties?						1	
2	During the tax y	ear, did a termin	ation event (as d	escribed in Tem	porary Regulatio	ns section 1.721	(c)-5T(b)) occur	with respect to a	one or more section	on 721(c) prope	rties?	2	
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(	c)-5T(c)) occur w	vith respect to or	ne or more section	n 721(c) propert	ies?	3	
4	During the tax y	ear, was there a	tax disposition o	f a portion of an	interest in the p	artnership (as de	escribed in Temp	orary Regulation	ns section 1.721(	c)-5T(f))?		4	
5	<b>°</b> ,					, ,			7 (as described in			_	
-	Temporary Regu	lations section <sup>-</sup>	1.721(c)-5T(e))?									5	
6a									chedule O, incluc				
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	e line 6b				ba 📃	
	•		ed with respect 1									ib	
7a			•					•	to each section 72				
												'a	_
b									has the U.S. trans				
									he tax year remain section 871 or 88				
			,					<b>```</b>	artner was a partr	,			
									n under an incom				
	convention to ar	n exemption from	n U.S. income ta	x or a reduced ra					ction 721(c) prop				
_			ion 1.721-6T(b)(3								7	'b	
Part	VI Suppler	mental Inforr	nation (see ins	structions)									

Page 2

SCHEDU (Form 8865) (November 2018) Department of the Internal Revenue S	<b>5)</b> B) Treasury		Deferral th to Form 8	Method U 3865. See the I	Jnder	r Section 7 ons for Form 8	7 <b>21(c</b> 865.	)	OMB N	lo. 15	45-1668
Name of person		3865 SYMPHONY ORCHI	ESTRA			ntifying number 312636					
Name of partner	•	VENTURE FUND 2	2019,	Success partners		EIN (if any) 98-1439	438	Reference ID num	•	struc	tions)
	PITAL	VENTURE FUND 2		U.S. tran		Filing year: (s		uctions) eferral contribution	Anı	nual	reporting
	ccelerat	tion Event (see instruc	tions)	(-)	1			(-)			(5)
<b>(a)</b> Schedule G, Part I, line number		<b>(b)</b> Description of event		(c) Date of event	r	<b>(d)</b> Gain recognized	F	(e) Partnership's adjust to section 721(c property tax bas	:)	a	<b>(f)</b> Partial cceleration event
Part II T	l erminati	on Event (see instruct	ions)								
<b>(a)</b> Schedule G, Part I, line number				<b>(b)</b> Description of event	1						(c) Date of event
Part III S	uccesso	or Event (see instruction	ons)						•		
<b>(a)</b> Schedule G, Part I, line number		<b>(b)</b> Description of event		(c) Date of event			, lower-tie	(d) yer identification nu er partnership, uppe ration (as applicable	er-tier partr		
Part IV T	axable [	Disposition of a Portio		iterest in Pa	artners	hip Event (	see ins				
		(a) ecription of event	<b>(b)</b> Date of event	(c) Percent of partne interest dis	rship	(d) Percentage of partnership interest retained				to	
							_				
Part V S	ection 3	67 Transfer Event (se	e instructi	ions)							
<b>(a)</b> Schedule G, Part I, line number		<b>(b)</b> Description of event	(c) Date of event		<b>(d)</b> Gain cognized	I	<b>(e)</b> Name, address, and of foreign tr corporation (as	I U.S. TIN ansferee		)	
Part VI S	upplem	ental Information (see	instructio	ons)		I					

0065		Retu	rn of U.S.	Perso	ons With	Respect to	)		OMB	No. 1545-1668
Form <b>8865</b>				ttach to y	our tax return.				2	010
		-	ww.irs.gov/Formation furnish			l <b>the latest informa</b> shin's tax year	tion.			019
Department of the Treasury Internal Revenue Service			beginning	JAN	• •	and ending $DEC$	: 31	, 2019	Attach Seque	ence No. <b>118</b>
Name of person filing this r	eturn						Filer	s identifica	tion number	
INDIANAPOL		ONY OR	CHESTRA				3	5-181	2636	
FOUNDATION	-									
Filer's address (if you aren'	tiling this form wit	h your tax re	eturn)		A Category of	f filer (see Categories of				licable box(es)):
					B Filer's tax y beginning	ear SEP 1	3 201	X 9 , and end	4 Jing AUG	31,2020
<b>C</b> Filer's share of liabilities	· Nonrecourse \$		Qual	ified nonre	course financir		,201	, and end Other	5	<u> </u>
<b>D</b> If filer is a member of a		but not the						0110	Ψ	
Name	5 1		• •			·	EIN			
Address										
E Check if any excepted sp				his form. S	See instructions		<u></u>		<u></u>	
F Information about certai	n other partners (s	ee instructio	ns)							
(1) Name			(2) Addre	ess		(3) Identification n	umber	(4) Category 1	Check applica Category 2	Constructive owner
								Category	Category 2	Constructive owner
G1 Name and address of fo	reion partnership							2(a) EIN	(if any)	
BAIN CAPITAL		FUND	2016, L.	Р.				98	-1299	467
								1	erence ID nu	
200 CLARENDO									865-0	
BOSTON, MA	02116-501	.6						· ·	•	se laws organized
. Date of	rincipal place		- Principal bus	iness	- Principal bus	iness	Funct	ional	N ISLA	ANDS inge rate
4 <sup>Date of</sup> organization 5 <sup>6</sup> 03/31/2016 CA	rincipal place f business		6 Principal bus activity code 52390		7 Principal bus activity		ba curre	ncy	8b (see in	istructions)
H Provide the following in				ц 0	LINVESTI	ing fo	JSD			
1 Name, address, and ide				States	2 Check if th	e foreign partnershi	n must fil	e <b>-</b>		
		yr ugonr (n u		olutoo		rm 1042	Form 880		Form 106	5
					Service Ce	nter where Form 10	65 is filed	:		
					E-FI					
3 Name and address of fo		0	, ,	ion, if any		ddress of person(s) with and the location of such				
MAPLES CORPO						APITAL VE				, LP
UGLAND HOUSE						ARENDON S			41	
GEORGE TOWN, 5 During the tax year, d							10-2	010		
5 During the tax year, d allowed under section	• 1								Yes	XNo
If "Yes," enter the tota	amount of the disa	allowed dedu	ictions					····· 5	s	
6 Is the partnership a se									Yes	X No
7 Were any special alloc									X Yes	No No
8 Enter the number of F	orms 8858, Inform	ation Return								
(FDEs) and Foreign B	anches (FBs), attac	ched to this r	return. See instru	ctions				►		
9 How is this partnershi								EXEMP	TED L	ID PARTN
10 a Does the filer have an		•			•	• • • • • •				
separate unit under R	• • • • • •				•	() ()()()		•	Yes	X No
skip question 10b <b>b</b> If "Yes," does the sepa									165	_21_ NU
Reg. 1.1503(d)-1(b)(5		•			-				Yes	No
11 Does this partnership	meet <b>both</b> of the fo	ollowina real	uirements?			 ר		····· ►		
1. The partnership's t				0,000.						
2. The value of the pa	•				than \$1 million.	P		►	Yes	No
If "Yes," don't complet	e Schedules L, M-1	I, and M-2.				J				
LHA For Privacy Act and	I Paperwork Reduc	tion Act Not	tice, see the sep	arate instr	uctions.				ł	orm <b>8865</b> (2019)

Form 8865	5 (2019)	INDIANAPOLIS SYN	IPHON	Y ORCHESTRA H	OUNDA	ΓI	3!	5-1812	636	Page <b>2</b>
		his Form 8865 claiming a foreign-(		• •		, .		<b>—</b>	<b>T</b>	- 
		isted on Schedule N?						► Yes		No
	-	the amount of gross income derive					,			
		ons with or by the foreign partners				•				
е	ligible incom	e (FDDEI)					▶	►		
		the amount of gross income derive	d from a li	cense of property to or by th	ne foreign par	tnership that t	the			
								►		
		the amount of gross income derive				-				
		computation of FDDEI						►		
		ber of foreign partners subject to s								
		p or of receiving a distribution fror						•		
<b>14</b> A	t any time du	iring the tax year were any transfer	s between	the partnership and its part	ners subject t	o the disclosu	re			-
	•							► Yes		No
15 a V	Vere there an	y transfers of property or money w	ithin a 2-y	ear period between the partr	ership and a	ny of its partn	ers			
tł	hat would req	uire disclosure under Regs. 1.703	3 or 1.707	-6? If "Yes," attach a statem	ent identifying	g the transfers	, the			_
		ue of each transfer, and an explana					🕨	► Yes		No
	-	rship assume a liability or receive			-	-				
а	2-year perio	d of transferring the property to the	e partnersh	ip? If "Yes," attach a statem	ent identifying	) the property	transferred,			-
		value of each transfer, the debt as						► Yes		No
Sign Here Or if You're Filir		nalties of perjury, I declare that I have exa nd complete. Declaration of preparer (othe								
This Form Separately a	and b							1.5		
Not With You	ur 🚺 🗕 🗕							_  •		
Tax Return.		nature of general partner or limited liabilit				Data		PTIN	Date	
Paid		preparer's name		rer's signature		Date	Check	_ if		
Prepar		GETTE MUGGE		DGETTE MUGGE		06/17/			6714	
Use	Firm's na						Firm's EIN 🕨	35-11	.7866	1
Only			RIDIA	N ST, STE 400	)		Phone no.31'	7-848-	8920	
<u> </u>	CARM									
Schedu		Constructive Ownership		-						
		box <b>b</b> , enter the name, ac			tification n	umber (if a	ny) of the pers	son(s) who	ose	
		interest you constructive	/ own. S	ee instructions.						
		<b>a</b> X Owns a direct interest		b	Owns a	constructive	interest			
		Name		Address			Identification numb	er (if any)	Check if foreign	Check if direct
									person	partner
										<u> </u>
			<u> </u>							
Schedu	ule A-1	Certain Partners of Fore	ign Part	nership (see instruc	tions)					
		Name		Address			Identification	number (if any)		Check if foreign
										person
										<u> </u>
Schedu	ule A-2	Foreign Partners of Sec	ion 721		instruction	/				
Name of f partn		Address		Country of organization	U.S. tax identificatio		Check if related to U.S. transferor		ntage intere	
para				(if any)	(if a	ny)		Capital	P	Profits
									%	%
									%	%
<u> </u>		ave any other foreign person as a c			·····	<u> </u>	L	Yes		No
Schedu	ule A-3	Affiliation Schedule. Lis a direct interest or indirect			omestic) in	which the	toreign partne	rship own	S	
		Name		Address			EIN		ordinary	Check if foreign
STA	TEMENT	6 <sup>Name</sup>		Aug 655			(if any)	incom	e or loss	foreign partner- ship

Form 8865 (2019)

SCHEDULE (Form 8865)		Tr	ransfer	of Prop (Ui	oerty to nder Sec	a Fo	reigr 138B)	ו Pa	rtnersh	ip		OMB No.	1545-	1668
(Rev. December 2 Department of the Tre	,			n to Form 8									1040-	1000
Internal Revenue Serv	/ice						ns and	the la	atest inform					
Name of transfero	110111			HONY (	ORCHES	STRA				Filer's ident				
Nome of foreign n	FOUNDA						1 0	-			8126			
Name of foreign p	arthership BA	IN CA.	PT.I.AL	VENTU	RE FUI	1D 20	10,		EIN (if any) 98–129			ice ID nun 865–(	•	ee mstr
1 a la tha partr	nership a section 7	01(0) portpo	rahin (an dai	finad in Tama	a arany Dagu	ationa and	tion 17				г			No
•	is the gain deferral							• • •			Г	Yes		NO
	tangible property t			•	•						L	165		JNU
	ifter, a platform co										Г	Yes	X	No
	ransfers Reportabl			togulation o		(0)( .).					L			]
Type of property	(a) Date of transfer	(b) Description of property	Fair mar	c) ket value of transfer	Cost	(d) or other asis			e) ry period	(f) Section 70 allocation me			(g) recogni: i transfei	
Cash	07/30/19		470	,000.										
Stock, notes														
receivable														
and payable, and other														
securities														
Inventory														
Inventory														
Tangible							_							
property used in trade														
or business														
Intangible														
property														
described in														
section 197(f)(9)														
Intangible														
property, other than intangible														
property														
described in section 197(f)(9)														
Other														
property														
Totals				),000.										
3 Enter the tr	ansferor's percent	age interest	in the partne	ership: (a) Be	fore the trar	isfer	.30	93	%	(b) After	the trans	fer d	295	59 %

Supplemental Information Required To Be Reported (see instructions):

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

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

Schedule 0 (Form 8865) 12-2018

SCHEDULE (Form 8865) (November 2013 Department of the Tre Internal Revenue Seri	8) Basury	Sta		Attach te	Dication of Under Sec Do Form 8865. See t	ction 72 <sup>-</sup>	<b>1 (C)</b> s for l	Form 8865.				OMB No. 1	545-1668
Name of person fi		NAPOLI			<u> ov/Form8865 for ir</u> RCHESTRA	nstructions and	d the	latest informa	ition.		Filer's identifi		) or
FOUNDATI	3	1011 011	o orm								35-18126		
Name of partnersh BAIN CAP	ITAL VENTURE F	UND 201	16, L.I	2.				Successor partnership	EIN (if any) 98–129946	57	Reference ID nur		uctions)
BAIN CAP	sferor (see instructions) ITAL VENTURE FI			2.				Successor U.S. transferor	Filing year: (see in Tax year of g	-	l contribution	Annua	l reporting
Part I S	ection 721(c) Property	(see instru	ctions)		<b></b>								
1.	2.	3.	<b>4.</b>	5.		On the date of co	ontribu				7. Events	1	
Tax year of contribution	Description of property	Recovery period	Section 197(f)(9) property	Effectively connected income property	<b>(a)</b> Fair market value	<b>(b)</b> Basis		<b>(c)</b> Built-in gai	in Acceleration (including partial acceleration event)		tion Successor	(d) Tax disposition of a portion of partnership interest	<b>(e)</b> Section 367 transfer
1													
2													
3													
4													
4a	From Part I additional statement(s), if any												
Do the tiere	d partnership rules of Tempo	rary Regulat	ions section	1.721(c)-3T(	d) apply to this partr	hership? See in	struc	tions				🗌 Yes	s 🗌 No
Part I, line number	maining Built-in Gain, Remedial Income, and (         (a)       (b)         Remaining built-in gain at beginning of tax year       Remaining built-in gain a end of tax year				Remedi	(see instruction (c) ial income allocat U.S. transferor		du	<b>(d)</b> Gain recognized le to acceleration ev	ent		(e) ain recognized section 367 tra	
1													
2													
3													
4													
Total*													

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

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

## INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATI

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

## Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Part	Allocati	on Percenta	ges of Partin	ersnip items	with Respe		121(0) Prop	erty (see instr	uctions)				
		1. Income			<b>2.</b> Gain			3. Deduction	_		4. Loss		
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)
Part I,	U.S.	Related domestic	Related foreign	U.S.	Related domestic	Related foreign	U.S.	Related domestic		U.S.	Related domestic		ed foreign
line number	transferor	partners	partners	transferor	partners	partners	transferor	partners	partners	transferor	partners	ра	rtners
1	%	%	%	%	%	%	%	%	%	%	%		%
2	%	%	%	%	%	%	%	%	%	%	%		%
3	%	%	%	%	%	%	%	%	%	%	%		%
4	%	%	%	%	%	%	%	%	%	%	%		%
Part	V Allocati	on of Items t	to U.S. Trans	feror With R	espect to Se	ction 721(c)	Property (se	e instructions)					
Devit		1. Income			<b>2.</b> Gain			3. Deduction			4. Loss		
Part I, line	(a)		(b)	(a)		(b)	(a)		(b)	(a)		(b)	
number	Book		Tax	Book		Tax	Book		Tax	Book		Tax	
1													
2													
3													
4													
Part	Additio	nal Informati	on (see instruct	ions). If "Yes" to	any question 1	through 6b belov	w, complete Sch	iedule H.				<u> </u>	es No
1	• •			•		•		•	c)-4T or Temporar				
	Regulations sec	tion 1.721(c)-5T(	d)) occur with res	spect to one or r	nore section 721	(c) properties?						1	
2	During the tax y	ear, did a termin	ation event (as d	escribed in Tem	porary Regulatio	ns section 1.721	(c)-5T(b)) occur	with respect to a	one or more section	on 721(c) prope	rties?	2	
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(	c)-5T(c)) occur w	vith respect to or	ne or more section	n 721(c) propert	ies?	3	
4	During the tax y	ear, was there a	tax disposition o	f a portion of an	interest in the p	artnership (as de	escribed in Temp	orary Regulation	ns section 1.721(	c)-5T(f))?		4	
5	<b>°</b> ,					, ,			7 (as described in			_	
-	Temporary Regu	lations section <sup>-</sup>	1.721(c)-5T(e))?									5	
6a									chedule O, incluc				
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	e line 6b				ba 📃	
	•		ed with respect 1									ib	
7a			•					•	to each section 72				
												'a	_
b									has the U.S. trans				
									he tax year remain section 871 or 88				
			,					<b>```</b>	artner was a partr	,			
									n under an incom				
	convention to ar	n exemption from	n U.S. income ta	x or a reduced ra					ction 721(c) prop				
_			ion 1.721-6T(b)(3									'b	
Part	VI Suppler	mental Inforr	nation (see ins	structions)									

Page 2

(Form 8865 (November 2018) Department of the 7 Internal Revenue Se	5) 3) Treasury		Deferral	Method 865. See the l	<b>Unde</b> nstructi	r Section 7	7 <b>21(C</b> 865.	)	OMB N	lo. 15	45-1668
Name of person	-	3865		F	iler's ider	ntifying number					
INDIANA		SYMPHONY ORCHI	ESTRA			812636					
Name of partner		VENTURE FUND	2016.	Success		EIN (if any) 98–1299	467	Reference ID num		nstruc	tions)
Name of U.S. tra				Success	or	Filing year: (s					
		VENTURE FUND		U.S. trar	sferor	Tax year	of gain d	eferral contribution	An	nual i	eporting
	ccelerat	ion Event (see instruc	tions)	(-)				(-)			(0)
<b>(a)</b> Schedule G, Part I, line number		<b>(b)</b> Description of event		<b>(c)</b> Date of event		<b>(d)</b> Gain recognized	F	<b>(e)</b> Partnership's adjust to section 721(o property tax bas	;)	a	(f) Partial cceleration event
Part II T	erminati	on Event (see instruct	ions)								
<b>(a)</b> Schedule G, Part I, line number				<b>(b)</b> Descriptior of event	1						(c) Date of event
Part III S	uccesso	r Event (see instructio	ons)						I		
<b>(a)</b> Schedule G, Part I, line number		<b>(b)</b> Description of event		(c) Date of event			, lower-tie	(d) yer identification nu er partnership, uppe ration (as applicable	er-tier partr		
					_						
Part IV Ta		Disposition of a Portio					see ins		(0)		
	Des	(a) cription of event	<b>(b)</b> Date of event	(c) Percent of partne interest dis	tage ership	(d) Percentage of partnership interest retained				to	
							_				
Part V S	ection 3	67 Transfer Event (se	e instructio	ons)	I						
<b>(a)</b> Schedule G, Part I, line number		(b) Description of event		(c) Date of event	rec	<b>(d)</b> Gain cognized	I	<b>(e)</b> Name, address, and of foreign tr corporation (as	U.S. TIN ansferee		)
Part VI S	uppleme	ental Information (see	instructio	ns)							
		· · ·									

0065		Return of U.S. Certain F	Perso	ons With	Respect to	D		OMB	No. 1545-1668
Form <b>8865</b>			Attach to y	our tax return.	-			<b>_ _ _</b>	010
		Go to www.irs.gov/Form Information furnisl				ition.			019
Department of the Treasury Internal Revenue Service		beginning	JAN		and ending <b>DE</b> (	C 31	, 2019	Attach Seque	ence No. <b>118</b>
Name of person filing this r	eturn			, ,	5	1		tion number	
INDIANAPOL	IS SYMPHON	IY ORCHESTRA				3	5-181	2636	
FOUNDATION	•			1.					
Filer's address (if you aren'i	filing this form with	your tax return)		A Category o	filer (see Categories o	1			icable box(es)):
				B Filer's tax )	2 <sup>ear</sup> SEP 1	<u>3</u> 201	<u>X</u>	4 Jing AUG	31,2020
<b>C</b> Filer's share of liabilities	Nonrecourse \$	Оца	lified nonre	beginning ecourse financir		, <b>201</b>	<u>9</u> , and end Other	5	JI, 2020
<b>D</b> If filer is a member of a							0110	Ψ	
Name	5 1		5		•	EIN			
Address									
		ial assets are reported on	this form. S	See instructions					
F Information about certai	n other partners (see	instructions)							<u> </u>
(1) Name		(2) Addr	ess		(3) Identification r	umber		Check applical	Constructive owner
							Category 1	Category 2	Constructive owner
G1 Name and address of fo	reion partnership						2(a) EIN	(if any)	
TRUEBRIDGE C	• •	TNERS FUND	У, L.	Ρ.			82	-21734	<b>151</b>
							2(b) Refe	erence ID nu	nber
1011 SOUTH H								865-04	
CHAPEL HILL,	NC 27517	1					-		e laws organized
. Date of	rincipal place	Principal bus	siness	- Principal bus	iness	n Funct		N ISLA	ANDS nge rate
4 organization 5 o 01/01/2018 CA	rincipal place f business עאס אד דפד סא	6 Principal bus activity code 52390		7 activity		8a curre	ncy	8b (see in	structions)
H Provide the following in			0  -			עפר			
1 Name, address, and ide			States	2 Check if th	e foreign partnersh	in must fil	e <b>.</b>		
			oluloo		rm 1042	Form 88		Form 106	5
				Service Ce	nter where Form 10	065 is filed	:		
				E-FI					
3 Name and address of fo	reign partnership's aç	gent in country of organiza	tion, if any		ddress of person(s) with and the location of suc				foreign
					IDGE GP E			•	
					IMAH HTUC			TE 400	
<b>5</b> During the tax year, di	d the foreign partners	ship pay or accrue any inte	roct or roy	•	HILL, NO		517		
		INS	-	-				Yes	XNO
If "Yes." enter the total	amount of the disallo	owed deductions					····· •	\$	
		ship, as defined in Tempora						Yes	X No
7 Were any special alloc	ations made by the fo	oreign partnership?					►	X Yes	No
		on Return of U.S. Persons		-	-				
(FDEs) and Foreign Br	anches (FBs), attache	ed to this return. See instru	ictions				<b>&gt;</b>		
		law of the country in whic					EXEMP	TED L.	D PARTN
10 a Does the filer have an	•			•	•				
•	• • • • • • • • •	or part of a combined sep		•	() ()()()			Yes	X No
		l separate unit have a dual							21 NU
· ·							►	Yes	No
11 Does this partnership	meet <b>both</b> of the follo	owing requirements?			 ۲				
		ax year were less than \$25	0,000.						
		ts at the end of the tax yea		than \$1 million.	P		►	Yes	No No
If "Yes," don't complet	e Schedules L, M-1, a	and M-2.			J				
LHA For Privacy Act and	Paperwork Reduction	on Act Notice, see the sep	arate instr	uctions.				F	orm <b>8865</b> (2019)

Form 88	65 (2019)	INDIANAPOLIS SYM	PHON	Y ORCHESTRA E	FOUNDATI	3	5-1812	636	Page <b>2</b>
12 a	Is the filer of	this Form 8865 claiming a foreign-de	rived inta	ngible income deduction (u	nder section 250) with	respect to			
	any amounts	listed on Schedule N?					Yes	X	No
b	If "Yes," ente	r the amount of gross income derived	from sale	es, leases, exchanges, or oth	ner dispositions (but no	ot licenses)			
		tions with or by the foreign partnersh			•				
	eligible incor	ne (FDDEI)				I	▶		
C	If "Yes," ente	r the amount of gross income derived	from a lie	cense of property to or by th	ne foreign partnership t	hat the			
							▶		
d		r the amount of gross income derived							
		s computation of FDDEI					▶		
13		mber of foreign partners subject to se							
		nip or of receiving a distribution from							
14		during the tax year were any transfers						v	No
15 .	•			or pariad batuaan the parts			Yes	Δ	NO
15 a		ny transfers of property or money wit							
		equire disclosure under Regs. 1.703-3 alue of each transfer, and an explanati		•			► Yes	X	No
b		iership assume a liability or receive pr						23	
U	•	od of transferring the property to the				• •			
		or value of each transfer, the debt assi				•	Yes	X	No
Sign Here	Only Under p	enalties of perjury, I declare that I have exami	ned this ret	urn, including accompanying sch	edules and statements, and	to the best of my knowl	edge and belief, i	t is true,	
if You're F This Form		and complete. Declaration of preparer (other	than genera	al partner or limited liability comp	any member) is based on al	I information of which pr	eparer has any kr	owledge.	
Separatel Not With									
Tax Retur		ignature of general partner or limited liability	company m	nember				Date	
Paid	Print/Typ	be preparer's name	Prepar	er's signature	Date	Check	if PTIN		
Prepa	arerBRII	OGETTE MUGGE	BRI	DGETTE MUGGE	06/1	7/21 self-employ		<u>6714</u>	
Use	Firm's	name 🕨 BLUE & CO.,				Firm's EIN 🕨			
Only		address ▶12800 N. MER	IDIA	N ST, STE 400	)	Phone no.31	7-848-	8920	
		IEL, IN 46032							
Sche	dule A	Constructive Ownership					•		
		box <b>b</b> , enter the name, add			tification number (	if any) of the per	son(s) who	se	
		interest you constructively	own. S	Г					
		<b>a</b> X Owns a direct interest	1	b	Owns a construc	tive interest I		Check if	Check if
		Name		Address		Identification num	ber (if any)	foreign	direct
								person	partner
									<u> </u>
Sche	dule A-1	Certain Partners of Foreig	n Part	nership (see instruct	tions)				<u> </u>
									Check if
		Name		Address		Identification	n number (if any)		foreign person
									<u>                                      </u>
Sche	dule A-2	Foreign Partners of Section	on 721(	c) Partnership (see	instructions)	•			
Name	of foreign	Address		Country of organization	U.S. taxpayer identification number	Check if related to	Percen	tage intere	st
pa	rtner	Address		(if any)	(if any)	U.S. transferor	Capital	Р	Profits
								%	%
								%	%
		have any other foreign person as a dir				[	Yes		No
Sche	dule A-3	Affiliation Schedule. List a direct interest or indirect			mestic) in which t	he foreign partn	ership owns	6	
_		Name		Address		EIN (if any)	Total o income		Check if foreign partner- ship
									+
						1	1		

Form 8865 (2019)

SCHEDULE (Form 8865) (Rev. December 2 Department of the Tra Internal Revenue Ser	2018) easury		ansfer of Prop (Ui ▶ Attach to Form 8 to www.irs.gov/Form	865. See the Instru	ictions for l	Form 8865.			OMB No.	. 1545-1668
Name of transferd	r INDIAN	APOLIS	S SYMPHONY (	ORCHESTRA			Filer's iden	tifying nu	mber	
	FOUNDA	TION,	INC.				35-1	8126	36	
Name of foreign p	partnership <b>TR</b>	UEBRII	DGE CAPITAL	PARTNERS	FUND	EIN (if any) 82-217			nce ID nun 865–(	nber (see instr ) 4
<ul><li>b If "Yes," wa</li><li>2 Was any in time therea</li></ul>	as the gain deferral Itangible property t	method app ransferred co ntribution as	rship (as defined in Temp lied to avoid the recognit onsidered or anticipated defined in Regulations s stion 6038B	ion of gain upon the c to be, at the time of th	ontribution of e transfer or a	-1T(b)(14))? S property? at any	Gee instruction	[	Yes Yes	X No No X No
	· ·	г т		(4)		(a)	(6)			(*)
Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	Recov	(e) ery period	(f) Section 70 allocation m			(g) recognized n 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										
Totals			280,000.							
3 Enter the t	ransferor's percent	age interest i	in the partnership: (a) Be	efore the transfer	.9188	%	(b) Afte	r the trans	sfer 3	.9014 %

Supplemental Information Required To Be Reported (see instructions):

(a) Type of property	(b) Date of original	(c) Date of disposition	(d) Manner of disposition	(e) Gain recognized by	(f) Depreciation recapture	(g) Gain allocated to partner	(h) Depreciation recapture allocated				
	transfer			partnership	recognized by partnership		to partner				
Part III Is any	transfer reported of	on this schedule su	bject to gain reco	nition under section 90	04(f)(3) or section 904(	f)(5)(F)? ►	Yes X No				
LHA For Paperwork	HA For Paperwork Reduction Act Notice, see the Instructions for Form 8865. Schedule O (Form 8865) 12-2018										

SCHEDULE (Form 8865) (November 201	8)	Sta	atemer	-	oplication o Under Sec	ction 721	(c)		Method			OMB No. 1	545-1668
Department of the Tre Internal Revenue Serv	easury vice		► Go t	•	o Form 8865. See t  ov/Form8865 for ir				tion.				
Name of person fi	ling Form 8865 INDIA	NAPOLI			RCHESTRA						Filer's identific 35-18126		er
Name of partners	nip IGE CAPITAL PAR	INERS 1	FUND V	, L.P.				Successor Partnership	EIN (if any) 82-217345		Reference ID nur		uctions)
TRUEBRID	sferor (see instructions) GE CAPITAL PAR			, L.P.				Successor J.S. transferor	Filing year: (see inst	-	contribution	Annua	l reporting
	Section 721(c) Property		<u> </u>										
1. Tax year of contribution	<b>2.</b> Description of property	3. Recovery period	<b>4.</b> Section 197(f)(9) property	5. Effectively connected income property	<b>(a)</b> Fair market value	On the date of co (b) Basis	ntributic	on <b>(c)</b> Built-in gai	n (including partial acceleration event)	<b>(b)</b> Terminat	7. Events (c) ion Successor	(d) Tax disposition of a portion of partnership interest	<b>(e)</b> Section 367 transfer
1													
2													
3													
4													
4a	From Part I additional statement(s), if any												
Do the tiere	d partnership rules of Tempo Remaining Built-in Gail	rary Regulat	ions section	1.721(c)-3T(	d) apply to this partr	hership? See in:	structio	ons				🗌 Yes	No
Part I, line number	(a) Remaining built-in gain at beginning of tax year		(b Remaining bu end of ta	) ıilt-in gain at	Remedi	(see instruction (c) ial income allocate U.S. transferor		du	(d) Gain recognized e to acceleration eve	ent		(e) ain recognized section 367 tra	
1													
2													
<u>3</u> 4													
Total*													
											1		

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

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

## INDIANAPOLIS SYMPHONY ORCHESTRA FOUNDATI

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

## Part III Allocation Percentages of Partnership Items With Respect to Section 721(c) Property (see instructions)

Part	Allocati	on Percenta	ges of Partin	ersnip items	with Respe		121(0) Prop	erty (see instr	uctions)				
		1. Income			<b>2.</b> Gain			3. Deduction	_		4. Loss		
	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)	(c)	(a)	(b)		(c)
Part I,	U.S.	Related domestic	Related foreign	U.S.	Related domestic	Related foreign	U.S.	Related domestic		U.S.	Related domestic		ed foreign
line number	transferor	partners	partners	transferor	partners	partners	transferor	partners	partners	transferor	partners	ра	rtners
1	%	%	%	%	%	%	%	%	%	%	%		%
2	%	%	%	%	%	%	%	%	%	%	%		%
3	%	%	%	%	%	%	%	%	%	%	%		%
4	%	%	%	%	%	%	%	%	%	%	%		%
Part	V Allocati	on of Items t	to U.S. Trans	feror With R	espect to Se	ction 721(c)	Property (se	e instructions)					
Devit		1. Income			<b>2.</b> Gain			3. Deduction			4. Loss		
Part I, line	(a)		(b)	(a)		(b)	(a)		(b)	(a)		(b)	
number	Book		Tax	Book		Tax	Book		Tax	Book		Tax	
1													
2													
3													
4													
Part	Additio	nal Informati	on (see instruct	ions). If "Yes" to	any question 1	through 6b belov	w, complete Sch	iedule H.				<u> </u>	es No
1	• •			•		•		•	c)-4T or Temporar				
	Regulations sec	tion 1.721(c)-5T(	d)) occur with res	spect to one or r	nore section 721	(c) properties?						1	
2	During the tax y	ear, did a termin	ation event (as d	escribed in Tem	porary Regulatio	ns section 1.721	(c)-5T(b)) occur	with respect to a	one or more section	on 721(c) prope	rties?	2	
3	During the tax y	ear, did a succes	ssor event (as de	scribed in Temp	orary Regulation	s section 1.721(	c)-5T(c)) occur w	vith respect to or	ne or more section	n 721(c) propert	ies?	3	
4	During the tax y	ear, was there a	tax disposition o	f a portion of an	interest in the p	artnership (as de	escribed in Temp	orary Regulation	ns section 1.721(	c)-5T(f))?		4	
5	<b>°</b> ,					, ,			7 (as described in			_	
-	Temporary Regu	lations section <sup>-</sup>	1.721(c)-5T(e))?									5	
6a									chedule O, incluc				
	contributed prop	perty in Part I ab	ove and informat	ion with respect	to the property	in Parts II-IV abo	ve, and complet	e line 6b				ba 📃	
	•		ed with respect 1									ib	
7a			•					•	to each section 72				
												'a	_
b									has the U.S. trans				
									he tax year remain section 871 or 88				
			,					<b>```</b>	artner was a partr	,			
									n under an incom				
	convention to ar	n exemption from	n U.S. income ta	x or a reduced ra					ction 721(c) prop				
_			ion 1.721-6T(b)(3								7	'b	
Part	VI Suppler	mental Inforr	nation (see ins	structions)									

Page 2

SCHEDUL (Form 8865) (November 2018) Department of the Tre Internal Revenue Serv	easury		Deferral	I Method 8865. See the	<b>Unde</b> Instruct	r Section	7 <b>21(c</b> 3865.	)	OMBN	lo. 15	45-1668
Name of person fi	•	5 YMPHONY ORCH	IESTRA			ntifying number 812636					
Name of partnersh		ITAL PARTNER	S FUND	Success partners		EIN (if any) 82-2173	451	Reference ID num		istruc	tions)
	GE CAP	ITAL PARTNER		U.S. trai		Filing year: (		uctions) eferral contribution	An	nual	reporting
Part I Ac	celeratio	<b>n Event</b> (see instru	ctions)	1			1				
(a) Schedule G, Part I, line number		<b>(b)</b> Description of event		(c) Date of event		<b>(d)</b> Gain recognized	I	<b>(e)</b> Partnership's adjust to section 721(c property tax bas	a	<b>(f)</b> Partial cceleration event	
Part II Te	rminatior	<b>Event</b> (see instruc	ctions)				1				
<b>(a)</b> Schedule G, Part I, line number				(b) Descriptio of event	n						(c) Date of event
Part III Su	ccessor	Event (see instructi	ions)								
(a) Schedule G, Part I, line number		<b>(b)</b> Description of event		(c) Date of event			o, lower-ti	(d) ayer identification nu er partnership, uppe ration (as applicable	er-tier partr		
Part IV Ta	xable Dis	position of a Porti	on of an li	nterest in Pa	artners	ship Event	(see ins	structions)			
	(a) Descrip of ever	otion	(b) Date of event	(c) Percen of partne interest di	tage ership	(d) Percentage of partnership interest retained	Ŀ			l to	
							_				
Part V Se	ction 367	Transfer Event (s	ee instruct	tions)			1				
<b>(a)</b> Schedule G, Part I, line number		<b>(b)</b> Description of event		(c) Date of event	re	<b>(d)</b> Gain cognized		<b>(e)</b> Name, address, and of foreign tr corporation (as	I U.S. TIN ansferee		)
Part VI Su	pplemen	tal Information (se	e instructio	ons)							

FORM 8865	AFFILIATION SCHEDULE	STATEMEN	т б	
NAME	ADDRESS	IDENTIFYING NUMBER	TOTAL ORDINARY INCOME OR (LOSS)	CK IF FOR- EIGN P'SH
INTANGIBLE LABS, LLC	2 HUDSON PLACE, 7TH FLOOR HOBOKEN, NJ 07030	82-2579218		
PARAFI PRIVATE OPPORTUNITI	601 CALIFORNIA ST, SUITE 6	83-4159058		
	SAN FRANCISCO, CA 94108			

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

		-		application		aaah		
┍	гпе	а	separate	application	TOF	eacn	return.	

► Go to 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*.

## 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.

Type or print	Name of exempt organization or other filer, see instruct INDIANAPOLIS SYMPHONY ORCHE FOUNDATION, INC.		Taxpayer identification number (TIN)					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 32 EAST WASHINGTON STREET,							
instructions.	City, town or post office, state, and ZIP code. For a fo INDIANAPOLIS, IN 46204-291		ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	a separat	e application for each return)			01		
Applicatio	on	Return	Application			Return		
ls For		Code	Is For C					
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	BL	02	Form 1041-A			08		
Form 472	0 (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 WASHINGTON STREET			12		
box ▶ [ 1 I rec the ▶[ ▶[	s for a Group Return, enter the organization's four digit C If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning SEP 1, 2019 e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	and atta JULS nization's	ch a list with the names and TINs of         Z       15, 2021       , to file         return for:         d ending       AUG 31, 2020	all memb	ers the exte			
	is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.		
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
esti	mated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.		
c Bala	ance due. Subtract line 3b from line 3a. Include your pay	yment with	n this form, if required, by			-		
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	'9-EO for payment		

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

(Rev. January 2020)

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

Department of the Treasury Internal Revenue Service

		-		application		aaah		
┍	гпе	а	separate	application	TOF	eacn	return.	

► Go to 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*.

## 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.

Type or print	Name of exempt organization or other filer, see instruct INDIANAPOLIS SYMPHONY ORCHE FOUNDATION, INC.		Taxpayer identification number (TIN)					
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, se 32 EAST WASHINGTON STREET,							
instructions.	City, town or post office, state, and ZIP code. For a fo INDIANAPOLIS, IN 46204-291		ress, see instructions.					
Enter the	Return Code for the return that this application is for (file	a separat	te application for each return)					
Application	on	Return	Application			Return		
Is For		Code	Is For C					
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990	BL	02	Form 1041-A			08		
Form 472	0 (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 WASHINGTON STREET			12		
<ul> <li>If this i</li> <li>box ▶ [</li> <li>1 I req</li> <li>the</li> <li>▶ [</li> <li>2 If th</li> </ul>	rganization does not have an office or place of business s for a Group Return, enter the organization's four digit C If it is for part of the group, check this box ▶ quest an automatic 6-month extension of time until organization named above. The extension is for the orga calendar year or X tax year beginning SEP 1, 2019 e tax year entered in line 1 is for less than 12 months, ch Change in accounting period	Aroup Exe and atta JULS unization's , an neck reasc	mption Number (GEN) I         ch a list with the names and TINs of         X 15, 2021 , to file         return for:         d ending AUG 31, 2020         on: Initial return	f this is fo all memb	r the whole ers the exte npt organiza 	group, check this		
	is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069, e	enter the tentative tax, less	3a	\$	0.		
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069,	, enter any	refundable credits and			-		
esti	mated tax payments made. Include any prior year overpa	ayment all	owed as a credit.	3b	\$	0.		
c Bal	ance due. Subtract line 3b from line 3a. Include your pay	yment witl	h this form, if required, by			-		
usir	ng EFTPS (Electronic Federal Tax Payment System). See	instructio	ns.	3c	\$	0.		
Caution: instruction	If you are going to make an electronic funds withdrawal as.	(direct det	bit) with this Form 8868, see Form 84	153-EO an	d Form 887	9-EO for payment		

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