OMB No 1545-0047

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

Other trust

04-3339572

X No

(C) Net

26,562

26,562

MOR95721

EXTENDED TO NOVEMBER 16, 2020

15 17 18 19 21b 22 Depletion 22 23 23 Contributions to deferred compensation plans Employee benefit programs 24 24 Excess exempt expenses (Schedule I) 25 25 Excess readership costs (Schedule J) 26 26 Other deductions (attach schedule) 27 Total deductions Add lines 14 through 27 28 26,562 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 29 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) SEE STATEMENT 13 Unrelated business taxable income. Subtract line 30 from line 29 31 923701 01-27-20 LHA For Paperwork Reduction Act Notice, see instructions Form **990-T** (2019)

| | Q-T (2019) THE MORNINGSIDE FOUNDATION | 04-3339 | 15/2 Page 2 |
|--------|---|--------------------------|----------------|
| Part | Total Unrelated Business Taxable Income | | |
| 32 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions) | 32 2 | 26,562. |
| 33 | Amounts paid for disallowed fringes | 33 | |
| 34 | Charitable contributions (see instructions for limitation rules) | 34 | 0. |
| 35 | Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 35 | | 26,562. |
| 36 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 14/2 | 96 2 | 26,562. |
| 37 | Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35 | 37 | |
| 38 | Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions) | \88 | 1,000. |
| 39 | Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37, | | |
| | enter the smaller of zero or line 37 | 39 | 0. |
| Part | t IV Tax Computation | | |
| 40 | Organizations Taxable as Corporations Multiply line 39 by 21% (0.21) | 40 | 0. |
| 41 | Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from: | | |
| | Tax rate schedule or Schedule D (Form 1041) | 41 | |
| 42 | Proxy tax See instructions | 42 | |
| 43 | Alternative minimum tax (trusts only) | 43 | |
| 44 | Tax on Noncompliant Facility Income. See instructions | 44 | |
| 45 | Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies | 45 | 0. |
| Part | t V Tax and Payments | | |
| 46a | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a | | |
| b | Other credits (see instructions) 46b | 1 | |
| C | General business credit. Attach Form 3800 46c | 1 1 | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) ' 46d | 1 | |
| е | Total credits. Add lines 46a through 46d | 46e | |
| 47 | Subtract line 46e from line 45 | 47 | 0. |
| 48 | Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) | 48 | |
| 49 | Total tax. Add lines 47 and 48 (see instructions) | 49 | 0. |
| 50 | 2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3 | 50 | 0. |
| 51 a | Payments A 2018 overpayment credited to 2019 51a | | |
| b | 2019 estimated tax payments 51b | 1 1 | |
| C | Tax deposited with Form 8868 51c | 1 | |
| đ | Foreign organizations Tax paid or withheld at source (see instructions) 51d | 1 | |
| е | Backup withholding (see instructions) 51e |] } | |
| f | Credit for small employer health insurance premiums (attach Form 8941) 51f |] | |
| g | Other credits, adjustments, and payments: Form 2439 | | |
| | Form 4136 Other Total ▶ 51g | <u> </u> | |
| 52 | Total payments. Add lines 51a through 51g | 52 | |
| 53 | Estimated tax penalty (see instructions) Check if Form 2220 is attached | 53 | |
| 54 | Tax due If line 52 is less than the total of lines 49, 50, and 53, enter amount owed | 54 | |
| 55 | Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid | 55 | |
| 56 | Enter the amount of line 55 you want: Credited to 2020 estimated tax | 56 | |
| Part | t VI Statements Regarding Certain Activities and Other Information (see instructions) | | |
| 57 | At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority | | Yes No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file | | 1 1 i |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country | | <u></u> |
| | here • | | X |
| 58 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? | | X |
| | If "Yes," see instructions for other forms the organization may have to file. | | |
| 59 | Enter the amount of tax-exempt interest received or accrued during the tax year > \$ | | |
| O: | Under penaltities of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct and camplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | wledge and belief, it is | s true, |
| Sign | Me Me | ay the IRS discuss the | is return with |
| Here | the VICE PRESIDENT | e preparer shown belo | ow (see |
| | | structions)? X Y | es No |
| | Print/Type preparer's name Preparer's signature Date Check if | f PTIN | |
| Paid | ANDREW P. PRAGUE, self-employed | | |
| Pre | parer CPA 11/09/20 | P00451 | |
| - | Only Firm's name ► PRAGUE & COMPANY, P.C. Firm's EIN ► | 04-310 | 7805 |
| | 15 WALNUT STREET, STE 150 | | |
| | | <u>81-237-5</u> | |
| 923711 | 01-27-20 | Form 9 | 90-T (2019) |

| Schedule A - Cost of Goods Sold. | Enter method of inven | tory valuation > N/A | | |
|---|---|---|---|--|
| 1 Inventory at beginning of year 1 | | 6 Inventory at end of year | ır | 6 |
| 2 Purchases 2 | | 7 Cost of goods sold Su | ubtract line 6 | |
| 3 Cost of labor 3 | | from line 5. Enter here | and in Part I, | |
| 4 a Additional section 263A costs | | line 2 | | 7 |
| (attach schedule) 4a | | 8 Do the rules of section | 263A (with respect to | Yes No |
| b Other costs (attach schedule) 4b | | property produced or a | acquired for resale) apply to | |
| 5 Total Add lines 1 through 4b 5 | | the organization? | <u> </u> | |
| Schedule C - Rent Income (From I (see instructions) | Real Property and | d Personal Property | Leased With Real Pr | operty) |
| 1 Description of property | | | | |
| (1) | | · · · · | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| | t received or accrued | | | |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | of rent for p | and personal property (if the percent ersonal property exceeds 50% or if it is based on profit or income) | age ' ' columns 2(a) | tly connected with the income in and 2(b) (attach schedule) |
| (1) | | | | |
| (2) | | | | - |
| (3) | | | | |
| (4) | | | | |
| Total | 0 . Total | | 0. | |
| (c) Total income Add totals of columns 2(a) and 2 here and on page 1, Part I, line 6, column (A) | <u> </u> | | (b) Total deductions Enter here and on page 1, Part I, line 6, column (B) | 0. |
| Schedule E - Unrelated Debt-Final | nced Income (see | instructions) | T . | |
| | | 2 Gross income from | | onnected with or allocable inced property |
| Description of debt-financed prop | ertv | or allocable to debt- financed property | (a) Straight line depreciation | (b) Other deductions |
| , | • | initial cod property | (attach schedule) | (attach schedule) |
| | - | | STATEMENT 1 | 6 STATEMENT 17 |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) SEE STATEMENT 15 | | | _ | |
| debt on or allocable to debt-financed property (attach schedule) | Average adjusted basis of or allocable to ebt-financed property (attach schedule) | 6 Column 4 divided by column 5 | 7 Gross income reportable (column 2 x column 6) | 8 Allocable deductions (column 6 x total of columns 3(a) and 3(b)) |
| STATEMENT 18 STA | ATEMENT 19 | | | |
| (1) | | % | | |
| (2) | | % | | |
| (3) | | .%_ | | |
| (4) | | % | | |
| | | | Enter here and on page 1, Part I, line 7, column (A) | Enter here and on page 1, Part I, line 7, column (B) |
| Totals | | > | 423,40 | 396,846. |
| Total dividends-received deductions included in o | column 8 | <u> </u> | |) |

| Schedule F - Interest, | Annuities, Roya | alties, a | | | | | atior | 1S (see ins | truction | s) |
|-------------------------------------|---|--|--|--|--|--|--|---|----------|--|
| | | | Exempt 0 | Controlled O | rganizatio | ons | | | | |
| Name of controlled organizat | identi | nployer fication mber | | elated income instructions) | | l of specified ents made | includ | t of column 4 t ed in the contr ation's gross i | olling | Deductions directly connected with income in column 5 |
| <u></u> | | | | | | | | | | |
| (1) | | | <u> </u> | | | | | | | |
| (2) | | - | | | | | | | | |
| (3) | | | + | | | | ļ | | | |
| (4) | | | <u> </u> | | L | | L | | | |
| Nonexempt Controlled Organi | | | 1 0 | | . | 40 5 4 4 4 4 4 | 0 11 | | 44 5: | d -h d h h - h |
| 7. Taxable Income | 8 Net unrelated inco (see instructio | | y lotal | of specified pay made | ments | 10 Part of coluing the controlling gross | mn 9 tha ing orgar s income | nization's | | ductions directly connected income in column 10 |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | - | | | |
| | · · · · · · · · · · · · · · · · · · · | | - - | | | Add colun Enter here and line 8, c | | 1, Part I, | Enter h | id columns 6 and 11 ere and on page 1, Part I, line 8, column (B) |
| | | | | | | | · | | | 0 |
| Totals | | 0 - 11 - 1 | - 504/-\/ | 7) (0) | <u> </u> | | | 0. | | 0. |
| Schedule G - Investme | | Section | n 501(c)(| 7), (9), or | (17) Or | ganization | 1 | | | |
| (see inst | ructions) | | | | · | 2 0-4 | | | | E Total de destaca |
| 1 Desc | ription of income | | | 2 Amount of | income | 3 Deduction directly connection | ected | 4 Set- | | 5 Total deductions and set-asides |
| | | | | | | (attach sched | iule) | (allacit s | | (col 3 plus col 4) |
| (1) | | | - | | | | | | | |
| (2) | | | | | | | | | | |
| (3) | | | | | | | | | | |
| (4) | | | | | | | | | | |
| | | | | Enter here and Part I, line 9, co | | | | | | Enter here and on page 1, Part I, line 9, column (B) |
| | | | | | | | | | | , |
| Totals | | | > | | 0. | | | | | 0. |
| Schedule I - Exploited (see instru | - | y Incom | ne, Othe | r Than Ac | dvertisi | ng Income | • | | | |
| Description of exploited activity | 2 Gross unrelated business income from trade or business | directly with pi of un | openses connected roduction irelated ss income | 4. Net incor from unrelated business (communication) minus colum gain, comput through | d trade or olumn 2 nn 3) If a se cols 5 | 5 Gross inco from activity is not unrelat business inco | that ted | 6 Exp attributi colur | able to | 7 Excess exempt expenses (column 6 minus column 5, but not more than column 4) |
| (1) | | | | | | | | | | |
| (2) | | | | | | | | - | | |
| (3) | | | | | | | | | | |
| | <u> </u> | - | | | | | | | | |
| (4) | Enter here and on page 1, Part I, line 10, col (A) | page | ere and on 1, Part I,), col (B) | | | | | <u> </u> | | Enter here and on page 1, Part II, line 25 |
| Totals • | 0. | | 0. | | | | | | | 0. |
| Schedule J - Advertisi | | | | | | | | | | |
| Part I Income From | Periodicals Re _l | ported o | on a Con | solidated | l Basis | | | | | |
| 1 Name of periodical | 2 Gross advertising income | adv | 3 Direct vertising costs | or (loss) (c col 3) If a g | tising gain of 2 minus jain, compute hrough 7 | 5. Circula income | | 6 Reade cost | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
| (1) | | | - | | | | | | | |
| (2) | | | | | | - | 1 | | | |
| | | _ | | | | | | - | | |
| (4) | | | | | | | | | | |
| Totals (carry to Part II, line (5)) | • | 0. | 0 | | | | | | | 0. Form 990-T (2019) |
| | | | | | | | | | | romi 330- i (2019) |

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 pe | riodical | 2. Gross advertising income | 3 Direct advertising costs | 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 | 5 Circulation income | 6 Readership costs | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|-------------|--|--|--|----------------------|--------------------|---|
| (1) | | | | | | | - |
| (2) | | <u></u> | | | | | |
| (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) | <u> </u> | 0. | 0. | | | | 0. |

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

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

Form 990-T (2019)

| FORM 990-T | DESCRIPTION OF | ORGANIZATION'S | PRIMARY | UNRELATED | STATEMENT | 12 |
|------------|----------------|------------------|---------|-----------|-----------|----|
| | | BUSINESS ACTIVIT | ΓY | | | |

INCOME FROM DEBT-FINANCED PROPERTY

TO FORM 990-T, PAGE 1

| FORM 990-T | NET | OPERATING LOSS D | EDUCTION | STATEMENT |
|------------|--------------------|---|-------------------|--------------------------------|
| TAX YEAR | LOSS SUSTAINED | LOSS PREVIOUSLY APPLIED | LOSS REMAINING | AVAILABLE THIS YEAR |
| 12/31/18 | 6,227. | 0. | 6,227. | 6,227 |
| NOL CARRYO | VER AVAILABLE THIS | YEAR | 6,227. | 6,227 |
| | | | | |
| FORM 990-T | NET | OPERATING LOSS D | EDUCTION | STATEMENT |
| FORM 990-T | NET | OPERATING LOSS D LOSS PREVIOUSLY APPLIED | LOSS REMAINING | STATEMENT AVAILABLE THIS YEAR |
| · | | LOSS PREVIOUSLY | LOSS | AVAILABLE |

| FORM 990-T SO | CHEDULE E - UNRELA | ATED DEBT-FINANC | CED INCOME | STATEMENT 15 |
|----------------------------------|---------------------------------|--------------------------------|----------------------------------|-------------------------------|
| 1. DESCRIPTION OF PRO | ACTIVITY DPERTY NUMBER | 2. GROSS INCOME | 3A. DEPRECIATION EXPENSE | 3B. OTHER DEDUCTIONS |
| 11-13 STORY STREET | 1 | 326,624. | 159,972. | 188,794 |
| 4. AVERAGE ACQ DEBT | 5. AVERAGE ADJUSTED BASIS | 6. PERCENT (COL 4/COL 5) | 7. REPORTABLE GROSS INCOME | 8. ALLOCABLE DEDUCTIONS |
| 1,625,593. | 2,180,723. | 74.54 | 243,466. | 259,970. |
| 1. DESCRIPTION OF PRO | ACTIVITY DPERTY NUMBER | 2. GROSS INCOME | 3A. DEPRECIATION EXPENSE | 3B. OTHER DEDUCTIONS |
| 63 DANA STREET, CAMBRIDGE, MA | 2 | 290,886. | 74,122. | 147,145 |
| 4. AVERAGE ACQ DEBT | 5. AVERAGE ADJUSTED BASIS | 6. PERCENT (COL 4/COL 5) | 7. REPORTABLE GROSS INCOME | 8. ALLOCABLE DEDUCTIONS |
| 1,278,518. | 2,066,715. | 61.86 | 179,942. | 136,876. |
| 1. DESCRIPTION OF PRO | ACTIVITY DPERTY NUMBER | 2. GROSS INCOME | 3A. DEPRECIATION EXPENSE | 3B. OTHER DEDUCTIONS |
| | 3 | | | |
| 4. AVERAGE ACQ DEBT | 5. AVERAGE ADJUSTED BASIS | 6. PERCENT (COL 4/COL 5) | 7. REPORTABLE GROSS INCOME | 8. ALLOCABLE DEDUCTIONS |

| THE MORNINGSIDE FOUNDA | TION | | | | 04-33395 | 72 |
|--|----------------------------------|-----------------------|-------------------|----------------------------------|-------------------------------|--------|
| 1. DESCRIPTION OF PROPERTY | ACTIVITY NUMBER | 2 GROSS | | 3A. DEPRECIATION EXPENSE | 3B. OTHER DEDUCTION | ıs |
| | 4 | | | | | |
| | 5. VERAGE STED BASIS | 6. PERC (COL 4/ | ENT COL 5) | 7. REPORTABLE GROSS INCOME | 8. ALLOCABLE DEDUCTIONS | ; , |
| TOTALS TO FORM 990-T, SC | CHEDULE E | | | 423,408. | 396,84 | 6. |
| FORM 990-T SCHEI | OULE E - DE | PRECIATI | ON DEDUC | CTION | STATEMENT | 16 |
| DESCRIPTION | | | CTIVITY NUMBER | AMOUNT | TOTAL | |
| 11-13 STORY STREET STRAIDEPRECIATION 63 DANA STREET OPERATING TOTAL OF FORM 990-T, SCH | - SUBTO E EXPENSES - SUBTO | OTAL - | 1 2 A) | 159,972. 74,122. | 159,97 74,12 234,09 | 2. |
| FORM 990-T SC | HEDULE E - | OTHER D | EDUCTION | NS | STATEMENT | 17 |
| DESCRIPTION | | | CTIVITY NUMBER | AMOUNT | TOTAL | |
| 11-13 STORY STREET OPERA | - SUBTO | OTAL - | 1 2 | 188,794. 147,145. | 188,79 147,14 | |
| TOTAL OF FORM 990-T, SCH | EDULE E, CO | OLUMN 3(| B) | | 335,93 | 9. |

| FORM 990-T AVERAGE ACQUISITION ALLOCABLE TO DEBT-FIN | | | STATEMENT 18 |
|---|--------------------|--------------------------|--------------------------|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
| 11-13 STORY STREET AVERAGE ACQUISITION DEBT - SUBTOTAL - 63 DANA STREET OPERATING EXPENSES - SUBTOTAL - | _ | 1,625,593. 1,278,518. | 1,625,593. 1,278,518. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLUMN | 4 | | 2,904,111. |

| FORM 990-T AVERAGE ADJUST ALLOCABLE TO DEBT | STATEMENT 19 | | |
|---|--------------------|------------|------------|
| DESCRIPTION | ACTIVITY NUMBER | AMOUNT | TOTAL |
| 11-13 STORY STREET AVERAGE ADJUSTED BASIS | | 2,180,723. | . 100 500 |
| - SUBTOTA 63 DANA STREET OPERATING EXPENSES | T - T | 2,066,715. | 2,180,723. |
| - SUBTOTA | L - 2 | , . | 2,066,715. |
| TOTAL OF FORM 990-T, SCHEDULE E, COLU | MIN 5 | | 4,247,438. |

Depreciation and Amortization(Including Information on Listed Property) RENT

► Attach to your tax return.

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

OMB No 1545-0172

1

Attachment Sequence No 179

Identifying number

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

| THE | MORNINGSIDE FOUNDA | TION | | | | AMMOND S HILL. MA | - | _104-3339572 |
|---|---|------------------------------|--|---------------------------|----------------|----------------------|--------------------|----------------------------|
| Par | -1 | | 79 Note: If yo | | | | | |
| 1 M | aximum amount (see instructions) | | | | | _ | 1 | 1,020,000. |
| 2 Total cost of section 179 property placed in service (see instructions) | | | | | | | | , , , , , , , , , |
| | nreshold cost of section 179 property | 3 | 2,550,000. | | | | | |
| | eduction in limitation Subtract line 3 fi | | | r -0- | | | 4 | |
| | Illar limitation for tax year Subtract line 4 from line | | • | | instructions | | 5 | |
| 6 | (a) Description of pro | perty | | (b) Cost (busin | ess use only) | (c) Elected | cost | |
| | | | | | _ | | |] |
| | | | | | | <u> </u> | | |
| | | | | | | • | | 1 |
| | | | | | | | _ | 1 |
| 7 L: | sted property Enter the amount from | line 29 | | | 7 | | | 1 |
| | otal elected cost of section 179 proper | | s in column (c |), lines 6 and | | | 8 | 1 |
| | entative deduction Enter the smaller | | • | • | | | 9 | |
| - | arryover of disallowed deduction from | | 018 Form 456 | 52 | | | 10 | |
| | usiness income limitation. Enter the sn | • | | | ro) or line 5 | | 11 | |
| | ection 179 expense deduction Add lin | | | | | | 12 | |
| | arryover of disallowed deduction to 20 | | | | ▶ 13 | | | |
| | Don't use Part II or Part III below for I | | | | | | | |
| Par | II Special Depreciation Allowar | nce and Other D | epreciation | Don't includ | e listed prope | erty) | | |
| | pecial depreciation allowance for quali | | | · | <u></u> | | | <u></u> |
| • | e tax year | p. op o , (e | | - p. op o , , p. | | oc cag | 14 | |
| | roperty subject to section 168(f)(1) elec | ction | | | | | 15 | |
| | ther depreciation (including ACRS) | 31.317 | | | | | 16 | |
| Par | | nclude listed pro | perty See in: | structions) | • | | | |
| | | | | ction A | | | • | |
| 7 M | ACRS deductions for assets placed in | service in tax ve | ears beginning | n before 2019 | 9 | | 17 | 175,528. |
| | rou are electing to group any assets placed in servi | • | | • | | . ▶ □ | ٦ ``` | 110,0201 |
| <u> ,</u> | Section B - Assets | | | | | | ation Svst | em |
| | (a) Classification of property | (b) Month and year placed | (c) Basis for | depreciation vestment use | (d) Recovery | | T | (g) Depreciation deduction |
| | (a) Classification of property | in service | only - see | nstructions) | period | (e) Convention | (i) Welliod | (g) Depreciation deduction |
| 9a | 3-year property | | | | | | | |
| b | 5 year property | | | | | | | |
| С | 7-year property | | | | | 1 | | |
| d | 10-year property | _ | | | | | | |
| e | 15-year property | | | | | | | |
| f | 20-year property | | | | | | | , |
| g | 25-year property | | | | 25 yrs | | S/L | |
| | | / | | | 27 5 yrs | MM | S/L | |
| h | Residential rental property | / | | | 27 5 yrs | MM | S/L | |
| | | / | _ | | 39 yrs | MM | S/L | |
| i | Nonresidential real property | / | | | 1 | ММ | S/L | |
| | Section C - Assets Pl | aced in Service | During 2019 | Tax Year U | sing the Alte | rnative Deprec | ation Sys | stem |
| :0a | Class life | | | | | | S/L | |
| b | 12-year | | | | 12 yrs | | S/L | |
| c | 30-year | , | | | 30 yrs | ММ | S/L | |
| d | 40-year | , | | | 40 yrs | MM | S/L | , , , |
| | t IV Summary (See instructions) | • | · | | | | , <u>-</u> | <u> </u> |
| | sted property Enter amount from line | 28 | | | | | 21 | |
| | otal. Add amounts from line 12, lines 1 | | es 19 and 20 | ın column /a | and line 21 | | | |
| | nter here and on the appropriate lines | _ | | _ | | str | 22 | 175,528. |
| | nor nore and on the abbidbliate illica | o, tous sciuss (s | _, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , | | | | | |
| | or assets shown above and placed in s | | | | | | | 2.070201 |

04-3339572 Page 2 THE MORNINGSIDE FOUNDATION Form 4562 (2019) Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No (b) (c) (e) (i) (d) Elected Date Business Basis for depreciation Depreciation Method/ Type of property Cost or Recovery placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction use only) use percentage service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and 25 used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use S/L % S/L -% S/L -% 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes Yes Yes during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No emplovees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes." don't complete Section B for the covered vehicles

| Part VI Amortization | (6) | (0) | (4) | (a) | /6 |
|---|------------------------------------|------------------------------|------------------------|---|-------------------------------|
| (a) Description of costs | (b) Oate amortization begins | (C) Amortizable amount | (d) Code section | (e) Amortization period or percentage | Amortization for this year |
| 42 Amortization of costs that begins di | ırıng your 2019 tax year | | | | |
| | | | | | |
| 40. A section of costs that began be | fore your 2010 toy year | | | 43 | 279. |
| 43 Amortization of costs that began before your 2019 tax year 44 Total. Add amounts in column (f) See the instructions for where to report | | | | | 279 |

916252 12-12-19

Form 4562 (2019)

Depreciation and Amortization

(Including Information on Listed Property)

RENT

Business or activity to which this form relates

11

OMB No 1545-0172

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Attach to your tax return. ► Go to www.irs.gov/Form4562 for instructions and the latest information.

Identifying number

| | | | 56 | HANCOCK | STREET | , | |
|--|--|--|--|---------------------|----------------|-----------------------|----------------------------|
| THE | | | | MBRIDGE, | | | 04-3339572 |
| Par | t I Election To Expense Certain Prope | rty Under Section 17 | 79 Note: If you have any I | isted property, o | omplete Part | V before y | ou complete Part I |
| 1 M | ximum amount (see instructions) | | | | | | 1,020,000. |
| 2 To | otal cost of section 179 property place | 2 | | | | | |
| 3 Threshold cost of section 179 property before reduction in limitation | | | | | | | 2,550,000. |
| | eduction in limitation Subtract line 3 | 4 | | | | | |
| | | 5 | | | | | |
| 6 | · · · · · · · · · · · · · · · · · · · | limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0 If married filing separately, see instructions (a) Description of property (b) Cost (business use only) (c) Elected cost | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | · · - · · | | | | | |
| | <u>-</u> . | | | | | | |
| 7 1 | sted property Enter the amount from | n line 29 | | 7 | | | |
| | otal elected cost of section 179 prope | 8 | | | | | |
| | entative deduction Enter the smaller | 9 | | | | | |
| - | arryover of disallowed deduction from | 10 | | | | | |
| | usiness income limitation. Enter the s | 11 | | | | | |
| | ection 179 expense deduction Add I | | • | - | | 12 | |
| | · | 12 | | | | | |
| | arryover of disallowed deduction to 2 Don't use Part II or Part III below for | | | ▶ 13 | | | |
| Par | | | | de listed propert | v 1 | | |
| | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during | | | | | | | |
| | e tax year | | | | | 14 | |
| 15 Property subject to section 168(f)(1) election | | | | | | | |
| 16 0 Par | ther depreciation (including ACRS) | tunaluda liatad pra | norty Con instructions \ | | | 16 | |
| Гаг | t III MACRS Depreciation (Don't | miciade listed pro | Section A | | | | |
| | | | | | | 47 | 10 274 |
| | ACRS deductions for assets placed | | | | | ر <mark> 17 </mark> | 18,274. |
| 18 If y | you are electing to group any assets placed in ser | | | | Domussis | J Cuaha | · |
| | Section B - Assets | | e During 2019 Tax Year (c) Basis for depreciation | Using the Gen | erai Deprecia | ation Syste | em . |
| | (a) Classification of property | (b) Month and year placed in service | (business/investment use only - see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
| <u>19a</u> | 3-year property | | | | | | |
| b | 5-year property | | | | | | |
| С | 7-year property | | | | <u> </u> | | |
| d | 10-year property | | | | | | |
| e | 15-year property | | | | | | |
| f | 20-year property | | | | | | |
| | 25-year property | | | 25 yrs | | S/L | |
| <u> </u> | Residential rental property | / | | 27 5 yrs | ММ | S/L | |
| | | / | | 27 5 yrs | MM | S/L | |
| | Nonresidential real property | / | | 39 yrs | ММ | S/L | |
| i | | / | | | ММ | S/L | |
| | Section C - Assets | Placed in Service | During 2019 Tax Year l | Jsing the Altern | ative Depre | | tem |
| 20a | Class life | | | | | | |
| <u> </u> | 12 year | - | | 12 yrs | | S/L S/I | |

23 For assets shown above and placed in service during the current year, enter the

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

Enter here and on the appropriate lines of your return Partnerships and S corporations - see instr

18,274.

Part IV | Summary (See instructions)

21 Listed property Enter amount from line 28

30-year

40-year

С

30 yrs

40 yrs

MM

MM

S/L

\$/L

21

22

MORNINGSIDE FOUNDATION Form 4562 (2019) 04-3339572 Page 2 THE Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for Part V entertainment, recreation, or amusement) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? No Yes (b) (c) (e) (g) (h) (d) Date Business Basis for depreciation Elected Depreciation Type of property Cost or Recovery Method/ placed in investment (business/investment section 179 (list vehicles first) other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use % % % 27 Property used 50% or less in a qualified business use % S/L % S/L -% S/L -28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26 Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (b) (c) (d) (f) (a) (e) Vehic<u>le</u> Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (don't include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No Yes No Yes No Yes No Yes No Yes No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use?

| Note: If your answer to 37, 38, 39, 40, o | or 41 is "Yes," don't coi | mplete Section B for t | he covered vehicle | es | |
|---|------------------------------------|------------------------------|------------------------|---------------------------------------|--------------------------------------|
| Part VI Amortization | | | | | |
| (a) Description of costs | (b) Date amortization begins | (C) Amortizable amount | (d) Code section | (e) Amortization period or percentage | (f) Amortization for this year |
| 42 Amortization of costs that begins during | your 2019 tax year | | | | _ |
| | | | | | |
| | | | <u> </u> | | |
| 43 Amortization of costs that began before your 2019 tax year | | | | | 345 |

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

Form 4562 (2019)

345

44