



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2015

For calendar year 2015 or other tax year beginning _____, 2015, and ending _____, 20_____

Department of the Treasury
Internal Revenue Service

▶ Information about Form 990-T and its instructions is available at www.irs.gov/form990t.
▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

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

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(C)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) C Book value of all assets at end of year 1,193,318,361	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions) LUMINA FOUNDATION FOR EDUCATION, INC	D Employer identification number (Employees' trust, see instructions) 35-1813228	
		Number, street, and room or suite no If a P O box, see instructions 30 S MERIDIAN ST, SUITE 700		E Unrelated business activity codes (See instructions) 900099
		City or town, state or province, country, and ZIP or foreign postal code INDIANAPOLIS, IN 46204		
F Group exemption number (See instructions.) ▶		G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust		

H Describe the organization's primary unrelated business activity. ▶ PASSIVE INVESTMENTS

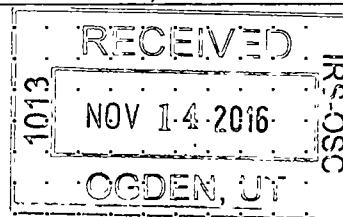
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? . . . Yes No
 If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ JULIE K SHEWMAKER Telephone number ▶ (317) 951-5300

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales	0			
b Less returns and allowances	0			
c Balance ▶		1c 0		
2 Cost of goods sold (Schedule A, line 7)		2 0		
3 Gross profit. Subtract line 2 from line 1c		3 0		0
4a Capital gain net income (attach Schedule D)		4a 103,568		103,568
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b 730,565		730,565
c Capital loss deduction for trusts		4c 0		0
5 Income (loss) from partnerships and S corporations (attach statement)		5 (3,079,918)		(3,079,918)
6 Rent income (Schedule C)		6 0	0	0
7 Unrelated debt-financed income (Schedule E)		7 0	0	0
8 Interest, annuities, royalties, and rents from controlled organizations (Schedule F)		8 0	0	0
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9 0	0	0
10 Exploited exempt activity income (Schedule I)		10 0	0	0
11 Advertising income (Schedule J)		11 0	0	0
12 Other income (See instructions; attach schedule)		12 0		0
13 Total. Combine lines 3 through 12		13 (2,245,785)	0	(2,245,785)

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)		14 29,782
15 Salaries and wages		15 50,440
16 Repairs and maintenance		16 0
17 Bad debts		17 0
18 Interest (attach schedule)		18 0
19 Taxes and licenses		19 21,037
20 Charitable contributions (See instructions for limitation rules)		20 0
21 Depreciation (attach Form 4562)	2,295	21 2,295
22 Less depreciation claimed on Schedule A and elsewhere on return	0	22a 0
23 Depletion		23 80,462
24 Contributions to deferred compensation plans		24 0
25 Employee benefit programs		25 2,864
26 Excess exempt expenses (Schedule I)		26 0
27 Excess readership costs (Schedule J)		27 0
28 Other deductions (attach schedule)		28 569,159
29 Total deductions. Add lines 14 through 28		29 756,039
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30 (3,001,824)
31 Net operating loss deduction (limited to the amount on line 30)		31 0
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32 (3,001,824)
33 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33 0
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32		34 (3,001,824)



SCANNED NOV 16 2016

913

A

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here See instructions and:
a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):
(1) \$ (2) \$ (3) \$
b Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$
(2) Additional 3% tax (not more than \$100,000) \$
c Income tax on the amount on line 34 35c 0
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: Tax rate schedule or Schedule D (Form 1041) 36
37 Proxy tax. See instructions 37
38 Alternative minimum tax 38
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies 39 0

Part IV Tax and Payments

40a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 40a
b Other credits (see instructions) 40b
c General business credit. Attach Form 3800 (see instructions) 40c
d Credit for prior year minimum tax (attach Form 8801 or 8827) 40d
e Total credits. Add lines 40a through 40d 40e 0
41 Subtract line 40e from line 39 41 0
42 Other taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule) 42 0
43 Total tax. Add lines 41 and 42 43 0
44a Payments: A 2014 overpayment credited to 2015 44a 507,916
b 2015 estimated tax payments 44b 450,000
c Tax deposited with Form 8868 44c
d Foreign organizations: Tax paid or withheld at source (see instructions) 44d
e Backup withholding (see instructions) 44e
f Credit for small employer health insurance premiums (Attach Form 8941) 44f
g Other credits and payments: Form 2439 Form 4136 Other 0 Total 44g 0
45 Total payments. Add lines 44a through 44g 45 957,916
46 Estimated tax penalty (see instructions) Check if Form 2220 is attached 46 0
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed 47 0
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid 48 957,916
49 Enter the amount of line 48 you want: Credited to 2016 estimated tax 957,916 Refunded 49 0

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

1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here Yes No
2 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. Yes No
3 Enter the amount of tax-exempt interest received or accrued during the tax year \$ 102,190 Yes No

Schedule A—Cost of Goods Sold. Enter method of inventory valuation

1 Inventory at beginning of year 1 0 6 Inventory at end of year 6 0
2 Purchases 2 0 7 Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 7 0
3 Cost of labor 3 0 8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No
4a Additional section 263A costs (attach schedule) 4a 0
b Other costs (attach schedule) 4b 0
5 Total. Add lines 1 through 4b 5 0

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Signature of officer Date Title
Signature: [Handwritten Signature] Date: 11/14/16 Title: President
May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only Print/Type preparer's name Preparer's signature Date Check if self-employed PTIN
NICOLE M BENCIK [Signature] 11/3/16
Firm's name CROWE HORWATH LLP Firm's EIN 35-0921680
Firm's address 3815 RIVER CROSSING PARKWAY, SUITE 300, POST OFFICE BOX 40977, INDIANAPOLIS, IN 46204 Phone no. (317) 569-8989

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

(see instructions)

1. Description of property		2. Rent received or accrued		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)	(2)	(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)				
(2)				
(3)				
(4)				
Total		0	0	
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶				(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶ 0

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

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

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

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations				
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5	
(1)						
(2)						
(3)						
(4)						
Nonexempt Controlled Organizations		7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)						
(2)						
(3)						
(4)						
Totals					0	0
					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B)

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

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

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

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col (A) 0	Enter here and on page 1, Part I, line 10, col (B) 0				Enter here and on page 1, Part II, line 26 0

Schedule J—Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

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

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
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col (A) 0	Enter here and on page 1, Part I, line 11, col (B) 0				Enter here and on page 1, Part II, line 27 0

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

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) OFFICERS		100 %	29,782
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			29,782

Name of Partnership	EIN	Amount
Investments		
(1) Abrams Capital Partners II, LP	04-3455023	-231,421
(2) AG REALTY FUND IX, LP	47-1483532	-30,467
(3) ALPINE INVESTORS V, LP	46-3847907	-230,152
(4) BAUPOST VALUE PARTNERS, L P -IV	26-2208448	41,294
(5) BLACKSTONE CAPITAL PARTNERS (CAYMAN) V-NQ L P	98-0627222	-298
(6) Carmel Partners Investment Fund IV, LP	90-0781000	370,051
(7) CHARLESBANK EQUITY FUND VII, LP	32-0280123	41,201
(8) Charlesbank Equity Fund VIII, LP	47-1109521	-27,770
(9) Energy Capital Partners Mezzanine Opportunities Fund A, LP	90-0811770	104,088
(10) ENERGY SPECTRUM PARTNERS VII LP	47-1453458	-42,851
(11) GREAT HILL EQUITY PARTNERS IV, LP	26-2787568	-1,925
(12) H I G BAYSIDE DEBT & LBO FUND II, LP	26-2239180	2,780
(13) H I G CAPITAL PARTNERS IV, L P	20-5466741	-614
(14) H I G CAPITAL PARTNERS V, L P	46-1864052	-6,493
(15) H I G EUROPE CAPITAL PARTNERS, L P	98-0533386	1,040
(16) H I G Growth Buyouts & Equity Fund II, L P	45-1661689	-2,488
(17) Iron Point Real Estate Partners II	45-2465294	-139,875
(18) IRON POINT REAL ESTATE PARTNERS III, LP	35-2508362	-130,329
(19) Lime Rock Partners VI, L P	98-1027307	-859,159
(20) MERCED PARTNERS IV, L P	36-4756959	-50,897
(21) NATURAL GAS PARTNERS IX, LP	26-0632609	9,089
(22) OCM REAL ESTATE OPPORTUNITIES FUND III LP	01-0709496	6,341
(23) RETHINK EDUCATION, LP	37-1689659	-821
(24) Stonehill Institutional Partners LP	13-3982121	35,139
(25) Stonelake Opportunity Partners III, LP	80-0878134	-14,851
(26) TAILWATER E&P Opportunity Fund II, LP	47-4098699	-1,862,719
(27) VENTURE INVESTMENT ASSOCIATES VI, LP	20-5196244	-17,448
(28) WALTON STREET REAL ESTATE FUND V, LP	20-3719884	-40,363
Total for Part I, Line 5		-3,079,918

Description	Amount
Investment Expense	
(1) AL STATE INCOME TAX	19
(2) AZ STATE INCOME TAX	50
(3) CA STATE INCOME TAX	10
(4) CT STATE INCOME TAX	304
(5) DC STATE INCOME TAX	250
(6) FL STATE INCOME TAX	1,183
(7) GA STATE INCOME TAX	1,019
(8) IL STATE INCOME TAX	908
(9) MA STATE INCOME TAX	8,270
(10) MD STATE INCOME TAX	1,881
(11) MN STATE INCOME TAX	3,593
(12) MO STATE INCOME TAX	958
(13) NC STATE INCOME TAX	189
(14) NM STATE INCOME TAX	50
(15) NY STATE INCOME TAX	250
(16) TN STATE INCOME TAX	100
(17) VA STATE INCOME TAX	2,003
Total	21,037
Total for Part II, Line 19	21,037

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	Charitable Contribution Expires
2015	1,243	0	0	1,243	2020
Totals	1,243	0	0	1,243	

Description	Amount
Investment Expense	
(1) Occupancy	6,800
(2) Printing	198
(3) Tax Preparation Fees	17,250
(4) Legal Fees	23,050
(5) Travel	1,615
(6) Consulting	507,148
(7) Other Expense	13,098
Total	569,159
Total for Part II, Line 28	569,159

**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-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Information about Schedule D (Form 1120) and its separate instructions is at www.irs.gov/form1120.

OMB No 1545-0123

2015

Name LUMINA FOUNDATION FOR EDUCATION, INC	Employer identification number 35-1813228
--	--

Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with Box A checked				
2 Totals for all transactions reported on Form(s) 8949 with Box B checked				
3 Totals for all transactions reported on Form(s) 8949 with Box C checked	-119,724			-119,724
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37				4
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824				5
6 Unused capital loss carryover (attach computation)				()
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h.				-119,724

Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with Box D checked				
9 Totals for all transactions reported on Form(s) 8949 with Box E checked				
10 Totals for all transactions reported on Form(s) 8949 with Box F checked	223,292			223,292
11 Enter gain from Form 4797, line 7 or 9				730,565
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37				
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				953,857

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	16	
17 Net capital gain Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	17	834,133
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	834,133

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

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Cat No. 11460M

Schedule D (Form 1120) (2015)

Alternative Minimum Tax—Corporations

Department of the Treasury
Internal Revenue Service

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at www.irs.gov/form4626.

2015

Name LUMINA FOUNDATION FOR EDUCATION		Employer identification number 35-1813228	
Note: See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).			
1	Taxable income or (loss) before net operating loss deduction	1	(3,001,824)
2 Adjustments and preferences:			
a	Depreciation of post-1986 property	2a	8,431
b	Amortization of certified pollution control facilities	2b	
c	Amortization of mining exploration and development costs	2c	
d	Amortization of circulation expenditures (personal holding companies only)	2d	
e	Adjusted gain or loss	2e	(4)
f	Long-term contracts	2f	
g	Merchant marine capital construction funds	2g	
h	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	2h	
i	Tax shelter farm activities (personal service corporations only)	2i	
j	Passive activities (closely held corporations and personal service corporations only)	2j	
k	Loss limitations	2k	
l	Depletion	2l	
m	Tax-exempt interest income from specified private activity bonds	2m	
n	Intangible drilling costs	2n	
o	Other adjustments and preferences	2o	930,274
3	Pre-adjustment alternative minimum taxable income (AMTI) Combine lines 1 through 2o	3	(2,063,123.00)
4 Adjusted current earnings (ACE) adjustment:			
a	ACE from line 10 of the ACE worksheet in the instructions	4a	(2,063,123)
b	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount (see instructions)	4b	0.00
c	Multiply line 4b by 75% (.75). Enter the result as a positive amount	4c	0.00
d	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments (see instructions) Note: You <i>must</i> enter an amount on line 4d (even if line 4b is positive)	4d	
e	ACE adjustment • If line 4b is zero or more, enter the amount from line 4c • If line 4b is less than zero, enter the smaller of line 4c or line 4d as a negative amount	4e	0.00
5	Combine lines 3 and 4e. If zero or less, stop here, the corporation does not owe any AMT	5	(2,063,123.00)
6	Alternative tax net operating loss deduction (see instructions)	6	
7	Alternative minimum taxable income. Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	7	
8	Exemption phase-out (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c)		
a	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8a	
b	Multiply line 8a by 25% (.25)	8b	
c	Exemption Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	8c	
9	Subtract line 8c from line 7. If zero or less, enter -0-	9	
10	Multiply line 9 by 20% (.20)	10	
11	Alternative minimum tax foreign tax credit (AMTFTC) (see instructions)	11	
12	Tentative minimum tax Subtract line 11 from line 10	12	
13	Regular tax liability before applying all credits except the foreign tax credit	13	
14	Alternative minimum tax. Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	14	

For Paperwork Reduction Act Notice, see separate instructions.

Name(s) shown on return Name and SSN or taxpayer identification no. not required if shown on other side **Social security number or taxpayer identification number**
LUMINA FOUNDATION FOR EDUCATION **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 long term. 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)
- (E)** Long-term transactions reported on Form(s) 1099-B showing basis was **not** reported to the IRS
- (F)** Long-term transactions not reported to you on Form 1099-B

1	(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr)	(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 <i>Column (e)</i> in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions.		(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
						(f) Code(s) from instructions	(g) Amount of adjustment	
	FROM PASS THROUGH ENTITIES	VARIOUS	VARIOUS					223,292
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) ▶								223,292

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