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,	Form	990-T	E	xempt Orgai	nization Bus	ine	ss Inco	me T	ax Ret	urn	ı L	OMB No 1545-0047
		,, .			nd proxy tax und						· [0040
	٠, ′,		For cal	endar year 2019 or other tax yea	ar beginning		, and en	iding			_	2019
		ment of the Treasury I Revenue Service	•	► Go to www. Do not enter SSN number	.irs.gov/Form990T for in rs on this form as it may					(c)(3).		Open to Public Inspection for 501(c)(3) Organizations Only
	A	Check box if	-	Name of organization ((Emp	oyer identification number loyees' trust, see
		address changed		THE MORNINGSTAR PHILANTHROPIC FOUNDATION								ictions)
	B Ex	empt under section	Print or					<u> </u>				2-1270464 ated business activity code
	 	408(e) 220(e)	Туре	Number, street, and room 4550 MONTGO				J			(See ı	nstructions)
	-	408A 530(a)		City or town, state or prov								
		529(a)		BETHESDA, M			pood 0000				900	004
	C Boo	k value of all assets		F Group exemption numb	per (See instructions.)	>						
		398,751,6	11.	G Check organization type	e ► X 501(c) corp	oration	n 501	1(c) trust		101(a)		Other trust
			_	tion's unrelated trades or b		1			the only (or fir			
				CE STATEMENT ce at the end of the previou		rte Lan			complete Part			
		iness, then complete			is suntunce, complete ra	116141	iu II, compiete i	a ocheune	WITO CACITAL	IGILIOIII	ai ii au:	- UI
				oration a subsidiary in an a	affiliated group or a parer	ıt-subs	idiary controlle	d group?		▶ L	Ye	es X No
				ifying number of the paren	t corporation.		-					
		books are in care of										752-1700
				le or Business Inc	ome		(A) Inco	ome	(B) Exp		: 	(C) Net
		Gross receipts or sale			. 0.1					•		
		Less returns and allov Cost of goods sold (S		A line 7)	c Balance	1c 2			<u> </u>	-		
_		Gross profit. Subtract		•		3			-			<u>'</u>
シン	4 a	Capital gain net incom	e (attac	h Schedule D)		4a		1			/	
	b	Net gaın (loss) (Form	4797, P	art II, line 17) (attach Form	4797)	4b				\angle	•,	
\mathcal{O}		Capital loss deduction										40.000
			, and the same of						2:	40,879.		
		Rent income (Schedu Unrelated debt-financi	-	· · · · · · · · · · · · · · · · · · ·							<u> </u>	
	_			nd rents from a controlled	organization (Schedule F)	8		$\overline{}$				<u> </u>
4				n 501(c)(7), (9), or (17) or	•			··· · · · · · · · · · · · · · · · · ·				
2021		Exploited exempt activ			, ,	10						
-		Advertising income (S		•		11/			·			
-		Other income (See ins		-		12	40	070				40 070
¥		Total Combine lines 3 through 12 13 40,879.										40,879.
_	هوا			e directly connected w				iuctions.)				
Ω	14	Compensation of offi	cers, di	ectors, and trustees (Sche	dulerk)	7 / Pro-	720				14	
矍	15	Salaries and wages		/	RECE	IVE	<u>:U_</u>				15	
SCANNED	16	Repairs and mainten	ance		ري ريدر اي						16	
්ථි	17 19	Bad debts Interest (attach sche	dulo) (ca	an instructions)	NOV 2	3 20	20 13				17 18	
Ĭ	18 19	Taxes and licenses	uule) (Si	e instructions)			<u> </u>				19	1,649.
	20	Depreciation (attach	Form 45	(62)	OGDE	N, L	JT _ l	20				2,000
	21			Schedule A and elsewhere	e on return		· · · · · · · -	21a			21b	
-	22	Depletion					_				22	
	23	Contributions to defe	/	npensation plans							23	
	24	Employee benefit pro	-								24	
	25	Excess exempt exper									25	
	26 27	Excess readership co Other deductions (at				T	SEE	STATI	EMENT 3	13	26 27	1,500.
	28	Total deductions. Ac		·	/ Yhrt	\	تندي	~		-	28	3,149.
	29	/		ncome before net operating	loss deduction. Subtrac	t line 2	8 from line 13				29	37,730.
	30	Deduction for net op-		oss arısıng ın tax years beç			018					
		(see instructions)					SEE	STAT	EMENT 3	14	30	9,089.
	34			ncome. Subtract line 30 fro						44	3/1	28,641.
	92370	1 01-27-20 LHA F0	ır Paper	work Reduction Act Notice	e, see instructions.	26	5		99	-	J	Form 990-T (2019)

	30-1/2019 THE MORNINGSTAR PHILANTHROPIC FOUNDATION D/B/A THE MOR	3
Part	t IV Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trapes of businesses (see instructions)	32 28,641.
33	Amounts paid for disallowed fringes	33
34	Charitable contributions (see instructions for limitation rules) STMT 16 STMT 17	34 1,854.
		
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 32 and 33	
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 17,686.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	
	enter the smaller of zero or line 37	16,686.
Dari	t W Tax Computation	<u> </u>
	<i>f</i> 114.	3,504.
40	**Drganizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	3,304.
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 3,504.
	t.y I fax and Payments	1 373010
	// \ \ \ \ \ \ \ \ \ \ \ \ \ 	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	4 1
	Other credits (see instructions)	4 1
C	General business credit. Attach Form 3800 46c 46c	<u> </u>
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	1_,_
е	General business credit. Attach Form 3800 Credit for prior year minimum tax (attach Form 8801 or 8827) Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	47 3,504.
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
	1 Å	49 3,504.
49	Total tax. Add lines 47 and 48 (see instructions)	50 0.
50	20 15 Het 500 ax hability paid Horit 6th 500 Pt of Form 500 B, Fart II, Bollowin (K), into 6	50
	a Payments: A 2018 overpayment credited to 2019	4 11
b	2019 estimated tax payments] '
C	: Tax deposited with Form 8868 \$1c	
d	d Foreign organizations; Tax paid or withheld at source (see instructions)]
۰	Backup withholding (see instructions)	1 I
	Credit for small employer health insurance premiums (attach Form 8941)	-
f	Credit for small employer health insurance premiums (attach Form 8941) 7 Other credits adjustments and payments: Form 2439	-
f	Other credits, adjustments, and payments: Form 2439	
f g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	15.000
f	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total Total	15,000.
f g	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total	\$3
f g 52	Other credits, adjustments, and payments: Form 2439 Form 4136 Other Total payments. Add lines 51a through 51g	\$3 \$4
f 9 52 53	Other credits, adjustments, and payments: Form 2439 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached	\$3
52 53 54 55	Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount overpaid Total payments. Add lines 51 is larger than the total of lines 49, 50, and 53, enter amount overpaid	\$3 \$4 \$5 11,496.
52 53 54 55 56	Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax	\$3 \$4 \$5 11,496.
52 53 54 55 56 Par	Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount ower overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tax due. If line 52 is larger than the total o	\$3 \$4 \$5 \$5 \$6 0.
52 53 54 55 56	Other credits, adjustments, and payments: Form 2439 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax T1, 496. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	\$3 \$4 \$5 11,496.
52 53 54 55 56 Par	Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax Tine 496. Refunded \ VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	\$3 \$4 \$5 \$5 \$6 0.
52 53 54 55 56 Par	Other credits, adjustments, and payments: Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 11,496. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	\$3 \$4 \$5 \$11,496. \$6 \$0.
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52 53 54 55 36 Pan 57	Other credits, adjustments, and payments: Form 4136 Other Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached X Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax 11, 496. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under paratters of paymonal declare that I have examined this return, including accompanying schedules and statements, and to the best of my known to the paratters of paymonal declare that I have examined this return, including accompanying schedules and statements, and to the best of my known to the paratters of paymonal declare that I have examined this return, including accompanying schedules and statements, and to the best of my known to the paratters of paymonal declare that I have examined this return, including accompanying schedules and statements, and to the best of my known to the paymonal transferor to the paymonal transfe	\$3 \$4 \$5 \$11,496. \$6 \$0.
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52 53 54 55 36 Pan 57	Other credits, adjustments, and payments: Form 2439 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want. Credited to 2020 estimated tax 11, 496. Refunded **VI** Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under panelties of paying Indeclare that I have examined this return, including accompanying schedules and statements, and to the best of my knowcorrect, and carmillate the patentium of preparer (other than taxpayer) is based on all information of which preparer has any knowledge WICE PRESIDENT	yes No Yes No X X Ay the IRS discuss this return with the preparer shown below (see
52 53 54 55 56 Par 57 58 59 Sign	Other credits, adjustments, and payments: Form 2439 Total payments. Add lines 51a through 51g Estimated tax penalty (see instructions). Check if Form 2220 is attached Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid Enter the amount of line 55 you want: Credited to 2020 estimated tax T1, 496. Refunded VI Statements Regarding Certain Activities and Other Information (see instructions) At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under paylines of paying Indictare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and cample to payline pa	yes No Yes No Yes No X X X Ax Ax Ax Ay the IRS discuss this return with the preparer shown below (see structions)? Yes No
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THE MORNINGSTAR PHILANTHROPIC FOUNDATION

Form 990-T (2019) D/B/A THE MORNINGSTAR FOUNDATION

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Page 3

52-1270464

1 Inventory at beginning of year 2 Purchases 2 7 Cost of goeds sold. Subtract line 6 From line 5. Enter here and in Part I, line 2 7 Cost of goeds sold. Subtract line 6 From line 5. Enter here and in Part I, line 2 7 Cost of goeds sold. Subtract line 6 From line 5. Enter here and in Part I, line 2 7 Cost of goeds sold. Subtract line 6 From line 5. Enter here and in Part I, line 2 7 Cost of goeds sold. Subtract line 6 From line 5. Enter here and in Part I, line 2 7 Cost of goeds sold. Subtract line 6 From line 5. Enter here and in Part I, line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 7 Cost of goeds sold. Subtract line 6 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold. Subtract line 8 From line 2 Cost of goeds sold sold line 2 Cost of goeds sold sold line 2 Cost of goeds sold sold line 2 Cost of goeds line 2 Cost of goed	Schedule A - Cost of Good	s Sold. Enter	method of inven	tory v	aluation 🕨 N/A						
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(2)	Amount of average acquisition debt on or allocable to debt-financed	of or a debt-fina	allocable to anced property	6			reportable (column		(column 6 x to	otal of col	
(2)	(1)			İ	%			十			
(3)								\top			
(4) Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals Enter here and on page 1, Part I, line 7, column (B) O • O •				1	%	İ		十			
Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B) Totals Enter here and on page 1, Part I, line 7, column (B)				1				1			
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	Totals				_		_				
		cluded in columi	n 8			—		\rightarrow			

Form 990-T (2019)

Form 990-T (2019) D/B/A	THE M	STAR P	STAR	FOUN	DATION	Ī			52-12		
Schedule F - Interest,	Annuitie	s, Royalt	ies, ai	nd Rent	s From C	ontroll	ed Organiz	zatio	ns (see ins	structio	ns)
		T		Exempt	Controlled O	rganizati	ons				<u> </u>
1. Name of controlled organiza	tion	2. Emplo identifica numbe	tion	3. Net unr	related income a instructions)	4. Tot	al of specified nents made	includ	rt of column 4 led in the cont zation's gross	trolling	6. Deductions directly connected with income in column 5
(1)		<u> </u>		 		-		<u> </u>			
(1)		-				<u> </u>		<u> </u>		+	
(2)											
(3)								-			
(4)		l				L		L			
Nonexempt Controlled Organi	1									r	
7. Taxable Income		inrelated income see instructions)	(loss)	9. Total	of specified pay made	ments	10. Part of coluing in the controlling gross		nization's		leductions directly connected th income in column 10
(1)											
(2)											
(3)		· · ·									
(4)											
							Add colun Enter here and line 8, c		e 1, Part I,	1	Add columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals									0.		0.
	nt Inco			E04/a\/	7 (0) 07	(17) 0			<u> </u>	<u> </u>	
Schedule G - Investme (see inst		me or a S	ection	1 501(6)((7), (9), or	(17) Or			,		
1. Desc	ription of inco	ome			2. Amount of	income	3. Deduction directly connected (attach scheduler)	ected	4. Set-	-asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
<u> </u>					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	Evenn	Activity	Incom	o Otho	r Than A		na Income	•			
(see instr	-	ACTIVITY	incon	ie, Otrie				<i>-</i>	1		
1. Description of exploited activity	unrelated	Gross I business ile from business	directly of un	penses connected oduction related as income	4. Net incor from unrelated business (communications) minus colum gain, comput through	d trade or olumn 2 nn 3) If a le cols 5	5. Gross inco from activity is not unrelat business inco	that ted	attribu	penses table to mn 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)									 		
(4)	1				 						
_(4)	Enter he	re and on	Enter he	re and on	 		. -				Enter here and
	page 1	, Part I, col (A)	page	1, Part I, , col (B)							on page 1, Part II, line 25
Totals	<u> </u>	0.	·	0.							0
Schedule J - Advertisi Part I Income From					solidated	l Basis					
			1		4						7 5
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	or (loss) (c	tising gain of 2 minus pain, comput hrough 7	5. Circulate income		6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			1		, ,		+				
(2)			+		┥ -				 		┪
(3)			+		- , ·	t	—				┥ '

Form **990-T** (2019)

0.

Totals (carry to Part II, line (5))

Form 990-T (2019) D/B/A THE MORNINGSTAR FOUNDATION

52-1270464

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis) Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7. 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 2. Gross 3. Direct 5. Circulation 6. Readership advertising 1. Name of periodical advertising costs costs (1) (2) (3) (4) 0. Totals from Part I 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 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)		%			
(2)		%	•		
(3)		%	•		
(4)		%			
Total. Enter here and on page 1, Part II, line 14		>	0.		

Form 990-T (2019)

TO FORM 990-T, PA	AGE 1				
FORM 990-T	INCOM	E (LOSS) FROM PA	RTNERSHIPS	STATEMENT	12
DESCRIPTION				NET INCOM	
BLACKSTONE TACTION ORDINARY BUSINESS NEWBURY EQUITY PARTIES INCOME (S ARTNERS II (C			40,8	10.
TOTAL INCLUDED ON	•	PAGE 1, LINE 5		40,8	
FORM 990-T		OTHER DEDUCTION	ONS	STATEMENT	13
DESCRIPTION				AMOUNT	
TAX PREPARATION I	FEES			1,5	00.
TOTAL TO FORM 990)-T, PAGE 1, 1	LINE 27		1,5	00.
FORM 990-T	NET (OPERATING LOSS D	EDUCTION	STATEMENT	14
TAX YEAR LOSS	SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18	9,089.	0.	9,089.	9,08	9.
	AILABLE THIS		9,089.	9,08	

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 11 BUSINESS ACTIVITY

FORM 990-T	NET O	PERATING LOSS D	EDUCTION	STATEMENT 15
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
12/31/16 12/31/17	4,587. 4,514.	0.	4,587.	4,587. 4,514.
NOL CARRYO	VER AVAILABLE THIS Y	EAR	9,101.	9,101.
FORM 990-T	,	CONTRIBUTIONS		STATEMENT 16
 	N/KIND OF PROPERTY		O DETERMINE FMV	STATEMENT 16
DESCRIPTIO			O DETERMINE FMV	

FORM 990-T CONT	RIBUTIONS SUMMARY		STATEMENT	17
QUALIFIED CONTRIBUTIONS SUBJECT				
CARRYOVER OF PRIOR YEARS UNUSE FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	D CONTRIBUTIONS 2,311,223 13,174,341 12,500,632 15,597,017 14,790,849			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIB	UTIONS	58,374,062 40,000		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS A	58,414,062 1,854			
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	58,412,208 0 58,412,208			
ALLOWABLE CONTRIBUTIONS DEDUCT	ION		1,	854
TOTAL CONTRIBUTION DEDUCTION			1,	854