			Exempt Organizat	ion Rusin	229	Income Tax	Retur	1,7	o	MB No. 1545-0	387
Form	990-T		. •			on 6033(e))		•		00.0	
. 6	-	<u>.</u>	, , ,				, 20			2018	3
D	and of the Tonnesses	For care	ndar year 2018 or other tax year ► Go to www.irs.gov/For			2018, and ending		··			
•	ent of the Treasury Revenue Service	 ▶Dor	not enter SSN numbers on this					(c)(3).	Open 5016	to Public Inspec (3) Organization	tion for
<u>.□ °</u>	heck box if		Name of organization (identification n	
	ddress changed ot under section	LUMINA FOUNDATION FOR EDUCATION, INC.						(Emp	loyees	' trust, see instru	ctions.)
	1(C)(3_)	Print	Number, street, and room or su			structions.			35	5-1813228	
	8(e) 220(e)	Туре	30 S MERIDIAN ST, SUITE	700						business activity	code
□ 40	8A 🗆 530(a)	.,,,,,,	City or town, state or province,	country, and ZIP or	r foreign	postal code		(266	เกรชน	ctions.)	
	9(a)		INDIANAPOLIS, IN 46204							523100	
C Book at en	value of all assets of year		oup exemption number (S								
	1,202,918,515		neck organization type					401(a			r trust
			organization's unrelated tra							r first) unrela	
			ALTERNATIVE INVEST								
		•	at the end of the previous	sentence, con	npiete	Parts I and II, co	impiete a S	cneaui	ем	tor each add	litional
			omplete Parts III-V.								7 No
	-		e corporation a subsidiary in	_			controlled g	roup?		► □ Yes ⊾	סאו ני
			JULIE K. SHEWMAKER		oratio		one numbe			(317) 951-530	<u> </u>
			e or Business Income			(A) Income		penses	1	(C) Net	
1a	Gross receipts				\top		(-, -	1	- +	(4,	T
b	Less returns and		~	Balance ▶	1c	ol					
2			Schedule A, line 7)		2	0					\top
3	_	-	t line 2 from line 1c		3	0				0	,
4a	•		ne (attach Schedule D) .		4a	4,200,071	i -			4,200,071	
b	Net gain (loss)	(Form	4797, Part II, line 17) (attac	h Form 4797)	4b	0		*		C	
C	Capital loss de	eductio	n for trusts		4c	0					<u> </u>
5	Income (loss) fro	om a par	tnership or an S corporation (a	ittach statement)	5	(3,485,602)				(3,485,602)
6	Rent income (Schedu	ıle C)		6	0		0			,
7	Unrelated deb	t-financ	ced income (Schedule E) .		7	0		0			
8			and rents from a controlled organ	•	-	0		0			
9			ction 501(c)(7), (9), or (17) organiz			0		0			+
10			ivity income (Schedule I) .		10	0	-	0			+-
11	Advertising in	•	•		11	0		0	-	(+
12		-	tructions; attach schedule) .		12	714,469		0		714,469	' —
13 Part			3 through 12				tions) (Evo		con		<u>'</u>
L. C.			be directly connected w				110113.) (EXO	chr io	00	indutions,	
14			cers, directors, and truster					$\overline{\cdot}$	14	27,459	1
15	Salaries and v							-	15	44,656	-
16		_	ance					.	16	()
17	Bad debts							. [17)
18	Interest (attac	h sched	dule) (see instructions)						18	. ()
19								-	19	66,161	Ц
20			ons (See instructions for lin	nitation rules)				·	20	(<u> </u>
21	Depreciation (3,871	ļ			_
22	•		imed on Schedule A and g	elsewhere on re	eturn	22a	0		22b	3,87	
23	•			FECE	=17=	<u></u>			23	192,27)
24			rred compensation plans	~ · · · ·				- +	24		4
25 26	• •	-	· 3· - · · · · · · · · · · · · · · · · ·	ଞ୍ଜ · NOV 2	1 . 26	030-5		- +	25 26	23,464	<u>} </u>
26 27	•	_	nses (Schedule I) osts (Schedule J)	<u>ان ا</u>	· · ·			-	27		
28		-	tach schedule)	· OGD	FN	UT. I		-	28	8,796,358	\
29		•	dd lines 14 through 28	1.000	<u>- 1.4, .</u>			-	29	9,154,240	
30			exable income before net o	perating loss d	eduction		9 from line		30	(8,439,771	+
31			ating loss arising in tax year						31		1
32			axable income. Subtract li					_	32	(8,439,771	<u>1 </u>
			Notice, see instructions.	 - i		Cat. No. 11291J		<u> </u>		Form 990-	T (2018)

	· · (25 · · · /						-0	
Part	III TO	otal Unrelated Business Taxable Income						
33	Total of	f unrelated business taxable income computed from all unrelated trade	es or businesses (see					
	instruct	ions)		33	(8,439,7	771)		
34		ts paid for disallowed fringes		34	119.			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see							
5 0								
00								
36		33 and 34			40.000			
				36	(8,320,2			
37		deduction (Generally \$1,000, but see line 37 instructions for exception		37	_	이		
38		ted business taxable income. Subtract line 37 from line 36. If line 37 is						
	enter th	e smaller of zero or line 36		38	(8,320,2	281)		
Part	IV Ta	ax Computation						
39	Organia	zations Taxable as Corporations. Multiply line 38 by 21% (0.21)		39		0		
40	Trusts	Taxable at Trust Rates. See instructions for tax computation	on. Income tax on					
		ount on line 38 from: Tax rate schedule or Schedule D (Form 104		40	1			
41		ax. See instructions	•	41		$\neg \uparrow$		
42	•	tive minimum tax (trusts only)		42	 			
43		Noncompliant Facility Income. See instructions		43				
44		Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	-	0	-	
			<u> </u>	44	<u> </u>	<u> </u>		
Part		ax and Payments	lae-l	<u></u>				
45a		tax credit (corporations attach Form 1118; trusts attach Form 1116) .	45a	4				
b		redits (see instructions)	45b	4				
C		I business credit. Attach Form 3800 (see instructions)	45c	4				
d		or prior year minimum tax (attach Form 8801 or 8827)	45d		1			
e	Total c	redits. Add lines 45a through 45d		45e		0	•	
46	Subtrac	ot line 45e from line 44		46		0		
47	Other tax	kes. Check if from: 🔲 Form 4255 🗍 Form 8611 🗍 Form 8697 🔲 Form 8866 🔲 (Other (attach schedule) .	47		0		
48	Total ta	ax. Add lines 46 and 47 (see instructions)		48	-	0		
49		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column		49				
50a		nts: A 2017 overpayment credited to 2018	50a - 250,000	<u> </u>				
ь	-	stimated tax payments	50b 125,000	7				
c		posited with Form 8868	50c ·	1	i i			
ď		organizations: Tax paid or withheld at source (see instructions)	50d	╡	1			
		o withholding (see instructions)	50e	┪				
e		or small employer health insurance premiums (attach Form 8941) .		-	4			
T			501	4		1		
g		redits, adjustments, and payments: Form 2439				1		
	Form		50g 0		·			
51		ayments. Add lines 50a through 50g		51	375,	000		
52		ted tax penalty (see instructions). Check if Form 2220 is attached		+		0		
53	Tax du	e. If line 51 is less than the total of lines 48, 49, and 52, enter amount ov	ved	53	,	0		
54	Overpa	syment. If line 51 is larger than the total of lines 48, 49, and 52, enter an	ount overpaid .	54		000		
55	Enter the	amount of line 54 you want: Credited to 2019 estimated tax ▶ 250,00	0 Refunded ►	55	125,	000		
Part	VI SI	tatements Regarding Certain Activities and Other Information	n (see instructions)					
56	At any t	time during the 2018 calendar year, did the organization have an interes	st in or a signature or o	ther a	uthority	Yes	No	
		financial account (bank, securities, or other) in a foreign country? If "Ye						
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," el				Ι,	,	
	here ▶			_	´ -		1	
57	During t	he tax year, did the organization receive a distribution from, or was it the granto	r of, or transferor to, a for	reian tr	11517		1	
•	_	" see instructions for other forms the organization may have to file.		J.B	- · · ·			
EO			r b c		4,709			
<u>58</u>		ne amount of tax-exempt interest received or accrued during the tax year penalties of perjury, I declare that I have examined this return, including accompanying schedules		est of m		nd helia	ef. It k	
Sign	· .	ogect, and complete. Declaration of preparer (other than taxpayer) is based on all information of white						
_	1 1				the IRS discus the preparer si			
Here		CEO	21 1 1 2		nstructions)?			
	Signatu	une of Officer Date Title	سن. د.					
Paid	ļ	Print Type preparer's name Preparer's signature		heck [
Prep	arer	NICOLE M BENCIK	11/13/2019	lf-empl	-7	07561		
Use	1	Firm's name ► CROWE LLP		m's Ell	<u> </u>	92168		
O3C /	July	Firm's address > 3815 RIVER CROSSING PARKWAY, SUITE 300, INDIANAP	OLIS, IN 46240-0977 Pr	one no	(317) 5	69-89	189	

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Form 990-T (2018)	.1.4	an an alle and a diff	A-		lucation b		· · · · · · · · · · · · · · · · · · ·			F	Page 3
Schedule A—Cost of Goods So 1 Inventory at beginning of year			\rightarrow	ry va 6		at 4	end of year	6		اه	
2 Purchases				7	_		ods sold. Subtract	•			
3 Cost of labor				•			ne 5. Enter here and		1		
4a Additional section 263A co			' 				2	7	-	0	
(attach schedule)		a 0	J		•					Yes	No
,	<u> </u>	<u> </u>	+	8			of section 263A (with duced or acquired for				
b Other costs (attach schedule)5 Total. Add lines 1 through 4b	·		_				zation?				
5 Total. Add lines 1 through 4b Schedule C—Rent Income (Fro				onal	_						
(see instructions)	III Nea	ir roperty and	. i ei3	onai	· ·operty ·		asea war near i to	pei (,		
1. Description of property											
(1)							<u> </u>				
(2)											-
(3)		·····					-				
(4)											
	nt receive	d or accrued									
						\dashv	3(a) Deductions directly	conna	etad with th	o incom	
(a) From personal property (if the percentage for personal property is more than 10% but more than 50%)		(b) From real as percentage of rent 50% or if the rent	for perso	mal pro	perty exceeds		In columns 2(a) and				10
(1)						┪				_	
(2)						_					
(3)				-		╗					
(4)						╛					
Total	0	Total				0					
(c) Total income. Add totals of columns	2(a) and	2/b) Enter				┪	(b) Total deductions. Enter here and on page				
here and on page 1, Part I, line 6, column						0	Part I, line 6, column (B)	•			0
Schedule E-Unrelated Debt-F			instruc	tions)						
1. Description of debt-finance	ced prope	rtv			ome from or febt-financed		3. Deductions directly condebt-finance	ed pro	perty		
• • • • •		•		proj	perty	١,	Straight line depreciation (attach schedule)	(b) Other de (attach sch		S
(1)	_						_ 				
(2)		· •··				T				-	
(3)						Η					
(4)	-					T					
4. Amount of average 5 acquisition debt on or	of or a	adjusted basis allocable to nced property n schedule)		4 di	olumn vided lumn 5		7. Gross income reportable (column 2 × column 6)		Allocable d imn 6 × tota 3(a) and	of colu	
(1)		·			%						
(2)					%						
(3)			<u> </u>		%	Т					-
(4)		-	1		- %	T					
							nter here and on page 1, Part I, line 7, column (A).		r here and		
Totals							0				0
Total dividends-received deductions in	Icluded i	n column 8									0
		· · · · · · · · · · · · · · · · · · ·							Form 9	90-T	(2018

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The second secon

Schedule F-Interest, Ann	uities, Royalties,	Exempt	Controlled	Controlled Org	anizations (se	e instruc	tions)	
Name of controlled organization	2. Employer identification number		elated income instructions)	4. Total of specified payments made	5. Part of column included in the organization's gro	ontrolling	conne	eductions directly ected with Income in column 5
(1)								
(2)								
(3)								
(4)							<u> </u>	
Nonexempt Controlled Organiz	zations		r					
7. Taxable Income	8. Net unrelated in (loss) (see instruct			tal of specified yments made	10. Part of column included in the coorganization's gro	controlling	connec	eductions directly cted with income in column 10
(1)								
(2)							<u>l</u>	<u>-</u>
(3)								
(4)								
					Add columns 5 Enter here and c Part I, line 8, co	on page 1, olumn (A).	Enter h Part I,	columns 6 and 11. here and on page 1, line 8, column (B).
Totals			· · · ·		zation (see inst	(0
Schedule G—Investment 1. Description of income	2 Amount of		3. dire	Deductions ctly connected	4. Set-aside	s	5. To and s	otal deductions et-asides (col. 3
(4)			(att	ach schedule)	•			plus col 4)
<u>(1)</u>			+					
(2)			-	=	<u> </u>		-	,
(4)			_					-
Totals	Enter here and Part I, line 9,	column (A)	0	Advertising In	come (see inst	tructions	Part I, Ii	re and on page 1, ne 9, column (B). 0
Description of exploited activ	2. Gross unrelated	S. con proof t	Expenses directly nected with oduction of inrelated ness income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Exp	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								
(2)								
(3)								
(4)	Enter here an page 1, Par line 10, col.	ti, pag	r here and on ge 1, Part I, 10, col (B).					Enter here and on page 1, Part II, line 26.
Totals	P							<u>. </u>
	Periodicals Repo		a Consoli	dated Basis		_		11.
1. Name of periodical	2. Gross advertising income		3. Direct ertising costs	4. Advertising gain or (loss) (col 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income		dership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(f)		_	_			-		
<u>(1)</u> <u>(2)</u>					-	<u> </u>		
(3)						<u> </u>		
(4)	+	- -	 					
7.4								
Totals (carry to Part II, line (5))	▶	0	0	0		<u> </u>		000-T (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 periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶	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 27.
Totals, Part II (lines 1-5) ▶	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) OFFICERS		100 %	27,459
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	<u> </u>	<u></u> ▶	27,459

Form **990-T** (2018)

Name of Partnership	EIN	UBI
INVESTMENTS		
(1) ABRAMS CAPITAL PARTNERS II, LP	04-3455023	-171,780
(2) AG REALTY FUND IX, LP	47-1483532	-235,217
(3) ALPINE INVESTORS V, LP	46-3847907	939,985
(4) ARCHLIGHT ENERGY PARTNERS FUND IV LP	20-8419824	256,532
(5) BAUPOST VALUE PARTNERS, L.PIV	26-2208448	-128,015
(6) CARMEL PARTNERS INVESTMENT FUND IV, LP	90-0781000	-34
(7) CENTRE LANE PARTNERS III, LP	45-3947315	926
(8) CHARLESBANK EQUITY FUND IX, LP	35-2600984	-79,396
(9) CHARLESBANK EQUITY FUND VII, LP	32-0280123	154,344
(10) CHARLESBANK EQUITY FUND VIII, LP	47-1109521	-18,130
(11) ENERGY SPECTRUM PARTNERS VII LP	47-1453458	-2,151,369
(12) H.I.G. BAYSIDE II AIV, LP (SERIES A)	27-2566792	9,837
(13) HIGHFIELDS CAPITAL IV LP	11-3841276	-393
(14) IRON POINT REAL ESTATE PARTNERS II	45-2465294	-58,279
(15) IRON POINT REAL ESTATE PARTNERS III, LP	35-2508362	-126,871
(16) KUEMPER HOLDINGS V, LLC	38-4011856	110,537
(17) LASALLE PROPERTY FUND GP	27-1227767	6,817
(18) LIME ROCK PARTNERS IV AF LP	98-1422853	220,568
(19) LIME ROCK PARTNERS VI, L. P.	98-1027307	-215,663
(20) MERCED PARTNERS IV, L.P.	36-4756959	12,798
(21) MERCED PARTNERS V, L P.	81-2715734	355,779
(22) MERCED SHIPPING PARTNERS LP	46-4629442	1,880
(23) NATURAL GAS PARTNERS IX, LP	26-0632609	2,478
(24) OCM REAL ESTATE OPPORTUNITIES FUND III, LP	01-0709496	-1,205
(25) PARTNERS FOR GROWTH V LP	82-1077490	138,161
(26) RETHINK EDUCATION, LP	37-1689659	-2,149
(27) RIVA CAPITAL PARTNERS IV, LP	36-4804829	17,233
(28) SILVER CREEK MIDSTREAM COINVEST LP	82-4933234	-2,407,524
(29) STARWOOD CAPTIAL HOSPITALITY FUND I-3, LP	98-0459282	-2,866
(30) STONEHILL INSTITUTIONAL PARTNERS LP	13-3982121	-64,738
(31) STONELAKE OPPORTUNITY PARTNERS III, LP	80-0878134	-105,554
(32) TAILWATER E&P OPPORTUNITY FUND II, LP	47-4098699	3,912,181
(33) TAILWATER ENERGY FUND III, L.P.	81-5391776	-3,794,670
(34) VENTURE INVESTMENT ASSOCIATES VI, LP	20-5196244	21,333
(35) WALTON STREET REAL ESTATE FUND V, LP	20-3719884	-9,573
(36) WHITMAN/PETERSON PARTNERS III LP	81-4500195	-73,565
	Total for Part I, Line 5	-3,485,602

Form 990T Part II, Line 19

Taxes and Licenses

Description	Amount
INVESTMENTS	
(1) CHARLESBANK EQUITY FUND IX, LP 352600984 - FOREIGN TAX EXPENSE	2,162
(2) STATE UBI TAX	63,999
Total	66,161
Total for Part II, Line 19	

Form 990T Part II, Line 20 Charita

Charitable Contributions

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Converted to NOL	Amount Remaining	Contribution Carryover Expires
2015	1,243	0			1,243	2020
2016	1,568	0			1,568	2021
2017	2,341	0			2,341	2022
2018	5,086	0			5,086	2023
Totals	10,238	0	0	0	10,238	

Form 990T Part II, Line 28

Other Deductions

Description	Amount
INVESTMENTS	
(1) ABRAMS CAPITAL PARTNERS II, LP 043455023	825
(2) ALPINE INVESTORS V, LP 463847907	562,016
(3) ARCHLIGHT ENERGY PARTNERS FUND IV LP 208419824	44,263
(4) BAUPOST VALUE PARTNERS, L.PIV 262208448	54,760
(5) CHARLESBANK EQUITY FUND IX, LP 352600984	269,913
(6) CHARLESBANK EQUITY FUND VII, LP 320280123	21,244
(7) CHARLESBANK EQUITY FUND VIII, LP 471109521	19,162
(8) H.I.G. BAYSIDE II AIV, LP (SERIES A) 272566792	48
(9) H.I.G. EUROPE CAPITAL PARTNERS, L.P. 980533386	
(10) IRON POINT REAL ESTATE PARTNERS II 452465294	2,780
(11) IRON POINT REAL ESTATE PARTNERS III, LP 352508362	11,335
(12) LIME ROCK PARTNERS IV AF LP 981422853	313,495
(13) LIME ROCK PARTNERS VI, L. P. 981027307	198,002
(14) MERCED PARTNERS IV, L.P. 364756959	3,767
(15) MERCED PARTNERS V, L.P. 812715734	1,220,174
(16) MERCED SHIPPING PARTNERS LP 464629442	1,243
(17) NATURAL GAS PARTNERS IX, LP 260632609	2,626
(18) STONELAKE OPPORTUNITY PARTNERS III, LP 800878134	40,338
(19) TAILWATER E&P OPPORTUNITY FUND II, LP 474098699	5,495,611
(20) TAILWATER ENERGY FUND III, L.P. 815391776	34,138
(21) VENTURE INVESTMENT ASSOCIATES VI, LP 205196244	26,233
(22) LEGAL FEES	14,767
(23) ACCOUNTING FEES	45,580
(24) CONSULTING/OTHER PROFESSIONAL FEES	398,956
(25) OCCUPANCY	6,986
(26) TRAVEL	2,231
(27) OTHER MISCELLANEOUS EXPENSE	4,975
Total	8,796,358
Total for All Activities	8,796,358

Form 990T Part II, Line 31 -Summary Deduction for net operating loss arising in tax years beginning on or after January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used In Prior Years	Amount Used in Current Year	Amount Remaining
2018	8,320,281				8,320,281
Totals	8,320,281	0	0	·	8,320,281

Form 990T Part III, Line 35 Deduction for net operating loss arising in tax years beginning before January 1, 2018

Year Generated	Amount Generated	Converted Contributions	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2015	3,001,824	_			3,001,824	2035
2016	1,301,449				1,301,449	2036
2017	2,240,598				2,240,598	2037
Totals	6,543,871	0	0	0	6,543,871	

Form 990T Part V, Line 50b	Estimated Tax Payments

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Date		Amount
05/15/2018		50,000
06/15/2018		25,000
09/15/2018		25,000
12/15/2018		25,000
	Totals	125,000

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SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-PCL, 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

2018

Employer identification number

35-1813228 **LUMINA FOUNDATION FOR EDUCATION, INC.** Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts to enter on the lines below. (g) Adjustments to gain (h) Gain or (loss) (e) Subtract column (e) from or loss from Form(s) **Proceeds** Cost 8949, Part I, line 2, column (d) and combine This form may be easier to complete if you round off cents to (sales price) (or other basis) column (g) the result with column (a) 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, 0 leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 0 with Box A checked Totals for all transactions reported on Form(s) 8949 0 with Box B checked Totals for all transactions reported on Form(s) 8949 0 with Box C checked 20,915 0 20,915 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37. 5 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 0) 6 Unused capital loss carryover (attach computation) 6 20,915 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h Part II Long-Term Capital Gains and Losses (See instructions. (g) Adjustments to gain (h) Gain or (loss) See instructions for how to figure the amounts to enter on (e) or loss from Form(s) Subtract column (e) from **Proceeds** Cost 8949, Part II, line 2, column (d) and combine This form may be easier to complete if you round off cents to (or other basis) (sales price) the result with column (g) column (g) whole dollars 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, 0 leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 with Box D checked 0 Totals for all transactions reported on Form(s) 8949 0 with Box E checked Totals for all transactions reported on Form(s) 8949 0 with Box F checked 0 1,933,667 1,933,667 11 2,245,489 11 Enter gain from Form 4797, line 7 or 9. . . 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37. 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 14 Capital gain distributions (see instructions) . . 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 4,179,156 Summary of Parts I and II 16 20,915 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 4,179,156 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 17 18 4,200,071 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns .

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

Form **8949**

Sales and Other Dispositions of Capital Assets

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

► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No. 1545-0074

2018 Attachment Sequence No. 12A

Internal Revenue Service	
Name(s) shown on retur	n

Department of the Treasury

LUMINA FOUNDATION FOR EDUCATION, INC.

Social security number or taxpayer identification number

35-1813228

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

Part I

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

Description of property Date ac	(b)	(c) Date sold or disposed of (Mo , day, yr.)	(d) Proceeds (sales price) (see Instructions)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions			(h) Gain or (loss). Subtract column (e)
					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
SHORT-TERM GAIN/LOSS FROM INVESTMENTS			20,915				20,915
			_			-	
						·	
						-	
2 Totals. Add the amounts in column negative amounts). Enter each tol Schedule D, line 1b (if Box A above is checked) or line 3 (if Box A above is checked).	al here and inc e is checked), lir	lude on your ne 2 (if Box B	20 915	0		. 0	- 20.915

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.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on other cide LUMINA FOUNDATION FOR EDUCATION, INC.

Social security number or taxpayer identification number 35-1813228

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

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

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

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

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(a) Description of property (Example: 100 sh XYZ Co)	Man day us disposed of	Date sold or	(d) or Proceeds f (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the separate instructions	See the separate instructions.		Gain or (loss). Subtract column (e)
		disposed of (Mo., day, yr.)			(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
LONG-TERM GAIN/LOSS FROM INVESTMENTS			1,933,667				1,933,667
						-	
	<u> </u>				_		
							"-
							
2 Totals. Add the amounts in column negative amounts). Enter each tot Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	al here and inc e is checked), lii	lude on your ne 9 (if Box E	1,933,667	o		0	1,933,667

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

Form 4562

Department of the Treasury

Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

Attach toy our taxreturn.

▶Cotowww.irs.gov/Form4562 f or instructions and the I atest information.

OMB No. 1545-0172

Attachment Sequence No. 179

Business or activity to which this form relates Identifying number Name(s) shown on return LUMINA FOUNDATION FOR EDUCATION, INC. 523100 35-1813228 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I. 510.000 2 Total cost of section 179 property placed in service (see instructions) 2 3 510.000 3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . 0 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions 5 510,000 (b) Cost (business use only) (a) Description of property (c) Elected cost 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 0 8 0 9 0 10 Carryover of disallowed deduction from line 13 of your 2017 Form 4562 10 0 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions . 0 12 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11. 13 Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service 14 0 0 15 15 Property subject to section 168(f)(1) election . 16 0 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Don't include listed property. See instructions.) Section A 3,871 17 MACRS deductions for assets placed in service in tax years beginning before 2018 18 If you are electing to group any assets placed in service during the tax year into one or more general Section B-Assets Placed in Service During 2018 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (a) Classification of property (e) Convention ff Method (g) Depreciation deduction placed in service (business/investment use only-see instructions) 19a 3-year property **b** 5-year property c 7-year property d 10-year property e 15-year property f 20-year property S/I g 25-year property 25 vrs. h Residential rental 27.5 vrs. MM S/L 27.5 yrs. S/L MM property S/L i Nonresidential real MM 39 yrs. S/L property MM Section C-Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System 20a Class life S/L b 12-year 12 yrs. S/L S/L c 30-year 30 yrs. MM d 40-year 40 yrs. MM S/L Part IV Summary (See instructions.) 21 0 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 instructions 22 3,871 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

Page 2 Form 4562 (2018) **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 (c) (b) (1) (g) Business Basis for depreciation Type of property (list Date placed Recovery Method/ Depreciation Elected section 179 nvestment use Cost or other basis (business/investment Convention deduction in service cost vehicles first) period percentage 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. See instructions 0 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 0 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0 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) (d) (e) Vehicle 3 Vehicle 5 Vehicle 6 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 n No No Yes No Yes No Yes No Yes Yes No 34 Was the vehicle available for personal Yes use 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. See instructions. Yes No 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by 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 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles. Part VI Amortization (e) (b) Amortization (a) (c) (d) Date amortization period or Amortization for this year Description of costs Amortizable amount Code section begins percentage ت و تناسع م 42 Amortization of costs that begins during your 2018 tax year (see instructions): : 2 43 Amortization of costs that began before your 2018 tax year . 43 0

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

0

Form **4562** (2018)

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