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Lumina Foundation for Education
Instructions for Filing
Form 990-T
Exempt Organization Business Return
for the period December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated on page 2 by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Department of the Treasury
Internal Revenue Service Center
Ogden, UT 84201-0027

Overpayment of Tax . . .

The return shows an overpayment of \$507,916 of which \$507,916 has been applied to your estimated tax and NONE should be refunded to you.

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

2014

Department of the Treasury
Internal Revenue Service

For calendar year 2014 or other tax year beginning _____, 2014, and ending _____, 20_____.

▶ **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** Check box if address changed
- B** Exempt under section
- 501(C)(3)
 - 408(e) 220(e)
 - 408A 530(a)
 - 529(a)

Name of organization (Check box if name changed and see instructions.)
LUMINA FOUNDATION FOR EDUCATION, INC.

Number, street, and room or suite no. If a P.O. box, see instructions.
30 S MERIDIAN ST, SUITE 700

City or town, state or province, country, and ZIP or foreign postal code
INDIANAPOLIS, IN 46204

D Employer identification number
(Employees' trust, see instructions.)
35-1813228

E Unrelated business activity codes
(See instructions.)
900099

C Book value of all assets at end of year

F Group exemption number (See instructions.) ▶

G Check organization type ▶ 501(c) corporation 501(c) trust 401(a) trust 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 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	1,162,084		1,162,084
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b	1,004,959		1,004,959
c	Capital loss deduction for trusts		4c	0		0
5	Income (loss) from partnerships and S corporations (attach statement)		5	1,225,901		1,225,901
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	3,392,944	0	3,392,944

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	29,556
15	Salaries and wages		15	49,075
16	Repairs and maintenance		16	0
17	Bad debts		17	0
18	Interest (attach schedule)		18	0
19	Taxes and licenses		19	33,458
20	Charitable contributions (See instructions for limitation rules)		20	446
21	Depreciation (attach Form 4562)		21	2,419
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	0
23	Depletion		23	0
24	Contributions to deferred compensation plans		24	0
25	Employee benefit programs		25	2,941
26	Excess exempt expenses (Schedule I)		26	0
27	Excess readership costs (Schedule J)		27	0
28	Other deductions (attach schedule)		28	2,415,834
29	Total deductions. Add lines 14 through 28		29	2,533,729
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13		30	859,215
31	Net operating loss deduction (limited to the amount on line 30)		31	78,857
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30		32	780,358
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)		33	1,000
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	779,358

Part III Tax Computation

35 Organizations Taxable as Corporations. See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> 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	264,982
36 Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	36	
37 Proxy tax. See instructions	37	
38 Alternative minimum tax	38	0
39 Total. Add lines 37 and 38 to line 35c or 36, whichever applies	39	264,982

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		264,982
42 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	42		0
43 Total tax. Add lines 41 and 42	43		264,982
44a Payments: A 2013 overpayment credited to 2014	44a	232,898	
b 2014 estimated tax payments	44b	540,000	
c Tax deposited with Form 8868	44c	0	
d Foreign organizations: Tax paid or withheld at source (see instructions)	44d	0	
e Backup withholding (see instructions)	44e	0	
f Credit for small employer health insurance premiums (Attach Form 8941)	44f	0	
g Other credits and payments: <input type="checkbox"/> Form 2439 _____ 0 <input type="checkbox"/> Form 4136 _____ 0 <input type="checkbox"/> Other _____ 0 Total	44g	0	
45 Total payments. Add lines 44a through 44g	45		772,898
46 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input checked="" type="checkbox"/>	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		507,916
49 Enter the amount of line 48 you want: Credited to 2015 estimated tax 507,916 Refunded	49		

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

1 At any time during the 2014 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 \$ _____		0

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			

Sign Here 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.

Signature of officer _____ Date _____ Title _____

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

Paid Preparer Use Only	Print/Type preparer's name NICOLE M BENCIC	Preparer's signature <i>Nicole Bencic</i>	Date 11/9/2015	Check <input type="checkbox"/> if self-employed	PTIN P00756195
	Firm's name CROWE HORWATH LLP	Firm's EIN 35-0921680		Phone no. (317) 569-8989	
	Firm's address 3815 RIVER CROSSING PARKWAY, SUITE 300, INDIANAPOLIS, IN 46240-0977				



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

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)
(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		Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ▶
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) ▶			

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		
		(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 ▶			Enter here and on page 1, Part I, line 7, column (A). 0	Enter here and on page 1, Part I, line 7, column (B). 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 ▶					Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A). 0	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B). 0

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) (SEE STATEMENT)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Name of Partnership	EIN	Amount
AIM Activity		
(1) Abrams Capital Partners II, LP	04-3455023	-123,853
(2) BAUPOST VALUE PARTNERS, L.P.-IV	26-2208448	80,714
(3) BLACKSTONE CAPITAL PARTNERS (CAYMAN) V-NQ L.P.	98-0627222	-585
(4) Blackstone GS Capital Partners V L. P.	27-4468041	129,477
(5) BLACKSTONE RGIS CAPITAL PARTNERS V L.P.	20-8866363	8,267
(6) Carmel Partners Investment Fund IV, LP	90-0781000	-6,731
(7) CHARLESBANK EQUITY FUND VII, LP	32-0280123	-44,790
(8) Energy Capital Partners Mezzanine Opportunities Fund A, LP	90-0811770	599,137
(9) GREAT HILL EQUITY PARTNERS IV, LP	26-2787568	-2,197
(10) H.I.G. BAYSIDE DEBT & LBO FUND II, LP	26-2239180	111,715
(11) H.I.G. CAPITAL PARTNERS IV, L.P.	20-5466741	91
(12) H.I.G. EUROPE CAPITAL PARTNERS, L.P.	98-0533386	22,364
(13) HOMESTEAD CAPITAL USA FARMLAND FUND I, LP	90-1022354	9,748
(14) Iron Point Real Estate Partners II	45-2465294	-137,824
(15) Lime Rock Partners VI, L. P.	98-1027307	285,620
(16) MERCED PARTNERS IV, L.P.	36-4756959	-5,823
(17) NATURAL GAS PARTNERS IX, LP	26-0632609	325,993
(18) OCM REAL ESTATE OPPORTUNITIES FUND III, LP	01-0709496	7,346
(19) Stonelake Opportunity Partners III, LP	80-0878134	-72,997
(20) VENTURE INVESTMENT ASSOCIATES VI, LP	20-5196244	16,100
(21) WALTON STREET REAL ESTATE FUND V, LP	20-3719884	24,129
Total for Part I, Line 5		1,225,901

Description	Amount
Investment Expense	
(1) AL State Income Tax	2
(2) AZ State Income Tax	1,573
(3) CT State Income Tax	1,203
(4) DC State Income Tax	2,157
(5) FL State Income Tax	13,078
(6) GA State Income Tax	1,622
(7) IL State Income Tax	381
(8) MO State Income Tax	102
(9) NM State Income Tax	50
(10) NY State Income Tax	5,556
(11) NC State Income Tax	7,634
(12) TN State Income Tax	100
Total	33,458
Total for Part II, Line 19	33,458

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	Charitable Contribution Expires
2014	446		446	0	
Totals	446	0	446	0	

Description	Amount
Investment Expense	
(1) Occupancy	6,206
(2) Printing	296
(3) Tax Preparation Fees	16,250
(4) Legal Fees	34,233
(5) Travel	2,272
(6) Other Expenses	884,459
Total	943,716
AIM Activity	
(7) BAUPOST VALUE PARTNERS, L.P.-IV 262208448	24,127
(8) BLACKSTONE CAPITAL PARTNERS (CAYMAN) V-NQ L.P. 980627222	1,301
(9) Blackstone GS Capital Partners V L. P. 274468041	11,647
(10) BLACKSTONE RGIS CAPITAL PARTNERS V L.P. 208866363	2,693
(11) CHARLESBANK EQUITY FUND VII, LP 320280123	29,500
(12) H.I.G. BAYSIDE DEBT & LBO FUND II, LP 262239180	39,996
(13) H.I.G. CAPITAL PARTNERS IV, L.P. 205466741	999
(14) H.I.G. EUROPE CAPITAL PARTNERS, L.P. 980533386	2,555
(15) Iron Point Real Estate Partners II 452465294	11,034
(16) Lime Rock Partners VI, L. P. 981027307	1,020,492
(17) NATURAL GAS PARTNERS IX, LP 260632609	305,175
(18) VENTURE INVESTMENT ASSOCIATES VI, LP 205196244	22,599
Total	1,472,118
Total for Part II, Line 28	2,415,834

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	NOL Expires
2013	78,857		78,857	0	2033
Totals	78,857	0	78,857	0	

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
Investment Expense			
(1) Officers		100.0%	29,556

**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

2014

Name LUMINA FOUNDATION FOR EDUCATION, INC.	Employer identification number 35-1813228
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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	-5,972			-5,972
4 Short-term capital gain from installment sales from Form 6252, line 26 or 37			4	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computation)			6 ()	
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h.			7	-5,972

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	1,168,056			1,168,056
11 Enter gain from Form 4797, line 7 or 9			11	1,004,959
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			13	
14 Capital gain distributions (see instructions)			14	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h			15	2,173,015

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	2,167,043
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns	18	2,167,043

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

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Department of the Treasury
Internal Revenue Service

▶ Attach to your tax return.

▶ Information about Form 4797 and its separate instructions is at www.irs.gov/form4797.

Attachment
Sequence No. **27**

Name(s) shown on return LUMINA FOUNDATION FOR EDUCATION, INC.	Identifying number 35-1813228
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1 Enter the gross proceeds from sales or exchanges reported to you for 2014 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 (see instructions)	1
---	----------

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft—Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)

3 Gain, if any, from Form 4684, line 39	3
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5
6 Gain, if any, from line 32, from other than casualty or theft	6
7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows:	7

Partnerships (except electing large partnerships) and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.

Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.

8 Nonrecaptured net section 1231 losses from prior years (see instructions)	8
9 Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return (see instructions)	9

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11 Loss, if any, from line 7	11 ()
12 Gain, if any, from line 7 or amount from line 8, if applicable	12
13 Gain, if any, from line 31	13
14 Net gain or (loss) from Form 4684, lines 31 and 38a	14
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16
17 Combine lines 10 through 16	17 1,004,959

18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below:	
a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the part of the loss from income-producing property on Schedule A (Form 1040), line 28, and the part of the loss from property used as an employee on Schedule A (Form 1040), line 23. Identify as from "Form 4797, line 18a." See instructions	18a
b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Form 1040, line 14	18b

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 130861

Form **4797** (2014)

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255
(see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:		(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)		
A					
B					
C					
D					
These columns relate to the properties on lines 19A through 19D. ▶		Property A	Property B	Property C	Property D
20	Gross sales price (Note: See line 1 before completing.)	20			
21	Cost or other basis plus expense of sale	21			
22	Depreciation (or depletion) allowed or allowable.	22			
23	Adjusted basis. Subtract line 22 from line 21.	23			
24	Total gain. Subtract line 23 from line 20	24			
25 If section 1245 property:					
a	Depreciation allowed or allowable from line 22	25a			
b	Enter the smaller of line 24 or 25a	25b			
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975 (see instructions)	26a			
b	Applicable percentage multiplied by the smaller of line 24 or line 26a (see instructions)	26b			
c	Subtract line 26a from line 24. If residential rental property or line 24 is not more than line 26a, skip lines 26d and 26e	26c			
d	Additional depreciation after 1969 and before 1976.	26d			
e	Enter the smaller of line 26c or 26d	26e			
f	Section 291 amount (corporations only)	26f			
g	Add lines 26b, 26e, and 26f.	26g			
27 If section 1252 property: Skip this section if you did not dispose of farmland or if this form is being completed for a partnership (other than an electing large partnership).					
a	Soil, water, and land clearing expenses	27a			
b	Line 27a multiplied by applicable percentage (see instructions)	27b			
c	Enter the smaller of line 24 or 27b	27c			
28 If section 1254 property:					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion (see instructions)	28a			
b	Enter the smaller of line 24 or 28a	28b			
29 If section 1255 property:					
a	Applicable percentage of payments excluded from income under section 126 (see instructions)	29a			
b	Enter the smaller of line 24 or 29a (see instructions)	29b			

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32

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

		(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years.	33	
34	Recomputed depreciation (see instructions)	34	
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35	

Department of the Treasury
Internal Revenue Service

▶ **Attach to the corporation's tax return.**
▶ **Information about Form 2220 and its separate instructions is at www.irs.gov/form2220.**

2014

Name LUMINA FOUNDATION FOR EDUCATION	Employer identification number 35-1813228
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38 on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	264,982
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c		2d	0.00
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty		3	264,982.00
4 Enter the tax shown on the corporation's 2013 income tax return (see instructions). Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5		4	
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3		5	264,982.00

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty (see instructions).

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	4/15/2014	6/15/2014	9/15/2014	12/15/2014
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% of line 5 above in each column	10	66,246	66,246	66,246	66,246
11 Estimated tax paid or credited for each period (see instructions). For column (a) only, enter the amount from line 11 on line 15	11	232,898	360,000	180,000	0
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		166,652.00	460,406.00	574,160.00
13 Add lines 11 and 12	13		526,652.00	640,406.00	574,160.00
14 Add amounts on lines 16 and 17 of the preceding column	14		0.00	0.00	0.00
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	232,898.00	526,652.00	640,406.00	574,160.00
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.00	0.00	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	166,652.00	460,406.00	574,160.00	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 3rd month after the close of the tax year, whichever is earlier (see instructions). <i>(Form 990-PF and Form 990-T filers: Use 5th month instead of 3rd month.)</i>				
20	Number of days from due date of installment on line 9 to the date shown on line 19				
21	Number of days on line 20 after 4/15/2014 and before 7/1/2014				
22	Underpayment on line 17 × $\frac{\text{Number of days on line 21}}{365} \times 3\%$	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2014 and before 10/1/2014				
24	Underpayment on line 17 × $\frac{\text{Number of days on line 23}}{365} \times 3\%$	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2014 and before 1/1/2015				
26	Underpayment on line 17 × $\frac{\text{Number of days on line 25}}{365} \times 3\%$	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2014 and before 4/1/2015				
28	Underpayment on line 17 × $\frac{\text{Number of days on line 27}}{365} \times *%$	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2015 and before 7/1/2015				
30	Underpayment on line 17 × $\frac{\text{Number of days on line 29}}{365} \times *%$	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2015 and before 10/1/2015				
32	Underpayment on line 17 × $\frac{\text{Number of days on line 31}}{365} \times *%$	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2015 and before 1/1/2016				
34	Underpayment on line 17 × $\frac{\text{Number of days on line 33}}{365} \times *%$	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2015 and before 2/16/2016				
36	Underpayment on line 17 × $\frac{\text{Number of days on line 35}}{366} \times *%$	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 33; or the comparable line for other income tax returns.				38 \$

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method
(see instructions)

Form 1120S filers: For lines 1, 2, 3, and 21, below, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method (Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.)

		(a)	(b)	(c)	(d)
		First 3 months	First 5 months	First 8 months	First 11 months
1	Enter taxable income for the following periods:				
a	Tax year beginning in 2011	1a			
b	Tax year beginning in 2012	1b			
c	Tax year beginning in 2013	1c			
2	Enter taxable income for each period for the tax year beginning in 2014 (see instructions for the treatment of extraordinary items)	2			
3	Enter taxable income for the following periods:	First 4 months	First 6 months	First 9 months	Entire year
a	Tax year beginning in 2011	3a			
b	Tax year beginning in 2012	3b			
c	Tax year beginning in 2013	3c			
4	Divide the amount in each column on line 1a by the amount in column (d) on line 3a	4			
5	Divide the amount in each column on line 1b by the amount in column (d) on line 3b	5			
6	Divide the amount in each column on line 1c by the amount in column (d) on line 3c	6			
7	Add lines 4 through 6	7			
8	Divide line 7 by 3.0	8			
9a	Divide line 2 by line 8	9a			
b	Extraordinary items (see instructions)	9b			
c	Add lines 9a and 9b	9c			
10	Figure the tax on the amount on line 9c using the instructions for Form 1120, Schedule J, line 2 (or comparable line of corporation's return)	10			
11a	Divide the amount in columns (a) through (c) on line 3a by the amount in column (d) on line 3a	11a			
b	Divide the amount in columns (a) through (c) on line 3b by the amount in column (d) on line 3b	11b			
c	Divide the amount in columns (a) through (c) on line 3c by the amount in column (d) on line 3c	11c			
12	Add lines 11a through 11c	12			
13	Divide line 12 by 3.0	13			
14	Multiply the amount in columns (a) through (c) of line 10 by columns (a) through (c) of line 13. In column (d), enter the amount from line 10, column (d)	14			
15	Enter any alternative minimum tax for each payment period (see instructions)	15			
16	Enter any other taxes for each payment period (see instructions)	16			
17	Add lines 14 through 16	17			
18	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)	18			
19	Total tax after credits. Subtract line 18 from line 17. If zero or less, enter -0-	19			

Part II Annualized Income Installment Method

		(a)	(b)	(c)	(d)	
		First <u> 2 </u> months	First <u> 4 </u> months	First <u> 7 </u> months	First <u> 10 </u> months	
20	Annualization periods (see instructions)	20				
21	Enter taxable income for each annualization period (see instructions for the treatment of extraordinary items)	21	214,804	429,608	644,412	859,215
22	Annualization amounts (see instructions)	22	6	3	1.71429	1.2
23a	Annualized taxable income. Multiply line 21 by line 22	23a	1,288,824.00	1,288,824.00	1,104,709.05	1,031,058.00
b	Extraordinary items (see instructions)	23b				
c	Add lines 23a and 23b	23c	1,288,824.00	1,288,824.00	1,104,709.05	1,031,058.00
24	Figure the tax on the amount on line 23c using the instructions for Form 1120, Schedule J, line 2 (or comparable line of corporation's return)	24	438,200	438,200	375,601	430,460
25	Enter any alternative minimum tax for each payment period (see instructions)	25				
26	Enter any other taxes for each payment period (see instructions)	26				
27	Total tax. Add lines 24 through 26	27	438,200.00	438,200.00	375,601.00	430,460.00
28	For each period, enter the same type of credits as allowed on Form 2220, lines 1 and 2c (see instructions)	28				
29	Total tax after credits. Subtract line 28 from line 27. If zero or less, enter -0-	29	438,200.00	438,200.00	375,601.00	430,460.00
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31	109,550.00	219,100.00	281,700.75	430,460.00

Part III Required Installments

			1st	2nd	3rd	4th
			installment	installment	installment	installment
Note: Complete lines 32 through 38 of one column before completing the next column.						
32	If only Part I or Part II is completed, enter the amount in each column from line 19 or line 31. If both parts are completed, enter the smaller of the amounts in each column from line 19 or line 31	32	109,550.00	219,100.00	281,700.75	430,460.00
33	Add the amounts in all preceding columns of line 38 (see instructions)	33		66,246.00	132,492.00	198,738.00
34	Adjusted seasonal or annualized income installments. Subtract line 33 from line 32. If zero or less, enter -0-	34	109,550.00	152,854.00	149,208.75	231,722.00
35	Enter 25% of line 5 on page 1 of Form 2220 in each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	66,246	66,246	66,246	66,246
36	Subtract line 38 of the preceding column from line 37 of the preceding column	36		0	0.00	0.00
37	Add lines 35 and 36	37	66,246.00	66,246.00	66,246.00	66,246.00
38	Required installments. Enter the smaller of line 34 or line 37 here and on page 1 of Form 2220, line 10 (see instructions)	38	66,246.00	66,246.00	66,246.00	66,246.00

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form AL-20
Alabama Corporation Business Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of the page two by an authorized officer of the organization.

Filing . . .

The signed return should be filed by November 16, 2015 with the following:

Alabama Department of Revenue
Individual and Corporate tax Division
Corporate Income Tax
PO Box 327430
Montgomery, AL 36132-7430

Overpayment of Tax...

The return shows an overpayment in the amount of \$1,045, in which \$1,045 has been applied to your estimated tax and NONE should be refunded to you.



Corporation Income Tax Return

For the year January 1 – December 31, 2014, or other tax year beginning _____, 2014, ending _____

Check applicable box: <input type="checkbox"/> PL 86-272 <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change	FEDERAL BUSINESS CODE NUMBER ● 900099		FEDERAL EMPLOYER IDENTIFICATION NUMBER ● 35-1813228		Filing Status: (see instructions) <input type="checkbox"/> 1. Corporation operating only in Alabama. <input checked="" type="checkbox"/> 2. Multistate Corporation – Apportionment (Sch. D-1). <input type="checkbox"/> 3. Multistate Corporation – Percentage of Sales (Sch. D-2). <input type="checkbox"/> 4. Multistate Corporation – Separate Accounting (Prior written approval required and must be attached). <input type="checkbox"/> 5. Proforma Return – files as part of Alabama Affiliated Group.
	NAME ● Lumina Foundation for Education, Inc.				
	ADDRESS 30 S Meridian St, Suite 700				
	CITY, STATE, COUNTRY (IF NOT U.S.) Indianapolis, IN		9-DIGIT ZIP CODE ● 46204		
	STATE OF INCORPORATION ● Delaware	DATE OF INCORPORATION ● 5/10/1990	DATE QUALIFIED IN ALABAMA ●	NATURE OF BUSINESS IN ALABAMA ● Passive Investments	

1	FEDERAL TAXABLE INCOME (see instructions)	1	●	779,358	00				
2	Federal Net Operating Loss (included in line 1)	2	●	78,857	00				
3	Reconciliation adjustments (from line 25, Schedule A)	3	●	(858,215)	00				
4	Federal taxable income adjusted to Alabama Basis (add lines 1, 2 and 3)	4	●	0	00				
5	Net nonbusiness (income)/loss – Everywhere (from Schedule C, line 2, col. E)	5	●	858,215	00				
6	Apportionable income (add lines 4 and 5)	6	●	858,215	00				
7	Alabama apportionment factor (from line 27, Schedule D-1)	7	●	0.000000	%				
8	Income apportioned to Alabama (multiply line 6 by line 7)	8	●	0	00				
9	Net nonbusiness income/(loss) – Alabama (from Schedule C, line 2, col. F)	9	●	32	00				
10	Alabama income before federal income tax deduction (line 8 plus line 9)	10	●	32	00				
11a	Federal income tax deduction (refund) (from line 12, Schedule E)	11a	●	0	00				
	b Small Business Health Insurance Premiums (see instructions)	11b	●						
12	Alabama income before net operating loss (NOL) carryforward (line 10 less lines 11a and b)	12	●	32	00				
13	Alabama NOL deduction (see instructions)	13	●	0	00				
14	Alabama taxable income (line 12 less line 13)	14	●	32	00				
15	Alabama Income Tax (6.5% of line 14)	15	●	2	00				
16	Tax Payments, Credits, and Deferral:	CN <div style="border: 1px solid black; padding: 5px; text-align: center;"> UNLESS A COPY OF THE FEDERAL RETURN IS ATTACHED, THIS RETURN WILL BE CONSIDERED INCOMPLETE. (SEE ALSO PAGE 4, OTHER INFORMATION, NO. 5.) </div>							
a	Carryover from prior year (2013)					16a	●	845	00
b	2014 estimated tax payments					16b	●	0	00
c	2014 composite payment(s) made on behalf of this entity (see instructions) Paid by <input type="checkbox"/> Withholding <input type="checkbox"/> FEIN					16c	●	2	00
d	Automatic extension payment					16d	●	200	00
e	Payments prior to adjustment					16e	●		
f	Credits (from line 5, Schedule F)					16f	●	0	00
g	LIFO Reserve Tax Deferral (see instructions)					16g	●		
h	Total Payments, Credits, and Deferral (add lines 16a through 16g)	16h	●	1,047	00				
17	Reductions/applications of overpayments								
a	Credit to 2015 estimated tax	17a	●	1,045	00				
b	Penny Trust Fund	17b	●						
c	Penalty due (see instructions)	17c	●	0	00				
d	Interest due (computed on tax due only)	17d	●	0	00				
e	Total reductions (total lines 17a, b, c and d)	17e	●	1,045	00				
18	Total amount due/(refund) (line 15 less 16h, plus 17e)	18	●	0	00				

If you paid electronically check here:

I authorize a representative of the Department of Revenue to discuss my return and attachments with my preparer. Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Please Sign Here Paid Preparer's Use Only	Signature	Title	Date	Daytime Telephone No.
	Preparer's signature		● 11/9/2015	(317) 951-5300
	Firm's name (or yours, if self-employed) and address	Tel. No.	E.I. No.	ZIP Code
	● CROWE HORWATH LLP	● (317) 569-8989	● 35-0921680	● 46240-0977



Schedule C Allocation of Nonbusiness Income, Loss, and Expense – Use only if you checked Filing Status 2, page 1

Identify by account name and amount, all items of nonbusiness income, loss and expense removed from apportionable income and those items which are directly allocable to Alabama. **Adjustment(s) must also be made for any proration of expenses under Alabama Income Tax Rule 810-27-1-4-.01**, which states, “Any allowable deduction that is applicable to both business and nonbusiness income of the taxpayer shall be prorated to each class of income in determining income subject to tax as provided...” (See instructions.)

DIRECTLY ALLOCABLE ITEMS OF NONBUSINESS INCOME OR LOSS	ALLOCABLE GROSS INCOME / LOSS		RELATED EXPENSE		NET OF RELATED EXPENSE	
	Column A Everywhere	Column B Alabama	Column C Everywhere	Column D Alabama	Column E Everywhere	Column F Alabama
1a ●	3,392,944	32	2,534,729		858,215	32
b ●						
c ●						
d ●						
e ●						
2 NET NONBUSINESS INCOME / LOSS					Column E	Column F
Enter Column E total ((income)/loss) on line 5 of page 1. Enter Column F total (income/(loss)) on line 9 of page 1					● 858,215	32

Schedule D-1 Apportionment Factor Schedule – Use only if you checked Filing Status 2, page 1 – Amounts must be Positive (+) Values

TANGIBLE PROPERTY AT COST FOR PRODUCTION OF BUSINESS INCOME	ALABAMA		EVERYWHERE	
	BEGINNING OF YEAR	END OF YEAR	BEGINNING OF YEAR	END OF YEAR
1 Inventories ●	0	0	0	0
2 Land ●	0	0	0	0
3 Furniture and fixtures ●				
4 Machinery and equipment ●	0	0	0	0
5 Buildings and leasehold improvements ●				
6 IDB/IRB property (at cost) ●				
7 Government property (at FMV) ●				
8 ●				
9 Less Construction in progress (if included) ●	0	0	0	0
10 Totals ●	0	0	0	0
11 Average owned property (BOY + EOY ÷ 2)		● 0		● 0
12 Annual rental expense ●	0 x8 =	0	0 x8 =	0
13 Total average property (add line 11 and line 12)	13a ●	0	13b ●	0
14 Alabama property factor – 13a ÷ 13b = line 14			14 ●	0.000000 %
SALARIES, WAGES, COMMISSIONS AND OTHER COMPENSATION RELATED TO THE PRODUCTION OF BUSINESS INCOME		15a ALABAMA	15b EVERYWHERE	15c
15 Alabama payroll factor – 15a ÷ 15b = 15c	●	0	0	0.000000 %
SALES		ALABAMA	EVERYWHERE	
16 Destination sales (see instructions)	●			
17 Origin sales (see instructions)	●			
18 Total gross receipts from sales	●	0	0	
19 Dividends	●			
20 Interest	●			
21 Rents	●			
22 Royalties	●			
23 Gross proceeds from capital and ordinary gains	●			
24 Other ● (Federal 1120, line ●)				
25 Alabama sales factor – 25a ÷ 25b = line 25c		0	25b 0	25c 0.000000 %
26 Alabama sales factor (Enter the same factor as on line 25c)				26 ● 0.000000 %
27 Sum of lines 14, 15c, 25c, and 26 ÷ 4 = ALABAMA APPORTIONMENT FACTOR (Enter here and on line 7, page 1)				27 ● 0.000000 %

Schedule D-2 Percentage of Sales – Use only if you checked Filing Status 3, page 1 – See instructions

DO NOT USE THIS SCHEDULE IF ALABAMA SALES EXCEED \$100,000.		ALABAMA	EVERYWHERE
1 Destination Sales	●		
2 Origin Sales	●		
3 Total gross receipts from sales	●		
4 Tax due (multiply line 3, Alabama by .0025) (enter here and on page 1, line 15)	●		



Schedule E Federal Income Tax (FIT) Deduction/(Refund)

(a) If this corporation is an accrual-basis taxpayer and files a separate (nonconsolidated) federal income tax return with the IRS, skip to line 6 and enter the amount of federal income tax liability shown on Form 1120. Cash-basis taxpayers filing separate (nonconsolidated) federal returns should enter on line 6 below the amount of federal income tax actually paid during the year.

(b) Methods 1552(a)(1) or 1552(a)(2), enter on line 6 the amount of the consolidated tax liability allocated to this corporation from line 5.

(c) If using Method 1552(a)(3), enter on line 6 the amount of the consolidated tax allocated to this corporation. Attach a schedule of your computations. Ignore any supplemental elections under IRC §1502.

If this corporation is a member of an affiliated group which files a consolidated federal return, indicate the number of the election made under IRC §1552.

- 1552(a)(1) • 1552(a)(2) • 1552(a)(3) • No Election Made
- Other _____

1552(a)(1) enter separate company income from line 30 of the proforma 1120 for this company on line 1.

1552(a)(2) enter separate company tax liability from line 31 of the proforma 1120 for this company on line 1.

1	This company's separate federal taxable (income/tax)	1	●	
2	Total positive consolidated federal taxable (income/tax)	2	●	
3	This company's percentage (divide line 1 by line 2)	3	●	0.00 %
4	Consolidated federal income tax (liability/payment)	4	●	
5	Federal income tax for this company (multiply line 3 by line 4)	5	●	0
6	Federal income tax to be apportioned	6	●	0
7	Alabama income, page 1, line 10	7	●	32
8	Adjusted total income, page 1, line 4	8	●	0
9	Federal income tax ratio (divide line 7 by line 8)	9	●	0.00 %
10	Federal income tax apportioned to Alabama (multiply line 6 by line 9)	10	●	0
11	Less refunds or adjustments	11	●	
12	Net federal income tax deduction / <refund>	12	●	0

Schedule F Credits/Exemptions *Caution – See Schedule BC* **Schedule BC must be attached to claim business credit(s)**

1	Capital Tax Credit	1	●	
2	Alabama New Market Development Act	2	●	
3	Alabama Accountability Act	3	●	
4	Other Credits	4	●	
5	TOTAL (add lines 1 through 4). Enter here and on line 16f, page 1	5	●	0

Other Information

- Briefly describe your Alabama operations. ● Unrelated Business Income From K-1 Investments
- List locations of property within Alabama (cities and counties). ● None
- List other states in which corporation operates, if applicable. ● IN
- Indicate your tax accounting method:
● Accrual ● Cash ● Other ● _____
- If this corporation is a member of an affiliated group which files a consolidated federal return, the following information **must be provided**:
 (a) **Copy of Federal Form 851, Affiliations Schedule.** Identify by asterisk or underline the names of those corporations subject to tax in Alabama.
 (b) **Signed copy of consolidated Federal Form 1120, pages 1-5,** as filed with the IRS.
 (c) **Copy of the spreadsheet of income statements; all supporting schedules for all legal entities that file as part of the consolidated federal group** including (but not limited to) a copy of the spreadsheet of income statements (which includes a separate column that identifies the eliminations and adjustments used in completing the federal consolidated return), beginning and ending balance sheets, Schedule M-3 for the entire federal consolidated group.
 (d) **Copy of federal Schedule K-1** for each tax entity that the corporation holds an interest in at any time during the taxable year.
 (e) **Copy of federal Schedule(s) UTP.**
- Enter this corporation's federal net income (see instructions for page 1, line 1) for the last three (3) years, as last determined (e.g.: per amended federal return or IRS audit).
 2013 ● _____ 2012 ● _____ 2011 ● _____
- Check if currently being audited by the IRS. ●
- Location of the corporate records: Street address: ● 30 S Meridian St., Suite 700
 City: ● Indianapolis State: ● IN ZIP: ● 46204
- Person to contact for information concerning this return:
 Name: ● Julie Shewmaker Email Address: ● _____ Telephone: ● (317) 951-5300
- If this entity filed an Alabama Business Privilege tax return under a different FEIN than the one listed on this Form 20C, please enter that number here: ● _____

Non-payment returns, mail to: Alabama Department of Revenue
 Individual and Corporate Tax Division
 Corporate Tax Section
 PO Box 327430
 Montgomery, AL 36132-7430

Payment returns, mail with payment voucher (Form BIT-V) to: Alabama Department of Revenue
 Individual and Corporate Tax Division
 Corporate Tax Section
 PO Box 327435
 Montgomery, AL 36132-7435

ALABAMA FORM 20C

TAXABLE INCOME ALLOCABLE TO ALABAMA

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
ALABAMA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO ALABAMA	
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO ALABAMA	<u>32</u>
INCOME ALLOCABLE TO ALABAMA	<u><u>32</u></u>

Income and deductions reported on Form 20C denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax
year beginning _____, 2014
ending _____, 20_____

2014

Final K-1 Amended K-1

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
20-8866363

B Partnership's name, address, city, state, and ZIP code
BLACKSTONE RGIS CAPITAL PARTNERS V L.P.
345 PARK AVENUE
NEW YORK, NY 10154

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
35-1813228

F Partner's name, address, city, state, and ZIP code
LUMINA FOUNDATION FOR EDUCATION, INC.
30 SOUTH MERIDIAN ST SUITE 700
INDIANAPOLIS, IN 46204-3503

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? EXEMPT ORGANIZATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	0.008762 %	0.008315 %
Loss	0.004286 %	0.010392 %
Capital	0.014536 %	0.015183 %

K Partner's share of liabilities at year end:

Nonrecourse	\$	193,570
Qualified nonrecourse financing	\$	
Recourse	\$	

L Partner's capital account analysis:

Beginning capital account	\$	114,553
Capital contributed during the year	\$	NONE
Current year increase (decrease)	\$	78,084
Withdrawals & distributions	\$ (	41,157)
Ending capital account	\$	151,480

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No
 If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	8,267	J	1,390
2	Net rental real estate income (loss)	L	51
3	Other net rental income (loss)	16	Foreign transactions
		B	53,900
4	Guaranteed payments	C	132
5	Interest income	D	
6a	Ordinary dividends	E	15
6b	Qualified dividends	G	10,496
7	Royalties	J	
8	Net short-term capital gain (loss)	M	
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
	132	A	12
9b	Collectibles (28%) gain (loss)	B*	(1)
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
	(3)	C	1,857
11	Other income (loss)	F*	NONE
12	Section 179 deduction	19	Distributions
		A	41,157
13	Other deductions	20	Other information
A	39	H	15
H	1	A	15
*	SEE STMT	B	NONE
14	Self-employment earnings (loss)	N*	10,496
		P	SEE STMT

*See attached statement for additional information.

For IRS Use Only

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form AZ 99T
Arizona Exempt Organization Business Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of the page two by an authorized officer of the organization.

Filing . . .

The signed return should be filed by November 16, 2015 with the following:

Arizona Department of Revenue
PO Box 52153
Phoenix, AZ 85072-2153

Payment of Tax...

A payment in the amount of \$1,523 should be made payable to the Arizona Department of Revenue. Please be sure to include EIN and "2014 Form AZ99T" on check.

For the calendar year 2014 or fiscal year beginning MM, DD, DD 2, 0, 1, 4 and ending MM, DD, DD 2, 0, Y, Y.

CHECK ONE: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amended	Name Lumina Foundation for Education, Inc.	Employer Identification Number (EIN) 35-1813228
	Address – number and street or PO Box 30 S Meridian St, Suite 700, Suite 700	
Business Telephone Number (with area code) (317) 951-5300	City, Town or Post Office Indianapolis	State ZIP Code IN 46204

CHECK BOX IF return filed under extension:
 82 82F 88

REVENUE USE ONLY. DO NOT MARK IN THIS AREA.

88

81 PM 66 RCVD

- 68** Check box if: This is a first return Name change Address change
- A Date Arizona operations began 1, 2 | 3, 1 | 2, 0, 1, 2
- B Nature of unrelated business activities: Passive Investments
- C Unrelated business activity codes: 900000
- D ARIZONA apportionment for multistate organizations only (check one box):
 AIR Carrier STANDARD ENHANCED
- E Check this box to elect to be treated as a multistate service provider, if qualified (include Schedule MSP). Indicate year of election..... Yr 1 Yr 2 Yr 3 Yr 4 Yr 5
- F Did you file an Arizona Form 99?..... Yes No
- G Check federal form filed: 990-T Other (specify) _____
- Include a copy of the organization's federal return.**

Arizona Unrelated Business Taxable Income Computation

1	Unrelated business taxable income from federal Form 990-T.....	1	779,358	00
2	Additions related to Arizona tax credits claimed.....	2		00
3	Subtotal: Add line 1 and line 2.....	3	779,358	00
4	Apportionment ratio for multistate organizations only: See instructions.....	4	. 0 0 0 0 0 0 0	
5	Taxable income attributable to Arizona: Line 3 multiplied by line 4 (or if 100% Arizona, enter amount from line 3).....	5	24,205	00

STMT 1

Arizona Tax Liability Computation

6	Enter tax: Tax is 6.5 percent of line 5, or \$50, whichever is greater.....	6	1,573	00
7	Tax from recapture of tax credits from Arizona Form 300, Part 2, line 31.....	7		00
8	Subtotal: Add line 6 and line 7.....	8	1,573	00
9	Nonrefundable tax credits from Arizona Form 300, Part 2, line 56.....	9		00
10	Credit type: Enter form number for each nonrefundable credit claimed: <u>10 | 3, | 3, | 3, | 3, |</u>			
11	Tax liability: Subtract line 9 from line 8.....	11	1,573	00

Tax Payments

12	Refundable tax credits: Check box(es) and enter amount: <input checked="" type="checkbox"/> 308 <input type="checkbox"/> 342 <input type="checkbox"/> 349	12		00
13	Extension payment made with Arizona Form 120EXT or online.....	13		00
14	Estimated tax payments.....	14	0	00
15	Amended returns: Payment made with original return plus all payments made after it was filed: See instructions.....	15		00
16	Subtotal payments: Add lines 12 through 15.....	16		00
17	Overpayments of tax from original return or later adjustments: See instructions.....	17	50	00
18	Total Payments: Subtract line 17 from line 16.....	18	50	00

2013 OVERPAYMENT

Computation of Total Due or Overpayment

19	Balance of tax due: If line 11 is larger than line 18, enter balance of tax due. Skip line 20.....	19	1,523	00
20	Overpayment of tax: If line 18 is larger than line 11, enter overpayment of tax.....	20	0	00
21	Penalty and interest.....	21	0	00
22	Estimated tax underpayment penalty: If Form 220 is included, check this box..... 22A <input type="checkbox"/>	22	0	00
23	TOTAL AMOUNT DUE: Add lines 19, 21, and 22. If money is due, non-EFT payment must accompany return.....	23	1,523	00
24	OVERPAYMENT: See instructions.....	24	0	00
25	Amount of line 24 to be applied to 2015 estimated tax.....	25	0	00
26	Amount to be refunded: Subtract line 25 from line 24.....	26	0	00

SCHEDULE A Apportionment Formula (Multistate Organizations Only)

IMPORTANT: Qualifying air carriers must use Arizona Schedule ACA. Qualifying multistate service providers must include Arizona Schedule MSP. See instructions, pages 8, 9, and 10.

LIMITED TO UNRELATED BUSINESS AMOUNTS		
COLUMN A Total Within Arizona Round to nearest dollar.	COLUMN B Total Everywhere Round to nearest dollar.	COLUMN C Ratio Within Arizona A ÷ B
Be certain to enter amounts in Column C carried to six decimal places. You must type the decimal.		
A1 Property Factor		
a Value of real and tangible personal property (by averaging the value of owned property at the beginning and end of the tax period; rented property at capitalized value). Total owned and rented property		
b Weight AZ property: (STANDARD uses x 1; ENHANCED uses x 7.5)	x1 OR x7.5	
c Property factor (for column A, multiply line a by line b; for column B, enter amount from line a)	0	0 | . | 0 | 0 | 0 | 0 | 0 | 0
A2 Payroll Factor		
a Wages, salaries, commissions and other compensation paid to employees		
b Weight AZ payroll: (STANDARD uses x 1; ENHANCED uses x 7.5)	x1 OR x7.5	
c Payroll factor (for column A, multiply line a by line b; for column B, enter amount from line a)	0	0 | . | 0 | 0 | 0 | 0 | 0 | 0
A3 Sales Factor		
a Sales delivered or shipped to Arizona purchasers		
b Sales of services for qualifying multistate service providers only (include Schedule MSP)		
c Other gross receipts		
d Total sales and other gross receipts	0	
e Weight AZ sales: (STANDARD uses x2; ENHANCED uses x85)...	x2 OR x85.0	
f Sales factor (For column A, multiply line d by line e; for column B, enter the amount from line d)	0	0 | . | 0 | 0 | 0 | 0 | 0 | 0
A4 Total Ratio: Add A1c, A2c, and A3f, in column C		0 | . | 0 | 0 | 0 | 0 | 0 | 0
A5 Average Apportionment Ratio: Divide line A4, column C, by the denominator (STANDARD divides by four (4); ENHANCED divides by one hundred (100)). Enter the result in column C, and on page 1, line 4		0 | . | 0 | 0 | 0 | 0 | 0 | 0

Declaration	Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return, made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.		
Please Sign Here	OFFICER'S SIGNATURE _____	DATE _____	TITLE _____
Paid Preparer's Use Only	 PAID PREPARER'S SIGNATURE _____	11/9/2015 DATE _____	P00756195 PAID PREPARER'S PTIN _____ 35-0921680 FIRM'S <input checked="" type="checkbox"/> EIN OR <input type="checkbox"/> SSN _____ (317) 569-8989 FIRM'S TELEPHONE NUMBER _____ 46240-0977 ZIP CODE _____
	CROWE HORWATH LLP FIRM'S NAME (OR PAID PREPARER'S NAME, IF SELF-EMPLOYED) _____ 3815 River Crossing Parkway FIRM'S STREET ADDRESS _____ Indianapolis IN CITY STATE _____		

Mail to: Arizona Department of Revenue, PO Box 52153, Phoenix, AZ 85072-2153



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

ARIZONA FORM 99T

TAXABLE INCOME ALLOCABLE TO ARIZONA

UNRELATED BUSINESS INCOME/(LOSS) FROM 990T LINE 34	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
ARIZONA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO ARIZONA	
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO ARIZONA	24,501
AZ NET OPERATING LOSS APPLIED	<u>(296)</u>
ALLOCABLE TO ARIZONA	<u><u>24,205</u></u>

Income and deductions reported on Form 99T denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**ATTACHMENT TO FORM 99T
NET OPERATING LOSS CARRYFORWARD SCHEDULE**

<u>GENERATED</u>	<u>AMOUNT</u>	<u>USED IN</u> <u>PRIOR YEAR</u>	<u>UTILIZED</u>	<u>REMAINING</u>
12/31/2013	296	-	296	-

REMAINING NOL \$ -

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form 109
California Exempt Organization Business Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of the page two by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before December 15, 2015 with the following:

Franchise Tax Board
PO Box 942857
Sacramento, CA 94257-0700

Payment of Tax...

No payment of tax is required.

California Exempt Organization Business Income Tax Return

2014

109

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy) and ending (mm/dd/yyyy)

Corporation/Organization name LUMINA FOUNDATION FOR EDUCATION, INC. California corporation number

Additional information. See instructions. FEIN 3 5 1 8 1 3 2 2 8

Street address (suite/room no.) 30 S MERIDIAN ST, SUITE 700 PMB no.

City (If the corporation has a foreign address, see instructions.) INDIANAPOLIS State IN ZIP code 46204

Foreign country name Foreign province/state/county Foreign postal code

- A First Return Filed? B Is this an education IRA within the meaning of R&TC Section 23712? C Is the organization under audit by the IRS or has the IRS audited in a prior year? D Final Return? E Amended Return F Accounting Method Used: (1) Cash (2) Accrual (3) Other G Nature of trade or business Passive Investments H Is the organization a non-exempt charitable trust as described in IRC Section 4947(a)(1)? I Is this organization claiming any former; Enterprise Zone (EZ), Los Angeles Revitalization Zone (LARZ), Local Agency Military Base Recovery Area (LAMBRA), Targeted Tax Area (TTA), or Manufacturing Enhancement Area (MEA) tax benefits? J Is this organization a qualified pension, profit-sharing, or stock bonus plan as described in IRC Section 401(a)? K Unrelated Business Activity (UBA) Code L Is this a Hospital? If "Yes," attach IRS Schedule H (Form 990)

Table with 4 columns: Description, Line Number, Amount, and Balance. Rows include Unrelated business taxable income, Taxable Corporation, Taxable Trust, Tax Computation, Total Tax, Payments, Refund (Direct Deposit of Refund) or Amount Due, and Total amount due.

Unrelated Business Taxable Income

Part I Unrelated Trade or Business Income

1	a	Gross receipts or gross sales	0	b	Less returns and allowances	0	c	Balance	●	1c	0	00
2		Cost of goods sold and/or operations (Schedule A, line 7)							●	2	0	00
3		Gross profit. Subtract line 2 from line 1c							●	3	0	00
4	a	Capital gain net income. See Specific Line Instructions – Trusts attach Schedule D (541)							●	4a	1,162,084	00
	b	Net gain (loss) from Part II, Schedule D-1							●	4b	1,004,959	00
	c	Capital loss deduction for trusts							●	4c	0	00
5		Income (or loss) from partnerships, limited liability companies, or S corporations. See specific line instructions. Attach Schedule K-1 (565, 568, or 100S) or similar schedule						STMT 3	●	5	1,225,901	00
6		Rental income (Schedule C)							●	6	0	00
7		Unrelated debt-financed income (Schedule D)							●	7	0	00
8		Investment income of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)							●	8	0	00
9		Interest, Annuities, Royalties and Rents from controlled organizations (Schedule F)							●	9	0	00
10		Exploited exempt activity income (Schedule G)							●	10	0	00
11		Advertising income (Schedule H, Part III, Column A)							●	11	0	00
12		Other income. Attach schedule							●	12	0	00
13		Total unrelated trade or business income. Add line 3 through line 12							●	13	3,392,944	00

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

14		Compensation of officers, directors, and trustees from Schedule I							●	14	29,556	00
15		Salaries and wages							●	15	49,075	00
16		Repairs							●	16	0	00
17		Bad debts							●	17	0	00
18		Interest. Attach schedule							●	18	0	00
19		Taxes. Attach schedule						STMT 4	●	19	33,458	00
20		Contributions. See instructions and attach schedule							●	20	446	00
21	a	Depreciation (Corporations and Associations – Schedule J) (Trusts – form FTB 3885F)	●	21a	2,419	00						
	b	Less: depreciation claimed on Schedule A. See instructions		21b	0	00				21	2,419	00
22		Depletion. Attach schedule							●	22	0	00
23	a	Contributions to deferred compensation plans								23a	0	00
	b	Employee benefit programs. See instructions								23b	2,941	00
24		Other deductions. Attach schedule						STMT 5	●	24	2,494,691	00
25		Total deductions. Add line 14 through line 24							●	25	2,612,586	00
26		Unrelated business taxable income before allowable excess advertising costs. Subtract line 25 from line 13							●	26	780,358	00
27		Excess advertising costs (Schedule H, Part III, Column B)							●	27	0	00
28		Unrelated business taxable income before specific deduction. Subtract line 27 from line 26							●	28	780,358	00
29		Specific deduction. See instructions							●	29	1,000	00
30		Unrelated business taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28							●	30	779,358	00

Sign Here 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.

Signature of officer	Title	Date	● Telephone (317) 951-5300
Preparer's signature	Date	Check if self-employed	● PTIN P 0 0 7 5 6 1 9 5
Firm's name (or yours, if self-employed) and address			● FEIN 3 5 0 9 2 1 6 8 0
			● Telephone (317) 569-8989

May the FTB discuss this return with the preparer shown above? See instructions ● Yes No



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Schedule A Cost of Goods Sold and/or Operations.

Method of inventory valuation (specify) _____

1	Inventory at beginning of year	1	0	00
2	Purchases	2	0	00
3	Cost of labor	3	0	00
4 a	Additional IRC Section 263A costs. Attach schedule	4a	0	00
b	Other costs. Attach schedule	4b	0	00
5	Total. Add line 1 through line 4b.	5	0	00
6	Inventory at end of year	6	0	00
7	Cost of goods sold and/or operations. Subtract line 6 from line 5. Enter here and on Side 2, Part I, line 2	7	0	00

Do the rules of IRC Section 263A (with respect to property produced or acquired for resale) apply to this organization? Yes No

Schedule B Tax Credits. Do not claim the New Employment Credit on Schedule B.

1	Enter credit name _____ code ●	1	00	
2	Enter credit name _____ code ●	2	00	
3	Enter credit name _____ code ●	3	00	
4	Total. Add line 1 through line 3. If claiming more than 3 credits, enter the total of all claimed credits, except New Employment Credit, on line 4. Enter here and on Side 1, line 11c	4	0	00

Schedule K Add-On Taxes or Recapture of Tax. See instructions.

1	Interest computation under the look-back method for completed long-term contracts. Attach form FTB 3834	1	00	
2	Interest on tax attributable to installment: a Sales of certain timeshares or residential lots	2a	00	
	b Method for non-dealer installment obligations	2b	00	
3	IRC Section 197(f)(9)(B)(ii) election to recognize gain on the disposition of intangibles	3	00	
4	Credit recapture. Credit name _____	4	00	
5	Total. Combine the amounts on line 1 through line 4. See instructions	5	0	00

Schedule R Apportionment Formula Worksheet. Use only for unrelated trade or business amounts.

Part A. Standard Method – Single-Sales Factor Formula. Complete this part only if the corporation uses the single-sales factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Total Sales	●	●	
2 Apportionment percentage. Divide total sales column (b) by total sales column (a) and multiply the result by 100. Enter the result here and on Form 109, Side 1, line 2.			●

Part B. Three Factor Formula. Complete this part only if the corporation uses the three-factor formula.

	(a) Total within and outside California	(b) Total within California	(c) Percent within California [(b) ÷ (a)] x 100
1 Property factor: See instructions	●	●	● 0
2 Payroll factor: Wages and other compensation of employees	●	●	● 0
3 Sales factor: Gross sales and/or receipts less returns and allowances	●	●	● 0
4 Total percentage: Add the percentages in column (c)			0
5 Average apportionment percentage: Divide the factor on line 4 by 3 and enter the result here and on Form 109, Side 1, line 2. See instructions for exceptions			0.000000

Schedule C Rental Income from Real Property and Personal Property Leased with Real Property

For rental income from debt-financed property, use Schedule D, R&TC Section 23701g, Section 23701i, and Section 23701n organizations. See instructions for exceptions.

1 Description of property	2 Rent received or accrued	3 Percentage of rent attributable to personal property
		%
		%
		%
4 Complete if any item in column 3 is more than 50%, or for any item if the rent is determined on the basis of profit or income	5 Complete if any item in column 3 is more than 10%, but not more than 50%	
(a) Deductions directly connected (attach schedule)	(b) Income includible, column 2 less column 4(a)	(a) Gross income reportable, column 2 x column 3
		(b) Deductions directly connected with personal property (attach schedule)
		(c) Net income includible, column 5(a) less column 5(b)

Add columns 4(b) and column 5(c). Enter here and on Side 2, Part I, line 6 0

Schedule D Unrelated Debt-Financed Income

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		
			(a) Straight-line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Debt basis percentage, column 4 ÷ column 5	7 Gross income reportable, column 2 x column 6	8 Allocable deductions, total of columns 3(a) and 3(b) x column 6	9 Net income (or loss) includible, column 7 less column 8
		%			
		%			
		%			
Total. Enter here and on Side 2, Part I, line 7					0

Schedule E Investment Income of an R&TC Section 23701g, Section 23701i, or Section 23701n Organization

1 Description	2 Amount	3 Deductions directly connected (attach schedule)	4 Net investment income, column 2 less column 3	5 Set-asides (attach schedule)	6 Balance of investment income, column 4 less column 5
Total. Enter here and on Side 2, Part I, line 8					0
Enter gross income from members (dues, fees, charges, or similar amounts)					

Schedule F Interest, Annuities, Royalties and Rents from Controlled Organizations

1 Name of controlled organizations		2 Employer Identification Number	Exempt Controlled Organizations			
			3 Net unrelated income (loss)	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						
Nonexempt Controlled Organizations						
7 Taxable Income			8 Net unrelated income (loss)	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 Add columns 5 and 10					0	
5 Add columns 6 and 11						0
6 Subtract line 5 from line 4. Enter here and on Side 2, Part 1, line 9						0

Schedule G Exploited Exempt Activity Income, other than Advertising Income

1 Description of exploited activity (attach schedule if more than one unrelated activity is exploiting the same exempt activity)	2 Gross unrelated business income from trade or business	3 Expenses directly connected with production of unrelated business income	4 Net income from unrelated trade or business, column 2 less column 3	5 Gross income from activity that is not unrelated business income	6 Expenses attributable to column 5	7 Excess exempt expense, column 6 less column 5 but not more than column 4	8 Net income includible, column 4 less column 7 but not less than zero
Total. Enter here and on Side 2, Part I, line 10							0

Schedule H Advertising Income and Excess Advertising Costs

Part I Income from Periodicals Reported on a Consolidated Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.
Totals	0	0	0	0	0	

Part II Income from Periodicals Reported on a Separate Basis

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising income or excess advertising costs	5 Circulation income	6 Readership costs	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(b). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0-.

Part III Column A – Net Advertising Income

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4 or 7, and amounts listed in Part II, cols. 4 and 7
	0

Enter total here and on Side 2, Part I, line 11

Part III Column B – Excess Advertising Costs

(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	(b) Enter total amount from Part I, column 4, and amounts listed in Part II, column 4
	0

Enter total here and on Side 2, Part II, line 27

Schedule I Compensation of Officers, Directors, and Trustees

1 Name of Officer	2 SSN or ITIN	3 Title	4 Percent of time devoted to business	5 Compensation attributable to unrelated business	6 Expense account allowances
Officers			100 %	29,556	
			%		
			%		
			%		
			%		
			%		
Total. Enter here and on Side 2, Part II, line 14				29,556	0

Schedule J Depreciation (Corporations and Associations only. Trusts use form FTB 3885F.)

1 Group and guideline class or description of property	2 Date acquired (dd/mm/yyyy)	3 Cost or other basis	4 Depreciation allowed or allowable in prior years	5 Method of computing depreciation	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation (do not include in items below)						
2 Other depreciation:						
Buildings						
Furniture and fixtures						
Transportation equipment						
Machinery and other equipment. . .						
Other (specify) _____						
3 Other depreciation						
4 Total		0	0		0	0
5 Amount of depreciation claimed elsewhere on return						
6 Balance. Subtract line 5 from line 4. Enter here and on Side 2, Part II, line 21a.						0

CALIFORNIA FORM 109

TAXABLE INCOME ALLOCABLE TO CALIFORNIA

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
CALIFORNIA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO CALIFORNIA	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO CALIFORNIA	<u>87,537</u>
CA NET OPERATING LOSS APPLIED	<u>(87,537)</u>
INCOME APPORTIONED TO CALIFORNIA	<u><u>-</u></u>

Income and deductions reported on Form 109 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

TAXABLE YEAR

CALIFORNIA FORM

2014 Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

3805Q

Attach to Form 100, Form 100W, Form 100S, or Form 109.

Corporation name <u>LUMINA FOUNDATION FOR EDUCATION</u>	California corporation number
--	-------------------------------

During the taxable year the corporation incurred the NOL, the corporation was a(n): <input checked="" type="radio"/> S corporation <input checked="" type="radio"/> Exempt organization <input type="radio"/> Limited Liability Company (electing to be taxed as a corporation)	FEIN <u>35-1813228</u>
---	---------------------------

If the corporation previously filed California tax returns under another corporate name, enter the corporation name and California corporation number:

If the corporation is included in a combined report of a unitary group, see instructions, General Information C, Combined Reporting.

Part I Current year NOL. If the corporation does not have a current year NOL, go to Part II.

1 Net loss from Form 100, line 18; Form 100W, line 18; Form 100S, line 15; or Form 109, line 2. Enter as a positive number	1		00
2 2014 disaster loss included in line 1. Enter as a positive number	2		00
3 Subtract line 2 from line 1. If zero or less, enter -0- and see instructions	3		00
4 a Enter the amount of the loss incurred by a new business included in line 3	4a		00
b Enter the amount of the loss incurred by an eligible small business included in line 3	4b		00
c Add line 4a and line 4b	4c		00
5 General NOL. Subtract line 4c from line 3	5		00
6 Current year NOL. Add line 2, line 4c, and line 5. See instructions.	6		00

If the corporation is using the current year NOL to carryback to offset net income for taxable years 2012 and/or 2013, complete Part III, NOL carryback, on Side 2 **before** completing Part I, lines 7 - 9 below.

7 2014 NOL carryback used to offset 2012 net income. Enter the amount from Part III, line 3, column (f)	7		00
8 2014 NOL carryback used to offset 2013 net income. Enter the amount from Part III, line 3, column (h)	8		00
9 2014 NOL carryover to 2015. Add line 7 and line 8, then subtract the result from line 6. See instructions.	9		00

Election to waive carryback

Check the box if the corporation elects to relinquish the entire carryback period with respect to 2014 NOL under IRC Section 172(b)(3). By making the election, the corporation is electing to carry an NOL forward instead of carrying back in the previous two years. Once the election is made, it's **irrevocable**. See instructions.

Continue with Part II, NOL carryover and disaster loss carryover limitations. **Do not** complete Part III, NOL carryback.

Part II NOL carryover and disaster loss carryover limitations. See Instructions.

1 Net income (loss) - Enter the amount from Form 100, line 18; Form 100W, line 18; Form 100S, line 15 less line 16 (but not less than -0-); or Form 109, line 2.	(g)	
	Available balance	
1		

Prior Year NOLs

(a) Year of loss	(b) Code - See instructions	(c) Type of NOL - See below*	(d) Initial loss	(e) Carryover from 2013	(f) Amount used in 2014		(h) Carryover to 2015 col. (e) - col. (f)
2 <input checked="" type="radio"/> 2011	GEN		1,344,820.	<input checked="" type="radio"/> 1,301,131.	87,537.		<input checked="" type="radio"/> 1,213,594.
<input checked="" type="radio"/> 2013	GEN		85,260.	<input type="radio"/>			<input type="radio"/> 85,260.
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>
<input type="radio"/>				<input type="radio"/>			<input type="radio"/>

Current Year NOLs

3	Year	Code	Type of NOL	Initial loss	Amount used in 2014		col. (d) - col. (f) See instructions.
3	2014		DIS				
4	2014						
	2014						
	2014						
	2014						

*Type of NOL: General (GEN), New Business (NB), Eligible Small Business (ESB), or Disaster (DIS).

Name of Partnership	EIN	Amount
AIM Activity		
(1) Abrams Capital Partners II, LP	04-3455023	-123,853
(2) BAUPOST VALUE PARTNERS, L.P.-IV	26-2208448	80,714
(3) BLACKSTONE CAPITAL PARTNERS (CAYMAN) V-NQ L.P.	98-0627222	-585
(4) Blackstone GS Capital Partners V L. P.	27-4468041	129,477
(5) BLACKSTONE RGIS CAPITAL PARTNERS V L.P.	20-8866363	8,267
(6) Carmel Partners Investment Fund IV, LP	90-0781000	-6,731
(7) CHARLESBANK EQUITY FUND VII, LP	32-0280123	-44,790
(8) Energy Capital Partners Mezzanine Opportunities Fund A, LP	90-0811770	599,137
(9) GREAT HILL EQUITY PARTNERS IV, LP	26-2787568	-2,197
(10) H.I.G. BAYSIDE DEBT & LBO FUND II, LP	26-2239180	111,715
(11) H.I.G. CAPITAL PARTNERS IV, L.P.	20-5466741	91
(12) H.I.G. EUROPE CAPITAL PARTNERS, L.P.	98-0533386	22,364
(13) HOMESTEAD CAPITAL USA FARMLAND FUND I, LP	90-1022354	9,748
(14) Iron Point Real Estate Partners II	45-2465294	-137,824
(15) Lime Rock Partners VI, L. P.	98-1027307	285,620
(16) MERCED PARTNERS IV, L.P.	36-4756959	-5,823
(17) NATURAL GAS PARTNERS IX, LP	26-0632609	325,993
(18) OCM REAL ESTATE OPPORTUNITIES FUND III, LP	01-0709496	7,346
(19) Stonelake Opportunity Partners III, LP	80-0878134	-72,997
(20) VENTURE INVESTMENT ASSOCIATES VI, LP	20-5196244	16,100
(21) WALTON STREET REAL ESTATE FUND V, LP	20-3719884	24,129
Total for Part I, Line 5		1,225,901

Description	Amount
Investment Expense	
(1) AL State Income Tax	2
(2) AZ State Income Tax	1,573
(3) CT State Income Tax	1,203
(4) DC State Income Tax	2,157
(5) FL State Income Tax	13,078
(6) GA State Income Tax	1,622
(7) IL State Income Tax	381
(8) MO State Income Tax	102
(9) NM State Income Tax	50
(10) NY State Income Tax	5,556
(11) NC State Income Tax	7,634
(12) TN State Income Tax	100
Total	33,458
Total for Part I, Line 19	33,458

Description	Amount
Investment Expense	
(1) Occupancy	6,206
(2) Printing	296
(3) Tax Preparation Fees	16,250
(4) Legal Fees	34,233
(5) Travel	2,272
(6) Other Expenses	884,459
Total	943,716
AIM Activity	
(7) BAUPOST VALUE PARTNERS, L.P.-IV 262208448	24,127
(8) BLACKSTONE CAPITAL PARTNERS (CAYMAN) V-NQ L.P. 980627222	1,301
(9) Blackstone GS Capital Partners V L. P. 274468041	11,647
(10) BLACKSTONE RGIS CAPITAL PARTNERS V L.P. 208866363	2,693
(11) CHARLESBANK EQUITY FUND VII, LP 320280123	29,500
(12) H.I.G. BAYSIDE DEBT & LBO FUND II, LP 262239180	39,996
(13) H.I.G. CAPITAL PARTNERS IV, L.P. 205466741	999
(14) H.I.G. EUROPE CAPITAL PARTNERS, L.P. 980533386	2,555
(15) Iron Point Real Estate Partners II 452465294	11,034
(16) Lime Rock Partners VI, L. P. 981027307	1,020,492
(17) NATURAL GAS PARTNERS IX, LP 260632609	305,175
(18) VENTURE INVESTMENT ASSOCIATES VI, LP 205196244	22,599
	1,472,118
Net Operation Loss	78,857

Total Deductions:

2,494,691

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**



Crowe Horwath LLP
Independent Member Crowe Horwath International

Instructions for filing
Lumina Foundation for Education
CA Form 199
California Form 199 - Exempt Organization
for the period ended December 31, 2014

Signature...

The original 8453-EO should be signed and dated by an authorized officer of the corporation.

Filing...

Return your signed 8453-EO authorization to:

Crowe Horwath LLP
3815 RIVER CROSSING PARKWAY
INDIANAPOLIS, IN 46240

Or fax your signed 8453-EO authorization to:

Crowe Horwath LLP
E-Filing Administrator
630-574-1608

Payment of tax...

A check payable to the Franchise Tax Board Treasurer in the amount of \$10. should be attached to the return. Be sure to include the federal EIN and "2014 CA Form 199" on the check.

A filing fee of \$10. must be submitted with the report payable to the Franchise Tax Board.

DO NOT separately file your tax return with the state. Doing so will delay the process of your return.

California Exempt Organization Annual Information Return

2014

199

Calendar Year 2014 or fiscal year beginning (mm/dd/yyyy), and ending (mm/dd/yyyy)

Corporation/Organization name California corporation number

LUMINA FOUNDATION FOR EDUCATION

Additional information. See instructions.

FEIN

35-1813228

Street address (suite or room) PMB no.

30 S MERIDIAN STREET #700

City

State

Zip code

INDIANAPOLIS

IN

46204

Foreign country name

Foreign province/state/county

Foreign postal code

- A First Return... B Amended Return... C IRC Section 4947(a)(1) trust... D Final Information Return... E Check accounting method... F Federal return filed... G Is this a group filing?... H Is this organization in a group exemption?... I Did the organization have any changes to its guidelines...

- J If exempt under R&TC Section 23701d, has the organization engaged in political activities?... K Is the organization exempt under R&TC Section 23701g?... L If organization is exempt under R&TC Section 23701d and meets the filing fee exception, check box... M Is the organization a Limited Liability Company?... N Did the organization file Form 100 or Form 109 to report taxable income?... O Is the organization under audit by the IRS or has the IRS audited in a prior year?... P Is an IRS Form 1023/1024 pending?

Part I Complete Part I unless not required to file this form. See General Instructions B and C.

Table with 3 columns: Description, Line Number, Amount. Rows include Receipts and Revenues (1-8), Expenses (9-10), and Filing Fee (11-15).

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.

Signature of officer, Title, Date, Telephone

Preparer's signature, Date, Check if self-employed, PTIN

Firm's name (or yours, if self-employed) and address, FEIN, Telephone

May the FTB discuss this return with the preparer shown above? See instructions. [X] Yes [] No

**A COMPLETE COPY OF THE
FORM 990-PF,
EXCLUDING SCHEDULE B,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form 112
Colorado Corporation Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page 3 by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Colorado Department of Revenue
Denver, CO 80261-0006

Payment of Tax...

No payment of tax is required.

(0023) Colorado C Corporation
Income Tax Form 112
 Do not submit federal return, forms or
 -Or- schedules when filing this return.

2014



Fiscal Year Beginning (MM/DD)	2014	Year Ending (MM/DD/YYYY)
-------------------------------	------	--------------------------

Name of Corporation Lumina Foundation for Education, Inc.	Colorado Account Number ●
Address 30 S MERIDIAN ST, SUITE 700	FEIN ● 35-1813228
City INDIANAPOLIS	State IN Zip 46204

Final Return If you are submitting a statement disclosing a listed or reported transaction, mark this box

● **A. Apportionment of Income.** This return is being filed for:

<input type="checkbox"/> (42) A corporation not apportioning income;	<input type="checkbox"/> (45) A corporation electing to pay a tax on its gross Colorado sales;
<input checked="" type="checkbox"/> (43) A corporation engaged in interstate business apportioning income using single-factor apportionment (Schedule SF required);	<input type="checkbox"/> (46) A corporation claiming an exemption under P.L. 86-272;
<input type="checkbox"/> (44) A corporation engaged in interstate business apportioning income using special regulation (Schedule SF required);	<input type="checkbox"/> (47) Other appointment method, must be pre-approved by the department (fill in below)

● **B. Separate/Consolidate/Combined Filing.** This return is being filed for:

<input checked="" type="checkbox"/> A single corporation filing a separate return;	<input type="checkbox"/> An affiliated group of corporations required to file a combined return (Schedule C required.);
<input type="checkbox"/> An affiliated group of corporations electing to file a consolidated return. Warning: such election is binding for four years. If your election was made in a prior year, enter the year of election in line below. (Schedule C required);	<input type="checkbox"/> An affiliated group of corporations required to file a combined return that includes another affiliated, consolidated group (Schedule C required.)

Enter the year of election (YYYY)

Federal Taxable Income		Round to nearest dollar	
1. Federal taxable income from Federal form 1120 or 990-T	● 1	779,358	00
2. Federal taxable income of companies not included in this return	● 2	0	00
3. Net federal taxable income, line 1 minus line 2	3	779,358	00
Additions			
4. Federal net operating loss deduction	● 4	78,857	00
5. Colorado income tax deduction	● 5	0	00
6. Other additions, include explanation	● 6	0	00
7. Total of lines 3 through 6	7	858,215	00

**Subtractions**

8. Exempt federal interest	• 8	0	00
9. Excludable foreign source income	• 9		00
10. Colorado source capital gain (assets acquired on or after 5/9/94, held five years)	• 10	0	00
11. Colorado Marijuana Business Deduction	• 11		00
12. Other subtractions, include explanation	• 12	0	00
13. Total of lines 8 through 12	13	0	00

Taxable Income

14. Modified federal taxable income, line 7 minus line 13	14	858,215	00
15. Colorado taxable income before net operating loss deduction	STMT 1 • 15	13,061	00
16. Colorado net operating loss deduction (May not exceed \$250,000)	STMT 2 • 16	13,061	00
17. Colorado taxable income, line 15 minus line 16	17	0	00
18. Tax, 4.63% of the amount on line 17	• 18	0	00

Credits

19. Total nonrefundable credits from line 25, Form 112CR (may not exceed tax on line 18)	• 19		00
20. Total Enterprise Zone credits used – as calculated, or from DR 1366 line 77	• 20		00
21. Net tax, line 18 minus lines 19 and 20	21	0	00
22. Recapture of prior year credits	• 22		00
23. Total of lines 21 and 22	23	0	00
24. Estimated tax and extension payments and credits	• 24	0	00
25. W-2G Withholding from lottery winnings	• 25	0	00
26. Innovative Motor Vehicle Credit from form DR 0617	• 26		00
27. Authorized Instream Flow Incentive Credit	• 27		00
28. Total of lines 24 through 27	28	0	00
29. Net tax due. Subtract line 28 from line 23	29	0	00
30. Penalty	• 30	0	00
31. Interest	• 31	0	00
32. Estimated tax penalty due	• 32	0	00



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

COLORADO FORM 112

TAXABLE INCOME ALLOCABLE TO COLORADO

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
COLORADO APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO COLORADO	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO COLORADO	13,061
CO NET OPERATING LOSS APPLIED	<u>(13,061)</u>
INCOME ALLOCABLE TO COLORADO	<u><u>-</u></u>

Income and deductions reported on Form 112 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**ATTACHMENT TO FORM 112
NET OPERATING LOSS CARRYFORWARD SCHEDULE**

GENERATED	AMOUNT	EXPIRES	USED IN PRIOR YEAR	UTILIZED	EXPIRED	REMAINING
12/31/2008	(51,790)	12/31/2028	27,340	13,061	-	(11,389)
12/31/2009	(41,594)	12/31/2029	-	-	-	(41,594)
12/31/2010	(43,734)	12/31/2030	-	-	-	(43,734)
12/31/2013	(12,293)	12/31/2033	-	-	-	(12,293)
REMAINING NOL						<u>\$ (109,010)</u>

* * * * *

Lumina Foundation for Education Instructions for Filing
Form CT-990T
Connecticut Form CT-990T -Unrelated Bus. Inc. Tax
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated by an authorized officer of the organization.

Filing . . .

The signed return should be filed as soon as possible with the following:

Department of Revenue Services
State of Connecticut
PO Box 5014
Hartford, CT 06102-5014

Payment of Tax...

A payment in the amount of \$1,203 should be made payable to the Commissioner of Revenue Services. Please be sure to include EIN and "2014 Form CT-990T" on check.

Form CT-990T

Connecticut Unrelated Business Income Tax Return

2014

(Rev. 12/14)

Complete this return in blue or black ink only.

Enter Income Year Beginning 01/01/2014, 2014, and Ending 12/31/2014

Taxpayer (Please type or print)	Organization name <i>(please type or print)</i> Lumina Foundation for Education, Inc.	CT Tax Registration Number
	Address Number and street PO Box 30 S Meridian St., Suite 700	DRS use only - - 20
	City or town State ZIP code Indianapolis IN 46204	Federal Employer ID Number (FEIN) 35-1813228

Check and Complete All Applicable Boxes If the organization is annualizing its income check here

Change of: Mailing address Closing month (Attach explanation.) **Return status:** Amended return Initial return Final return

If final return: Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. Number. _____

Type of organization: Corporation Domestic trust Foreign trust Other: Explain _____

1. Date unrelated trade or business began in Connecticut: 10/15/2014

2. Nature of unrelated trade or business income activity: Passive Investments

3. **Corporation only:** Enter state of incorporation: Indiana Date of organization: 08/01/2000

Date qualified in Connecticut if not incorporated in Connecticut: 12/31/2014

- Attach a Complete Copy of Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income			
1. Federal unrelated business taxable income from 2014 federal Form 990-T, Part II, Line 34	1	779,358	00
2. Federal net operating loss deduction from 2014 federal Form 990-T, Part II, Line 31	2	78,857	00
3. Federal deduction for Connecticut tax on unrelated business taxable income	3	0	00
4. Total: Add Lines 1, 2, and 3.	4	858,215	00
5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income	5		00
6. Unrelated business taxable income: Subtract Line 5 from Line 4.	6	858,215	00

Computation of Tax			
1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3.	1	858,215	00
2. Apportionment fraction from <i>Schedule A</i> , Line 5 on back page. Carry to six places.	2		
3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2. <u>STMT.1</u>	3	16,036	00
4. Operating loss carryover from <i>Schedule B</i> , Line 15 on back page	4	0	00
5. Income subject to tax: Subtract Line 4 from Line 3.	5	16,036	00
6. Tax: Multiply Line 5 by 7.5% (.075).	6	1,203	00

Computation of Amount Payable			
1. Tax: Include surtax if applicable. See instructions.	1	1,203	00
2. <i>Reserved for future use</i>	2		
3. Total Tax: Enter the amount from Line 1.	3	1,203	00
4. Tax credits from Form CT-1120K , Part III, Line 9. Do not exceed amount on Line 1.	4		00
5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0."	5	1,203	00
6a. Paid with application for extension from Form CT-990T EXT	6a	0	00
6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD	6b	0	00
6c. Overpayment from prior year	6c	0	00
6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c.	6	0	00
7. Balance of tax due (overpaid): Subtract Line 6 from Line 5.	7	1,203	00
8. Add Penalty ▶(8a) <u>0.00</u> Interest ▶(8b) <u>0.00</u> CT-1120I Interest ▶(8c) <u>.00</u>	8	0	00
9. Amount to be credited to 2015 estimated tax ▶(9a) <u>0.00</u> Refunded ▶(9b) <u>0.00</u>	9		00

For faster refund, use Direct Deposit by completing Lines 9c, 9d, and 9e. 9c. Checking Savings

9d. Routing number ▶ _____ 9e. Account number ▶ _____

9f. Will this refund go to a bank account outside the U.S.? Yes 9g. Bank name ▶ _____

10. **Balance due with this return:** Add Line 7 and Line 8. ▶ 10 0 1,203 00

Visit the DRS website at www.ct.gov/TSC to pay electronically. Mail to: Dept. of Revenue Services, State of Connecticut, PO Box 5014, Hartford CT 06102-5014 Make check payable to: Commissioner of Revenue Services

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Sign Here Keep a copy of this return for your records.	Name of officer or fiduciary <i>(print)</i>	Signature of officer or fiduciary	Date	
	Officer's email address <i>(print)</i>	May DRS contact the preparer shown below about this return? See instructions. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	Title	Telephone number (317) 951-5300	Date 11/9/2015	Preparer's SSN or PTIN P00756195
	Paid preparer's signature 	FEIN 35-0921680	Telephone number (317) 569-8989	

Firm's name and address
CROWE HORWATH LLP 3815 River Crossing Parkway

Schedule A — Unrelated Business Income Apportionment: See instructions.

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

Factor	Item	Column A Connecticut	Column B Everywhere	Column C Divide Column A by Column B. Carry to six places
Property (Average value)	1. (a) Inventories	00	00	
	(b) Tangible property	00	00	
	(c) Real property	00	00	
	(d) Capitalized rent	00	00	
	1. Total	00	00	
Receipts	2. (a) Sales of tangibles	00	00	
	(b) Services	00	00	
	(c) Rentals	00	00	
	(d) Other	00	00	
	2. Total	00	00	
Wages, salaries, and other compensation	3. Total	00	00	
4. Total: Add Lines 1, 2, and 3 in Column C.				
5. Apportionment fraction: Divide Line 4 by number of factors used. Enter here; on <i>Schedule C</i> , Line 4; and also on front page, <i>Computation of Tax</i> , Line 2.				

Schedule B — Connecticut Apportioned Operating Loss Carryover Applied to 2014

1. 2000 Connecticut net operating loss available for use in 2014	1.	00
2. 2001 Connecticut net operating loss available for use in 2014	2.	00
3. 2002 Connecticut net operating loss available for use in 2014	3.	00
4. 2003 Connecticut net operating loss available for use in 2014	4.	00
5. 2004 Connecticut net operating loss available for use in 2014	5.	00
6. 2005 Connecticut net operating loss available for use in 2014	6.	00
7. 2006 Connecticut net operating loss available for use in 2014	7.	00
8. 2007 Connecticut net operating loss available for use in 2014	8.	00
9. 2008 Connecticut net operating loss available for use in 2014	9.	00
10. 2009 Connecticut net operating loss available for use in 2014	10.	00
11. 2010 Connecticut net operating loss available for use in 2014	11.	00
12. 2011 Connecticut net operating loss available for use in 2014	12.	00
13. 2012 Connecticut net operating loss available for use in 2014	13.	00
14. 2013 Connecticut net operating loss available for use in 2014	14.	00
15. Total: Add Lines 1 through 14. Enter here and on <i>Computation of Tax</i> , Line 4.	15.	0 00

Schedule C — Computation of Net Operating Loss Carryforward

1. Enter amount from <i>Computation of Income</i> , Line 6, if less than zero.	1.	00
2. Add back specific deduction from 2014 federal Form 990-T, Part II, Line 33	2.	00
3. Subtotal: Add Line 1 and Line 2.	3.	00
4. Apportionment fraction from <i>Schedule A</i> , Line 5	4.	
5. 2014 Connecticut net operating loss available for carryforward: Line 3 or Line 3 multiplied by Line 4.	5.	00



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

CONNECTICUT UNRELATED BUSINESS INCOME TAX RETURN

TAXABLE INCOME ALLOCABLE TO CONNECTICUT

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
ALABAMA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO CONNECTICUT	
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO CONNECTICUT	<u>16,036</u>
INCOME ALLOCABLE TO CONNECTICUT	<u><u>16,036</u></u>

Income and deductions reported on Form CT990-T denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form D-20
D.C. Corporation Franchise Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of the page 2 by an authorized officer of the organization.

Filing . . .

The signed return should be filed as soon as possible with the following:

Office of Tax and Revenue
PO Box 96166
Washington, DC 20090-6166

Payment of Tax...

A payment in the amount of \$ 2,157 should be made payable to the DC Treasurer. Write your FEIN, D-20, and the tax year on payment. Staple your payment to the voucher Form D-2030P and fill in the oval for D-20 return.

Taxpayer Name: Lumina Foundation for Education, Inc.

Federal Employer I.D. Number: 35-1813228



DEDUCTIONS		ENTER DOLLAR AMOUNTS ONLY	
23	Pension, profit-sharing plans. <input type="checkbox"/> Fill in if minus:	23	\$ 00
24	Other deductions. <i>Attach statement.</i> STMT 3	24	\$ 2 4 5 2 2 3 3 00
25	Total deductions. <i>Add Lines 11-24.</i>	25	\$ 2 5 3 4 7 2 9 00
26	Net income. <i>Line 10 minus Line 25.</i> <input type="checkbox"/> Fill in if minus:	26	\$ 8 5 8 2 1 5 00
27	Net operating loss deduction. <i>(For years before 2000.)</i>	27	\$ 7 8 8 5 7 00
28	Net income after net operating loss deduction. <i>Line 26 minus Line 27.</i> <input type="checkbox"/> Fill in if minus:	28	\$ 7 7 9 3 5 8 00
29	(a) Non-business income/state adjustment. <i>Attach statement.</i> <input type="checkbox"/> Fill in if minus:	29a	\$ 00
	(b) Expense related to non-business income. <i>Attach statement.</i>	29b	\$ 00
	(c) 29(a) minus 29(b). <input type="checkbox"/> Fill in if minus:	29c	\$ 00
30	Net income subject to apportionment. <i>Line 28 minus Line 29(c).</i> <input type="checkbox"/> Fill in if minus:	30	\$ 00
31	DC apportionment factor <i>from Form D-20, Schedule F, col. 3, Line 6.</i>	31	
32	Net income from trade or business apportioned to DC. <i>Line 30 amount multiplied by Line 31 factor.</i> <input type="checkbox"/> Fill in if minus:	32	\$ 00
33	Other income/deductions attributable to DC. <i>Attach statement.</i> STMT 4 <input type="checkbox"/> Fill in if minus:	33	\$ 2 1 6 2 0 00
34	Total taxable income before apportioned NOL deduction. <i>Line 32 plus or minus Line 33.</i> <input type="checkbox"/> Fill in if minus:	34	\$ 2 1 6 2 0 00
35	Apportioned NOL deduction. <i>(Losses occurring in year 2000 and later.)</i>	35	\$ 00
36	Total DC taxable income. <i>Line 34 minus Line 35.</i> <input type="checkbox"/> Fill in if minus:	36	\$ 2 1 6 2 0 00
37	Tax 9.975% of Line 36	37	\$ 2 1 5 7 00
38	Minus nonrefundable credits from Schedule UB, Line 8	38	\$ 00
39	Total DC gross receipts <i>from Line '4' MTLGR Worksheet</i>	39	\$ 00
40	Net tax. <i>Line 37 minus Line 38. The minimum tax is \$250 if DC gross receipts are \$1M or less or \$1,000 if DC gross receipts are greater than \$1M.</i>	40	\$ 2 1 5 7 00
41	Payments and refundable credits:	41a	\$ 00
	(a) Tax paid, if any, with request for an extension of time to file or paid with original return if this is an amended return.	41b	\$ 00
	(b) 2014 estimated franchise tax payments.	41c	\$ 00
	(c) Refundable credits from Schedule UB, Line 11.	42	\$ 00
42	Add lines 41(a), 41(b) and 41(c).	42	\$ 00
43	Tax due. <i>If Line 40 amount is larger, subtract Line 42 from Line 40. Will this payment come from an account outside the U.S.? <input type="radio"/> Yes <input checked="" type="radio"/> No See instructions.</i>	43	\$ 2 1 5 7 00
44	Overpayment. <i>If Line 42 amount is larger, subtract Line 40 from Line 42.</i>	44	\$ 00
45	Amount you want to apply to your 2015 estimated franchise tax.	45	\$ 00
46	Amount to be refunded. <i>Line 44 minus Line 45. Will this refund go to an account outside of the U.S.? <input type="radio"/> Yes <input type="radio"/> No See instructions.</i>	46	\$ 00
47	Underestimated penalty <i>(Fill in oval if D-2220 attached)</i> <input type="checkbox"/> \$ 00	47	\$ 00

PLEASE SIGN HERE

Under penalties of law, I declare that I have examined this return and, to the best of my knowledge, it is correct. Declaration of paid preparer is based on the information available to the preparer.

Office's signature: [Signature] Title: _____ Date: 11/9/2015 Telephone number of person to contact: 3815 River Crossing Parkway

PAID PREPARER ONLY

Preparer's signature (if other than taxpayer): [Signature] Date: 11/9/2015 Firm name: CROWE HORWATH Firm address: 3815 River Crossing Parkway

Preparer's PTIN: P 0 0 7 5 6 1 9 5

If you want to allow the preparer to discuss this return with the Office of Tax and Revenue fill in the oval

Instructions

Use the D-2030P Payment Voucher to make any payment due on your D-20 or D-30 return.

- Do not use this voucher to make estimated tax payments.
- Enter your Taxpayer Identification Number.
- Mark an X in the ovals based on the return type you file, D-20 or D-30 and whether you have a FEIN or SSN.
- Enter your business or designated agent name and address exactly as shown on your return.
- Enter the taxable year ending for the return you are filing (month and year only)
- Enter the amount of your payment.
- Make your check or money order payable to DC Treasurer (do not send cash).
- Make sure your name and address appear on your payment (check or money order).
- Write your FEIN/SSN, tax period and either D-20 or D-30 on your payment.
- Staple your payment to the D-2030P Payment Voucher and mail with, but not attached to your tax return to the following:

Mail the D-2030P form with payment attached and your D-20 tax return to:

Office of Tax and Revenue
PO Box 96166
Washington, DC 20090-6166

or

Mail the D-2030P form with payment attached and your D-30 tax return to:

Office of Tax and Revenue
PO Box 96165
Washington, DC 20090-6165

(Do not attach this voucher to your D-20 or D-30 return)

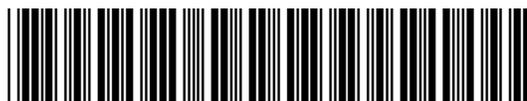
Notes:

- If you are filing a refund or no payment due return, do not use this D-2030P voucher. If your liability exceeds \$5,000 in any period, you shall pay electronically. Visit www.taxpayerservicecenter.com
- For electronic filers, in order to comply with new banking rules, you will be asked the question "Will the funds for this payment come from an account outside of the United States". If the answer is yes, you will be required to pay by money order (US dollars) or credit card. Please notify this agency if your response changes in the future. If your payment is rejected, you may be subject to the District's dishonored check fee and additional penalties and interest.

Detach at perforation before mailing

Government of the
District of Columbia

2014 D-2030P SUB Payment Voucher



Taxpayer Identification Number Mark if FEIN Mark if for a D-20 Return
351813228 Mark if SSN Mark if for a D-30 Return

Business or Designated Agent Name
LUMINA FOUNDATION FOR EDUCATION

Mailing Address Line #1
30 S. MERIDIAN ST. #700

Mailing Address Line #2

City
INDIANAPOLIS

State
IN

SOFTWARE DEVELOPER USE ONLY
VENDOR ID # 1062
Tax period ending (MMYY)
1214

Zipcode + 4
46204

Amount submitted with this form \$ 2157.00



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Round cents to the nearest dollar. If an amount is zero, make no entry.

Schedule A - Cost of Goods Sold (See specific instructions for Line 2.)		Schedule B - Dividends (See specific instructions for Line 4.)	
1. Inventory at beginning of year.....	\$ 0	NAME AND ADDRESS OF DECLARING CORPORATION	AMOUNT
2. Merchandise bought for manufacture or sale.....	0		\$
3. Salaries and wages.....	0		
4. Other costs per books (attach statement)..... (Additional federal bonus depreciation is not allowable.)	0		
5. Total	\$ 0		
6. Minus: Inventory at end of tax year.....			
7. Cost of goods sold (Enter here and on D-20 Line 2.)	\$ 0		
Method of inventory valuation:			
Total Dividends			\$ 0
Minus deduction for Subpart F Income.			
Minus deduction for dividends received from wholly-owned subsidiary			
TOTAL (Enter here and on D-20, Line 4.)			\$ 0

Schedule C - Compensation of officers (See specific instructions for Line 11.)						
Col. 1 Name and Address of Officer	Col. 2 Official Title	Col. 3 Percent of Time Devoted to Business	Percent of Corporation Stock Owned		Col. 6 Amount of Compensation	Col. 7 Expense Account Allowances
			Col. 4 Common	Col. 5 Preferred		
Officers		100 %	%	%	\$ 29,556	\$
		%	%	%		
		%	%	%		
		%	%	%		
		%	%	%		
TOTAL COMPENSATION OF OFFICERS (Enter here and on D-20, Line 11.)					\$ 29,556	

Schedule D - Taxes (See specific instructions for Line 16.)			
EXPLANATION	AMOUNT	EXPLANATION	AMOUNT
	\$		\$
		TOTAL (Enter here and on D-20, Line 16.)	\$ 0

Schedule E - Reconciliation of the net income reported on Federal and DC returns			
1. Taxable income before net operating loss deduction and special deductions (page 1 of your Federal corporate return).	\$	7. Total DC taxable income reported (from D-20, Line 36).	\$
UNALLOWABLE DEDUCTIONS AND ADDITIONAL INCOME		NON-TAXABLE INCOME AND ADDITIONAL DEDUCTIONS	
2. Income taxes (see specific instructions for line 16).		8. Net income apportioned or allocated to outside DC.	
3. DC income taxes and franchise taxes imposed by DC Revenue Act of 1947, as amended.		9. Other non-taxable income and additional deductions including NOL (itemize):	
4. Interest on obligations of states, territories of the U.S. or any Political Subdivision thereof.		(a) _____	
5. Other unallowable deductions and additional income (itemize, include additional federal bonus depreciation and additional IRC § 179 expenses).		(b) _____	
(a) _____			
(b) _____			
6. TOTAL of Lines 1-5.	\$	10. TOTAL of Lines 7, 8 and 9.	\$

Supplemental Information

1. STATE OR COUNTRY OF INCORPORATION Indiana	2.(a) DATE OF INCORPORATION 08/01/2000	2.(b) DATE BUSINESS BEGAN IN DC 10/15/2014	3. IRS SERVICE CENTER WHERE FEDERAL RETURN WAS FILED FOR PERIOD COVERED BY THIS RETURN: Ogden, UT
4. THE CORPORATION'S BOOKS ARE IN THE CARE OF – Julie Shewmaker		5. LOCATED AT – 30 S Meridian St., Suite 700	
<p>6. During 2014, has the Internal Revenue Service made or proposed any adjustments to your federal income tax return, or did you file any amended returns with the IRS? YES <input type="radio"/> NO <input checked="" type="radio"/></p> <p>If "YES", please submit separately a detailed statement, unless previously submitted, to the address shown on page 7 under Amended returns.</p> <p>If you have already provided OTR with a detailed statement, enter the date it was sent. <input type="text"/> MM/DD/YYYY</p>			
<p>7. Is this corporation unitary with a partnership or another corporation? <input type="radio"/> YES <input checked="" type="radio"/> NO If yes, explain:</p>			
<p>8. Is this return made on the accrual basis? <input checked="" type="radio"/> YES <input type="radio"/> NO If no, indicate basis used: <input type="radio"/> Cash Basis <input type="radio"/> Other (specify)</p>			
<p>9. Did you file a franchise tax return with DC for the year 2013? <input type="radio"/> YES <input checked="" type="radio"/> NO If no, state reason Initial return</p>			
<p>10. Did you withhold DC income tax from wages paid to your DC resident employees during 2014? <input type="radio"/> YES <input checked="" type="radio"/> NO If no, state reason: No employees in DC</p>			
<p>11. Did you file annual information returns, federal forms 1096 and 1099, relating to payment of dividends and interest for 2014? <input type="radio"/> YES <input checked="" type="radio"/> NO</p>			
<p>12. (a) Has the business been terminated? <input type="radio"/> YES <input checked="" type="radio"/> NO If yes, explain and give date: (b) Have you moved out of DC? <input type="radio"/> YES <input checked="" type="radio"/> NO</p>			
<p>12. Did you file an annual ballpark fee return? <input type="radio"/> YES <input checked="" type="radio"/> NO</p>			

Form D-20 Gross Income, Line 9

Income (loss) from partnerships and S corporations

Name of Partnership	EIN	Amount
AIM Activity		
(1) Abrams Capital Partners II, LP	04-3455023	-123,853
(2) BAUPOST VALUE PARTNERS, L.P.-IV	26-2208448	80,714
(3) BLACKSTONE CAPITAL PARTNERS (CAYMAN) V-NQ L.P.	98-0627222	-585
(4) Blackstone GS Capital Partners V L. P.	27-4468041	129,477
(5) BLACKSTONE RGIS CAPITAL PARTNERS V L.P.	20-8866363	8,267
(6) Carmel Partners Investment Fund IV, LP	90-0781000	-6,731
(7) CHARLESBANK EQUITY FUND VII, LP	32-0280123	-44,790
(8) Energy Capital Partners Mezzanine Opportunities Fund A, LP	90-0811770	599,137
(9) GREAT HILL EQUITY PARTNERS IV, LP	26-2787568	-2,197
(10) H.I.G. BAYSIDE DEBT & LBO FUND II, LP	26-2239180	111,715
(11) H.I.G. CAPITAL PARTNERS IV, L.P.	20-5466741	91
(12) H.I.G. EUROPE CAPITAL PARTNERS, L.P.	98-0533386	22,364
(13) HOMESTEAD CAPITAL USA FARMLAND FUND I, LP	90-1022354	9,748
(14) Iron Point Real Estate Partners II	45-2465294	-137,824
(15) Lime Rock Partners VI, L. P.	98-1027307	285,620
(16) MERCED PARTNERS IV, L.P.	36-4756959	-5,823
(17) NATURAL GAS PARTNERS IX, LP	26-0632609	325,993
(18) OCM REAL ESTATE OPPORTUNITIES FUND III, LP	01-0709496	7,346
(19) Stonelake Opportunity Partners III, LP	80-0878134	-72,997
(20) VENTURE INVESTMENT ASSOCIATES VI, LP	20-5196244	16,100
(21) WALTON STREET REAL ESTATE FUND V, LP	20-3719884	24,129
Total for Part I, Line 5		1,225,901

Year Generated	Amount Generated	Amount Used in Prior Years	Amount Used in Current Year	Amount Remaining	Charitable Contribution Expires
2014	446		446	0	
Totals	446	0	446	0	

Description	Amount
Investment Expense	
(1) Occupancy	6,206
(2) Printing	296
(3) Tax Preparation Fees	16,250
(4) Legal Fees	34,233
(5) Travel	2,272
(6) Other Expenses	884,459
Total	943,716
AIM Activity	
(7) BAUPOST VALUE PARTNERS, L.P.-IV 262208448	24,127
(8) BLACKSTONE CAPITAL PARTNERS (CAYMAN) V-NQ L.P. 980627222	1,301
(9) Blackstone GS Capital Partners V L. P. 274468041	11,647
(10) BLACKSTONE RGIS CAPITAL PARTNERS V L.P. 208866363	2,693
(11) CHARLESBANK EQUITY FUND VII, LP 320280123	29,500
(12) H.I.G. BAYSIDE DEBT & LBO FUND II, LP 262239180	39,996
(13) H.I.G. CAPITAL PARTNERS IV, L.P. 205466741	999
(14) H.I.G. EUROPE CAPITAL PARTNERS, L.P. 980533386	2,555
(15) Iron Point Real Estate Partners II 452465294	11,034
(16) Lime Rock Partners VI, L. P. 981027307	1,020,492
(17) NATURAL GAS PARTNERS IX, LP 260632609	305,175
(18) VENTURE INVESTMENT ASSOCIATES VI, LP 205196244	22,599
Total	861,768
Total for Part II, Line 28	2,415,834

D.C. UNRELATED BUSINESS INCOME TAX RETURN

TAXABLE INCOME ALLOCABLE TO D.C.

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
ALABAMA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO D.C.	
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO D.C.	<u>21,620</u>
INCOME ALLOCABLE TO D.C.	<u><u>21,620</u></u>

Income and deductions reported on Form D-20 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing with Delaware Attorney General's Office
Form 990-PF
Exempt Organization Business Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated by an authorized officer of the organization.

Filing . . .

The signed return should be filed by November 16, 2015 with the following:

Delaware Department of Justice
Office of the Attorney General
Carvel State Office Building
820 N. French Street
Wilmington, DE 19801

**A COMPLETE COPY OF THE
FORM 990-PF,
EXCLUDING SCHEDULE B,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**



Crowe Horwath LLP
Independent Member Crowe Horwath International

Instructions for filing
Lumina Foundation for Education, Inc
Form F-1120 - Florida Corporate Income/Franchise and
Emergency Excise Tax Return
for the period ended December 31, 2014

Signature...

The original return should be signed (using full name and title) and dated by an authorized officer of the organization.

Filing...

The signed return should be filed on or before November 16, 2015 with...

Florida Department of Revenue
5050 W. Tennessee Street
Tallahassee, FL 32399-0135

Overpayment of tax...

The return shows an overpayment in the amount of \$1,673 in which \$1,673 has been applied to your estimated tax, and NONE should be refunded to you.

Florida Corporate Income/Franchise Tax Return

F-1120
R. 01/15

Rule 12C-1.051
Florida Administrative Code
Effective 01/15

Name Lumina Foundation for Education, Inc.
Address 30 S Meridian St, Suite 700
City/State/ZIP Indianapolis, IN 46204



Use black ink. Example A - Handwritten Example B - Typed

0 1 2 3 4 5 6 7 8 9 0 1 2 3 4 5 6 7 8 9

3 5 1 8 1 3 2 2 8

Federal Employer Identification Number (FEIN)

For calendar year **2014** or tax year
beginning _____, **2014**
ending _____
Year end date _____

Check here if any changes have been made to name or address

DOR use only / /

Computation of Florida Net Income Tax

		US Dollars										Cents	
1.	Federal taxable income (see instructions). Attach pages 1-5 of federal return	7 7 9 3 5 8										0 0	
2.	State income taxes deducted in computing federal taxable income (attach schedule)	0										0 0	
3.	Additions to federal taxable income (from Schedule I)	0										0 0	
4.	Total of Lines 1, 2, and 3.	7 7 9 3 5 8										0 0	
5.	Subtractions from federal taxable income (from Schedule II)	0										0 0	
6.	Adjusted federal income (Line 4 minus Line 5)	7 7 9 3 5 8										0 0	
7.	Florida portion of adjusted federal income (see instructions)	0										0 0	
8.	Nonbusiness income allocated to Florida (from Schedule R)	2 3 7 7 8 0										0 0	
9.	Florida exemption	5 0 0 0 0										0 0	
10.	Florida net income (Line 7 plus Line 8 minus Line 9)	1 8 7 7 8 0										0 0	
11.	Tax due: 5.5% of Line 10 or amount from Schedule VI, whichever is greater (see instructions for Schedule VI)	1 0 3 2 7										0 0	
12.	Credits against the tax (from Schedule V)	0										0 0	
13.	Total corporate income/franchise tax due (Line 11 minus Line 12)	1 0 3 2 7										0 0	

Payment Coupon for Florida Corporate Income Tax Return

Do not detach coupon.

F-1120
R. 01/15

To ensure proper credit to your account, enclose your check with tax return when mailing.

Return is due 1st day of the 4th month after close of the taxable year.

YEAR ENDING 1 2 3 1 1 4

Check here if you transmitted funds electronically
Enter name and address, if not pre-addressed:

Name Lumina Foundation for Education, Inc.
Address 30 S Meridian St, Suite 700
City/St Indianapolis, IN 46204
ZIP

	US DOLLARS										CENTS	
Total amount due from Line 17	0										0 0	
Total credit from Line 18	1 6 7 3										0 0	
Total refund from Line 19	0										0 0	
FEIN <small>Enter FEIN if not pre-addressed</small>	3 5 1 8 1 3 2 2 8											

F-1120

**Florida Tentative Income / Franchise Tax
Return and Application for Extension of Time to File Return**

You must write within the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

 If typing, type through the boxes. (example)

0	1	2	3	4	5	6	7	8	9
---	---	---	---	---	---	---	---	---	---

Write your numbers as shown and enter one number per box.

Name
Address
City/St/ZIP

Lumina Foundation for Education, Inc.
30 S Meridian St, Suite 700
Indianapolis, IN 46204

FEIN

3	5	1	8	1	3	2	2	8
---	---	---	---	---	---	---	---	---

Taxable year end:

1	2	3	1	1	4
---	---	---	---	---	---

 FILING STATUS (Mark "X" in one box only) Corporation Partnership

Tentative tax due (See reverse side)

US DOLLARS					CENTS		
		1	2	0	0	0	0

Under penalties of perjury, I declare that I have been authorized by the above-named taxpayer to make this application, and that to the best of my knowledge and belief the statements herein are true and correct:

Sign here: _____ Date: _____

Make checks payable to and mail to: Florida Department of Revenue, 5050 W Tennessee St, Tallahassee FL 32399-0135



Check here if you transmitted funds electronically

9200 0 20139999 0002005030 9 3999999999 0000 2



NAME Lumina Foundation for Education, Inc.

FEIN 35-1813228

TAXABLE YEAR ENDING 12/31/2014

Schedule I – Additions and/or Adjustments to Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Interest excluded from federal taxable income (see instructions)		0	0
2. Undistributed net long-term capital gains (see instructions)			
3. Net operating loss deduction (attach schedule)		0	0
4. Net capital loss carryover (attach schedule)			
5. Excess charitable contribution carryover (attach schedule)			
6. Employee benefit plan contribution carryover (attach schedule)			
7. Enterprise zone jobs credit (Florida Form F-1156Z)			
8. Ad valorem taxes allowable as enterprise zone property tax credit (Florida Form F-1158Z)			
9. Guaranty association assessment(s) credit			
10. Rural and/or urban high crime area job tax credits			
11. State housing tax credit			
12. Credit for contributions to nonprofit scholarship funding organizations			
13. Renewable energy tax credits			
14. New markets tax credit			
15. Entertainment industry tax credit		0	0
16. Research and Development tax credit			
17. Energy Economic Zone tax credit			
18. Other additions (attach statement)		0	0
19. Total Lines 1 through 18 in Columns (a) and (b). Enter totals for each column on Line 19. Column (a) total is also entered on Page 1, Line 3 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 3.		0	0

Schedule II – Subtractions from Federal Taxable Income		Column (a) For page 1	Column (b) For Schedule VI, AMT
1. Gross foreign source income less attributable expenses (a) Enter s. 78, IRC income \$ _____ (b) plus s. 862, IRC dividends \$ _____ (c) less direct and indirect expenses \$ _____ Total ▶		0	0
2. Gross subpart F income less attributable expenses (a) Enter s. 951, IRC subpart F income \$ _____ (b) less direct and indirect expenses \$ _____ Total ▶		0	0
Note: Taxpayers doing business outside Florida enter zero on Lines 3 through 6, and complete Schedule IV.			
3. Florida net operating loss carryover deduction (see instructions)			
4. Florida net capital loss carryover deduction (see instructions)			
5. Florida excess charitable contribution carryover (see instructions)			
6. Florida employee benefit plan contribution carryover (see instructions)			
7. Nonbusiness income (from Schedule R, Line 3)			
8. Eligible net income of an international banking facility (see instructions)			
9. s.179, IRC expense (see instructions)		0	0
10. s. 168(k), IRC special bonus depreciation (see instructions)		0	0
11. Other subtractions (attach statement)		0	0
12. Total Lines 1 through 11 in Columns (a) and (b). Enter totals for each column on Line 12. Column (a) total is also entered on Page 1, Line 5 (of Florida Form F-1120). Column (b) total is also entered on Schedule VI, Line 5			



NAME Lumina Foundation for Education, Inc.

FEIN 35-1813228

TAXABLE YEAR ENDING 12/31/2014

Schedule III – Apportionment of Adjusted Federal Income

III-A For use by taxpayers doing business outside Florida, except those providing insurance or transportation services.

	(a) WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)	(c) Col. (a) ÷ Col. (b) Rounded to Six Decimal Places	(d) Weight If any factor in Column (b) is zero, see note on Page 9 of the instructions.	(e) Weighted Factors Rounded to Six Decimal Places
1. Property (Schedule III-B below)	0	0	0.000000	X 25% or <u>0.00</u>	0.000000
2. Payroll	0	0	0.000000	X 25% or <u>0.00</u>	0.000000
3. Sales (Schedule III-C below)	0	0	0.000000	X 50% or <u>0.00</u>	0.000000
4. Apportionment fraction (Sum of Lines 1, 2, and 3, Column [e]). Enter here and on Schedule IV, Line 2.					0.000000

III-B For use in computing average value of property (use original cost).

	WITHIN FLORIDA		TOTAL EVERYWHERE	
	a. Beginning of year	b. End of year	c. Beginning of year	d. End of year
1. Inventories of raw material, work in process, finished goods	0	0	0	0
2. Buildings and other depreciable assets	0	0	0	0
3. Land owned	0	0	0	0
4. Other tangible and intangible (financial org. only) assets (attach schedule)	0	0	0	0
5. Total (Lines 1 through 4)	0	0	0	0
6. Average value of property a. Add Line 5, Columns (a) and (b) and divide by 2 (for within Florida) 6a. _____ 0 b. Add Line 5, Columns (c) and (d) and divide by 2 (for total Everywhere)..... 6b. _____ 0				
7. Rented property (8 times net annual rent) a. Rented property in Florida..... 7a. _____ 0 b. Rented property Everywhere 7b. _____ 0				
8. Total (Lines 6 and 7). Enter on Line 1, Schedule III-A, Columns (a) and (b). a. Enter Lines 6a. plus 7a. and also enter on Schedule III-A, Line 1, Column (a) for total average property in Florida..... 8a. _____ 0 b. Enter Lines 6b. plus 7b. and also enter on Schedule III-A, Line 1, Column (b) for total average property Everywhere..... 8b. _____ 0				

III-C Sales Factor

	(a) TOTAL WITHIN FLORIDA (Numerator)	(b) TOTAL EVERYWHERE (Denominator)
1. Sales (gross receipts)	N/A	
2. Sales delivered or shipped to Florida purchasers		N/A
3. Other gross receipts (rents, royalties, interest, etc. when applicable)	0	0
4. TOTAL SALES (Enter on Schedule III-A, Line 3, Columns [a] and [b])	0	0

III-D Special Apportionment Fractions (see instructions)

	(a) WITHIN FLORIDA	(b) TOTAL EVERYWHERE	(c) FLORIDA Fraction ((a) ÷ (b)) Rounded to Six Decimal Places
1. Insurance companies (attach copy of Schedule T–Annual Report)			0
2. Transportation services			0

Schedule IV – Computation of Florida Portion of Adjusted Federal Income

	Column (a) Adjusted Federal Income	Column (b) Adjusted AMT Income
1. Apportionable adjusted federal income from Page 1, Line 6 (or Line 6, Schedule VI for AMT in Col. [b])	1. _____	1. _____ 0
2. Florida apportionment fraction (Schedule III-A, Line 4 or Schedule III-D, Column [c])	2. 0.000000	2. 0.000000
3. Tentative apportioned adjusted federal income (multiply Line 1 by Line 2)	3. 0	3. 0
4. Net operating loss carryover apportioned to Florida (attach schedule; see instructions)	4. _____	4. _____
5. Net capital loss carryover apportioned to Florida (attach schedule; see instructions)	5. _____	5. _____
6. Excess charitable contribution carryover apportioned to Florida (attach schedule; see instructions)	6. _____	6. _____
7. Employee benefit plan contribution carryover apportioned to Florida (attach schedule; see instructions)	7. _____	7. _____
8. Total carryovers apportioned to Florida (add Lines 4 through 7)	8. 0	8. 0
9. Adjusted federal income apportioned to Florida (Line 3 less Line 8; see instructions)	9. 0	9. 0



NAME Lumina Foundation for Education, Inc.

FEIN 35-1813228

TAXABLE YEAR ENDING 12/31/2014

Schedule V – Credits Against the Corporate Income/Franchise Tax

1.	Florida health maintenance organization credit (attach assessment notice)	1.	
2.	Capital investment tax credit (attach certification letter)	2.	
3.	Enterprise zone jobs credit (from Florida Form F-1156Z attached)	3.	
4.	Community contribution tax credit (attach certification letter)	4.	
5.	Enterprise zone property tax credit (from Florida Form F-1158Z attached)	5.	
6.	Rural job tax credit (attach certification letter)	6.	
7.	Urban high crime area job tax credit (attach certification letter)	7.	
8.	Emergency excise tax (EET) credit (see instructions and attach schedule)	8.	
9.	Hazardous waste facility tax credit	9.	
10.	Florida alternative minimum tax (AMT) credit	10.	
11.	Contaminated site rehabilitation tax credit (attach tax credit certificate)	11.	
12.	State housing tax credit (attach certification letter)	12.	
13.	Credit for contributions to nonprofit scholarship-funding organizations (attach certificate)	13.	
14.	Florida renewable energy technologies investment tax credit	14.	
15.	Florida renewable energy production tax credit	15.	
16.	New markets tax credit	16.	
17.	Entertainment industry tax credit	17.	
18.	Research and Development tax credit	18.	
19.	Energy Economic Zone tax credit	19.	
20.	Other credits (attach schedule)	20.	0
21.	Total credits against the tax (sum of Lines 1 through 20 not to exceed the amount on Page 1, Line 11). Enter total credits on Page 1, Line 12	21.	0

Schedule VI – Computation of Florida Alternative Minimum Tax (AMT)

1.	Federal alternative minimum taxable income after exemption (attach federal Form 4626)	1.	0
2.	State income taxes deducted in computing federal taxable income (attach schedule)	2.	0
3.	Additions to federal taxable income (from Schedule I, Column [b])	3.	0
4.	Total of Lines 1 through 3	4.	0
5.	Subtractions from federal taxable income (from Schedule II, Column [b])	5.	
6.	Adjusted federal alternative minimum taxable income (Line 4 minus Line 5)	6.	0
7.	Florida portion of adjusted federal income (see instructions)	7.	0
8.	Nonbusiness income allocated to Florida (see instructions)	8.	0
9.	Florida exemption	9.	
10.	Florida net income (Line 7 plus Line 8 minus Line 9)	10.	0
11.	Florida alternative minimum tax due (3.3% of Line 10). See instructions for Page 1, Line 11	11.	



NAME Lumina Foundation for Education, Inc.

FEIN 35-1813228

TAXABLE YEAR ENDING 12/31/2014

Schedule R — Nonbusiness Income

Line 1. Nonbusiness income (loss) allocated to Florida

	<u>Amount</u>
Total allocated to Florida	1. _____
SEE STMT 1	_____
_____	_____

(Enter here and on Page 1, Line 8 or Schedule VI, Line 8 for AMT)

Line 2. Nonbusiness income (loss) allocated elsewhere

<u>Type</u>	<u>State/country allocated to</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
Total allocated elsewhere		2. _____

Line 3. Total nonbusiness income

Grand total. Total of Lines 1 and 2 3. _____

(Enter here and on Schedule II, Line 7)

Estimated Tax Worksheet
For Taxable Years Beginning On or After January 1, 2015

1. Florida income expected in taxable year		1. \$ _____
2. Florida exemption \$50,000 (Members of a controlled group, see instructions on Page 14 of Florida Form F-1120N)		2. \$ _____
3. Estimated Florida net income (Line 1 less Line 2)		3. \$ _____
4. Total Estimated Florida tax (5.5% of Line 3)*	\$ _____	
Less: Credits against the tax	\$ _____	4. \$ _____

* Taxpayers subject to federal alternative minimum tax must compute Florida alternative minimum tax at 3.3% and enter the greater of these two computations.

5. Computation of installments:

Payment due dates and	Last day of 4 th month - Enter 0.25 of Line 4.....	5a. _____
payment amounts:	Last day of 6 th month - Enter 0.25 of Line 4	5b. _____
	Last day of 9 th month - Enter 0.25 of Line 4.....	5c. _____
	Last day of taxable year - Enter 0.25 of Line 4	5d. _____

NOTE: If your estimated tax should change during the year, you may use the amended computation below to determine the amended amounts to be entered on the declaration (Florida Form F-1120ES).

1. Amended estimated tax		1. \$ _____
2. Less:		
(a) Amount of overpayment from last year elected for credit to estimated tax and applied to date	2a. - \$ _____	
(b) Payments made on estimated tax declaration (Florida Form F-1120ES)....	2b. - \$ _____	
(c) Total of Lines 2(a) and 2(b)		2c. \$ _____
3. Unpaid balance (Line 1 less Line 2(c))		3. \$ _____
4. Amount to be paid (Line 3 divided by number of remaining installments)		4. \$ _____

FLORIDA FORM F-1120

TAXABLE INCOME ALLOCABLE TO FLORIDA

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
FLORIDA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO FLORIDA	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO FLORIDA	237,780
INCOME ALLOCABLE TO FLORIDA	<u>237,780</u>

Income and deductions reported on Form F-1120 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form 600-T
Georgia Exempt Organization Unrelated Business Income Tax
Return for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page one by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Georgia Department of Revenue
Processing Center
PO Box 740317
Atlanta, GA 30374-0317

Payment of Tax...

A payment in the amount of \$361 should be made payable to the Georgia Department of Revenue. Please be sure to include EIN and "2014 Form 600-T" on check, mail in coupon and payment only, and do not staple.

Instructions for the Payment Voucher (PV CORP)

1. Only complete this voucher if you owe taxes.
2. If you are filing a paper return mail your return, PV Corp and your payment to the address that appears on the return.
3. **Do not** mail your paper return with your voucher and payment if you are filing electronically. Mail only your voucher and payment to the address below.
4. Write your Federal Employer Identification Number on your check or money order.
5. **Do not** use staples to attach your check. Remove your check stub and keep with your records.

For faster and more accurate posting to your account, use a payment voucher with a valid scanline from Georgia Department of Revenue's website <https://dor.ga.gov> or one produced by an approved software company listed at <https://dor.ga.gov>

**PLEASE DO NOT mail this entire page. Please cut along dotted line and mail only coupon and payment.
PLEASE DO NOT STAPLE. PLEASE REMOVE ALL CHECK STUBS.**

4D1245 1.000
----- Cut along dotted line -----

PV CORP (Rev. 9/14)
Corporate Payment Voucher



1503001413

MAIL TO:
Processing Center
Georgia Department of Revenue
PO Box 740317
Atlanta, GA 30374-0317

2014

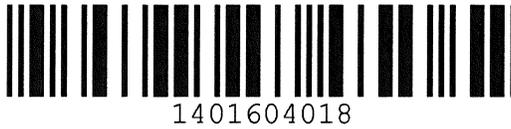
Paper Return Electronically Filed

FEI Number 35-1813228	Income Tax Year 2014	Fiscal Begin Date	Fiscal End Date	Vendor Code 014
Name (Type or print plainly the exact Corporation Name) LUMINA FOUNDATION FOR EDUCATION			E-mail Address	
Business Address 30 S. MERIDIAN ST. #700		City INDIANAPOLIS	State IN	Zip Code 46204
Title	Telephone (317) 951-5300	Signature		Date

PLEASE DO NOT STAPLE. REMOVE ALL CHECK STUBS.

Amount Paid \$ 361.00

030351813228006120000000000000001400000000000



Amended Amended due to IRS Audit Address Change UET Annualization Exception attached

Exempt Organization Unrelated Business Income Tax Return (Under Georgia Code Section 48-7-25)						20 _____		
For the taxable year beginning <u>01/01</u> , <u>20 14</u> and ending <u>12/31</u> , <u>20 14</u>								
Name of Organization			Name of Fiduciary			Federal Employer ID No. (in case of employees' trust described in section 401 (a) and exempt under section 501 (a), insert the trust's identification number.)		
Lumina Foundation for Education, Inc.								
Number and Street			Number and Street			35-1813228		
30 S Meridian St,Suite 700								
City or Town			City or Town			NAICS Code	Date of current exemption letter.	IRS code section for which you are exempt.
Indianapolis								
State		Zip Code		State		Zip Code		
IN		46204				900000		10/16/2006
								501(c)(3)
						SCHEDULE 1		
1. Unrelated business taxable income from Federal Form 990-T (attach copy)..... ▶						1.	779,358	
2. Additions						2.	0	
3. Total (add line 1 and line 2)						3.	779,358	
4. Subtractions						4.	0	
5. Georgia unrelated business taxable income (line 3 less line 4)						5.	STMT 1	27,027
COMPUTATION OF GEORGIA UNRELATED BUSINESS INCOME TAX						SCHEDULE 2		
1. Line 5, above, multiplied by 6%						1.	1,622	
2. Less: Credits and Payments 2013 Overpayment Applied						2.	1,202	
3. Withholding Credits (G2-A, G2-LP and/or G2-RP)						3.	59	
4. Balance of tax due OR overpayment						4.	361	
5. Interest due (see instructions)						5.	0	
6. Underestimated tax penalty						6.	0	
7. Other penalties due (see instructions)						7.	0	
8. Balance of tax, interest and penalties due with return						8.	361	
9. If line 4 is an overpayment, amount to be credited on 20 <u>14</u>								
Estimated Tax ▶ _____ Refunded ▶ _____							0	

A COPY OF THE FEDERAL 990 T AND SUPPORTING SCHEDULES (AND ANY EXTENSION) MUST BE ATTACHED TO THIS RETURN. DECLARATION: I/We declare, under penalty of perjury that I/we have examined this return (including accompanying schedules and statements) and to the best of my/our knowledge and belief it is true, correct and complete. If prepared by a person other than a taxpayer, his/her declaration is based on all information of which he/she has any knowledge.

 Signature of Officer

Shane Berwick 11/9/2015
 Signature of Individual or Firm Preparing Return

 Title Date

P00756195
 Employee ID or Social Security Number



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

GEORGIA FORM 600T

TAXABLE INCOME ALLOCABLE TO GEORGIA

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
GEORGIA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO GEORGIA	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO GEORGIA	<u>27,027</u>
INCOME ALLOCABLE TO GEORGIA	<u><u>27,027</u></u>

Income and deductions reported on Form 600T denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.



1410604011

**2012 and Forward Form G2-A WITHHOLDING ON NONRESIDENT MEMBERS
SHARE OF TAXABLE INCOME SOURCED TO GEORGIA**

TAX YEAR 2014	1. PAYER'S NONRESIDENT(NR) WH#	2. PAYER'S FEDERAL ID NUMBER 20-3719884
3. PAYER'S NAME AND ADDRESS Walton Street Real Estate Fund V, L.P. 900 North Michigan Avenue Suite 1900 Chicago, IL 60611		4. RECIPIENT'S FEIN/ID NUMBER 35-1813228
		5. RECIPIENT'S NAME AND ADDRESS Lumina Foundation for Education, Inc. Attn: Ms. Eileen Scott
		30 South Meridian Street, Suite 700 Indianapolis, IN 46204
6. AMOUNT OF NONRESIDENT MEMBER'S SHARE OF TAXABLE INCOME SOURCED TO GEORGIA 1,482		7. GEORGIA TAX WITHHELD 59
GEORGIA DEPARTMENT OF REVENUE PROCESSING CENTER PO BOX 105685 ATLANTA GA 30348-5685		

COPY 1- STATE COPY

INSTRUCTIONS FOR COMPLETING FORM G2-A

This form shall be used for taxable years beginning on or after January 1, 2012. Should be completed by and filed by the entity who submitted the withholding payment directly to the Department of Revenue.

Enter Tax Year of Distribution

Box 1. Enter Georgia Payer's Nonresident Withholding Number.

Box 2. Enter Federal Identification Number.

Box 3. Enter name and address of payer.

Box 4. Enter social security number if recipient is an individual or federal identification number recipient is a business.

Box 5. Enter name and address of member/shareholder.

Box 6. Enter the amount of nonresident member's share of taxable income sourced to Georgia.

Box 7. Enter amount of Georgia income tax withheld.

On or before the earlier of the date the return is filed or the due date for filing the income tax return of the flow through entity (without extension), all G2-As issued for the year should be mailed along with Form G-1003 to:

GEORGIA DEPARTMENT OF REVENUE
PROCESSING CENTER
PO BOX 105685
ATLANTA GA 30348-5685

Mail your payment with the GA-V Payment Voucher to:

**Georgia Department of Revenue
Processing Center
PO Box 740387
Atlanta, GA 30374-0387**

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form N-70NP
Hawaii Exempt Organization Business Income Tax
Return for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page one by an authorized officer of the organization.

Filing . . .

The signed return should be filed as soon as possible with the following:

Hawaii Department of Taxation
PO Box 1530
Honolulu, HI 96806-1530

Payment of Tax...

No payment of tax is due with this return.

STATE OF HAWAII—DEPARTMENT OF TAXATION
**EXEMPT ORGANIZATION BUSINESS
INCOME TAX RETURN**

THIS SPACE FOR DATE RECEIVED STAMP



For calendar year **2014**

or other taxable year beginning • _____, 2014
and ending • _____, 20____

DYF141

AMENDED Return (Attach Schedule AMD) NOL Carryback

• PRINT OR TYPE •	Name of organization Lumina Foundation for Education, Inc.	•A Federal Employer I.D. No. 35-1813228
	Dba or C/O	•B Unrelated business activity code(s) 900000
	Address (number and street) 30 S Meridian St, Suite 700	•C Hawaii Tax I.D. No.
	City or town, State and Postal/ZIP code. If this is a foreign address, see Instructions. Indianapolis, IN, 46204	D This organization is a (check one): <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Charitable Trust

Taxable Income		Tax Computation		Total Income Tax	
ENTER APPROPRIATE AMOUNTS FROM FEDERAL FORM 990-T. <i>Note: The sum of lines 1 - 5 DO NOT equal line 6.</i>					
1	Gross receipts or sales	1		0	00
2	Returns and allowances	2		0	00
3	Cost of goods sold and/or operations	3		0	00
4	Capital gain net income (see Instructions)	4		1,162,084	00
5	Other income	5		2,230,860	00
6	Total unrelated trade or business income	6			00
7	Total deductions	7		2,613,586	00
8	Unrelated business taxable income	8		(1,330)	00
9	Tax — From TAX COMPUTATION SCHEDULE on page 2, Part I, line 9	9		0	00
10	Tax — From TAX COMPUTATION SCHEDULE on page 2, Part II, line 14	10		0	00
11	Recapture of Capital Goods Excise Tax Credit from Form N-312, Part II (attach Form N-312)	11			00
12	Recapture of Low-Income Housing Tax Credit from Form N-586, Part III (attach Form N-586)	12			00
13	Recapture of High Technology Business Investment Tax Credit from Form N-318, Part III (attach Form N-318)	13			00
14	Recapture of Tax Credit for Flood Victims from Form N-338 (attach Form N-338)	14			00
15	Recapture of Important Agricultural Land Qualified Agricultural Cost Tax Credit (attach Form N-344)	15			00
16	Total tax (add lines 9 or 10 and 11, 12, 13, 14 and 15)	16		0	00
17	Total refundable tax credits from Schedule CR, line 24	17			00
18	Line 16 minus line 17. If line 18 is zero or less, see Instructions.	18		0	00
19	Total nonrefundable credits from Schedule CR, line 15	19			00
20	Line 18 minus line 19	20			00
21	Credits and payments:				
	(a) 2013 overpayment credited to 2014	21(a)		0	00
	(b) Estimated tax payments	21(b)		0	00
	(c) Tax paid with automatic extension of time to file	21(c)		0	00
	(d) Total credits and payments (add lines 21(a) through 21(c))	21(d)		0	00
22	Estimated tax penalty (see Instructions). Check if Form N-220 is attached	22		0	00
23	TAX DUE — If line 21(d) is smaller than the total of lines 20 and 22, enter amount owed (see Instructions)	23		0	00
24	OVERPAYMENT — If line 21(d) is larger than the total of lines 20 and 22, enter amount overpaid (see Instructions)	24		0	00
25	(a) Enter the amount of line 24 you want Credited to 2015 estimated tax	25(a)		0	00
	(b) Enter the amount of line 24 you want Refunded to you (line 24 minus line 25a)	25(b)		0	00
26	Amount paid (overpaid) on original return — AMENDED RETURN ONLY (see Instructions)	26			00
27	BALANCE DUE (REFUND) with amended return (see Instructions)	27			00

**ATTACH COPY OF
FEDERAL FORM
990-T**

I declare, under the penalties set forth in section 231-36, HRS, that this return (including any accompanying schedules or statements) has been examined by me and, to the best of my knowledge and belief, is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer _____ Date _____ Name and title of officer _____

★ **May the Hawaii Department of Taxation discuss this return with the preparer shown below? (See page 5 of the Instructions)** Yes No
This designation does not replace Form N-848, Power of Attorney.

Please Sign Here	Preparer's signature Print Preparer's Name	Nicole M Bencik <i>Nicole Bencik</i>	Date	11/9/2015	Check if self-employed <input type="checkbox"/>	Preparer's identification no.	P00756195
	Firm's name (or yours, if self-employed) Address and ZIP Code	CROWE HORWATH LLP 3815 River Crossing Parkway, Indianapolis, IN 46204	Federal E.I. No.	35-0921680	Phone no.	(317) 569-8989	

APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE HAWAII RETURN FOR A CORPORATION, PARTNERSHIP, TRUST, OR REMIC

(Includes Filers of Forms N-20, N-30, N-35, N-40, N-66, N-70NP and N-310)

About this Form

The Form N-301 has been redesigned for electronic scanning that permits faster processing with fewer errors. In order to avoid unnecessary delays caused by manual processing, taxpayers should follow the guidelines listed below:

1. Print amounts only on those lines that are applicable.
2. Use only a black or dark blue ink pen. Do not use red ink, pencil, or felt tip pens.
3. Because this form is read by a machine, please print your numbers inside the boxes like this:

1 2 3 4 5 6 7 8 . 9 0

4. Do NOT print outside the boxes.
5. Do NOT use dollar signs, slashes, dashes or parenthesis in the boxes.
6. Photocopying of this form could cause delays in processing your payment.

INTERNET FILING

Form N-301 can be filed electronically through the State's Internet portal. For more information, go to: tax.hawaii.gov/eservices/.

GENERAL INSTRUCTIONS

Note: The use of federal Form 7004 or other forms is not allowed as a substitute for Form N-301, Application For Automatic Extension of Time To File Hawaii Return for a Corporation, Partnership, Trust, or REMIC.

1. Purpose. — Use this form to ask for an automatic 6-month extension of time to file Form N-20, N-30, N-35, N-40, N-66, N-70NP, or N-310. File this form to request an extension even if you are not making a payment.

An extension of time to file your income tax return will not extend the time to pay your income tax. Therefore, you must pay the income tax balance due (i.e., total income tax liability reduced by payments and credits) in full with this form.

Do not request an automatic extension if you are under a court order to file your return by the regular due date.

The extension will be granted if you complete this form properly, file it on time, pay with it the amount of tax shown on line 5 of the Income Tax Balance Due Worksheet and meet the conditions indicated on page 2.

INCOME TAX BALANCE DUE WORKSHEET	
1 Total properly estimated income tax liability for the taxable year. ....1	0
Note: You <i>must</i> enter an amount on line 1. If you do not expect to owe tax, enter zero (0).	
2 Current year's estimated tax payments (include prior year's overpayment allowed as credit).....2	0
3 Other payments and credits .....3	0
4 Total (add lines 2 and 3) .....4	0
5 Income tax balance due (line 1 minus line 4). Pay in full with this form.....5	0
<p>Pay amount on line 5 in full. Detach the voucher from this form. Attach check or money order to the voucher for full amount payable to "Hawaii State Tax Collector." Write your Federal Employer Identification Number and "2014 Form N-301" on the check or money order. Pay in U.S. dollars drawn on U.S. bank. Do not send cash. File with the Hawaii Department of Taxation, P.O. Box 1530, Honolulu, HI 96806-1530, or file electronically through: tax.hawaii.gov/eservices/.</p>	

✂ — — — — — DETACH HERE — — — — — ✂

Form (Rev. 2014) **N-301** Tax Year **2014** STATE OF HAWAII — DEPARTMENT OF TAXATION APPLICATION FOR AUTOMATIC EXTENSION OF TIME TO FILE HAWAII RETURN FOR A CORPORATION, PARTNERSHIP, TRUST, OR REMIC DO NOT WRITE OR STAPLE IN THIS SPACE



DO NOT SUBMIT A PHOTOCOPY OF THIS FORM

- CORPORATION PARTNERSHIP FIDUCIARY REMIC

First time filer

Name Lumina Foundation for Education, Inc.				
Dba or C/O				
Address 30 S Meridian St				Suite Number Suite 700
City, town, or post office Indianapolis	State IN	Postal/ZIP Code 46204	Country	For office use only

Federal Employer Identification Number (FEIN)	35-1813228
Calendar or Fiscal Year Ending (MM DD YY)	12/31/2014
Amount of Payment	0

MAIL THIS VOUCHER WITH CHECK OR MONEY ORDER PAYABLE TO "HAWAII STATE TAX COLLECTOR." Write your Federal Employer I.D. Number and "2014 Form N-301" on your check or money order.



DYF142

Name as shown on return
Lumina Foundation for Education, Inc.

Federal Employer Identification Number
35-1813228

TAX COMPUTATION SCHEDULE

PART I — Organizations Taxable as CORPORATIONS (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	(1,330)
2	Enter the total of other deductions (see Instructions, attach schedule).	2	0
3	Difference — line 1 minus line 2	3	(1,330)
4	Hawaii additions to income (see Instructions, attach schedule)	4	0
5	Sum of lines 3 and 4	5	(1,330)
6	Enter the amount of taxable net capital gain from line 18, Schedule D (Form N-30/N-70NP)	6	
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	0
8	(a) Tax on net capital gain — 4% of the amount on line 6	8(a)	0
	(b) Tax on all other taxable income — If the amount on line 7 is:		
	(i) Not over \$25,000 — Enter 4.4% of line 7	8(b)(i)	0
	(ii) Over \$25,000 but not over \$100,000 — Enter 5.4% of line 7 \$ 0 Subtract \$250 and enter the difference	8(b)(ii)	0
	(iii) Over \$100,000 — Enter 6.4% of line 7 \$ 0 Subtract \$1,250 and enter the difference	8(b)(iii)	0
	(c) Total of lines 8(a) and 8(b).	8(c)	0
	(d) Using the rates listed on line 8(b), compute the tax on the amount on line 5 above	8(d)	0
9	Total tax (enter the smaller of line 8(c) or line 8(d)). Also, enter this amount on page 1, line 9.	9	0

PART II — TRUSTS Taxable at Trust Rates (See Instructions for Tax Computation)

1	Enter the amount of unrelated business taxable income as shown on page 1, line 8	1	0
2	Enter the total of other deductions (see Instructions, attach schedule).	2	0
3	Difference — line 1 minus line 2	3	0
4	Hawaii additions to income (see Instructions, attach schedule)	4	0
5	Sum of lines 3 and 4	5	0
6	Net capital gain taxable to the trust. Enter the smaller of line 18 or 19, col. (b), Schedule D (Form N-40)	6	0
7	Difference — line 5 minus line 6 (if zero or less, enter zero)	7	0
8	Enter the greater of line 7 or \$20,000.	8	0
9	Using the Trust Tax Rates below, compute the tax on the amount on line 8. If line 8 is \$20,000, enter \$1,128	9	0
10	Difference — line 5 minus line 8 (if zero or less, enter zero)	10	0
11	Multiply the amount on line 10 by 7.25%	11	0
12	Total of lines 9 and 11	12	0
13	Using the Trust Tax Rates below, compute the tax on the amount on line 5 above.	13	0
14	Total tax (enter the smaller of line 12 or line 13). Also, enter this amount on page 1, line 10.	14	0

TRUST TAX RATES FOR PERIODS AFTER 12/31/01

If the taxable income is:	The tax shall be:
Not over \$2,000	1.4% of taxable income
Over \$2,000 but not over \$4,000.	\$28.00 plus 3.20% of excess over \$2,000
Over \$4,000 but not over \$8,000.	\$92.00 plus 5.50% of excess over \$4,000
Over \$8,000 but not over \$12,000	\$312.00 plus 6.40% of excess over \$8,000
Over \$12,000 but not over \$16,000	\$568.00 plus 6.80% of excess over \$12,000
Over \$16,000 but not over \$20,000	\$840.00 plus 7.20% of excess over \$16,000
Over \$20,000 but not over \$30,000	\$1,128.00 plus 7.60% of excess over \$20,000
Over \$30,000 but not over \$40,000	\$1,888.00 plus 7.90% of excess over \$30,000
Over \$40,000.	\$2,678.00 plus 8.25% of excess over \$40,000

HAWAII FORM N-70NP

TAXABLE INCOME ALLOCABLE TO HAWAII

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
HAWAII APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO HAWAII	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO HAWAII	(1,330)
INCOME ALLOCABLE TO HAWAII	<u><u>(1,330)</u></u>

Income and deductions reported on Form N-70NP denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

NET OPERATING LOSS CARRYFORWARD SCHEDULE

<u>GENERATED</u>	<u>AMOUNT</u>	<u>EXPIRES</u>	<u>UTILIZED</u>	<u>EXPIRED</u>	<u>REMAINING</u>
12/31/2012	20,702	12/31/2032	-	-	20,702
12/31/2013	59,138	12/31/2033	-	-	59,138
12/31/2014	1,330	12/31/2034	-	-	1,330
				REMAINING NOL	<u>\$ 81,170</u>

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form IL-990-T
Illinois Exempt Organization Income and Replacement Tax
Return for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page 2 by an authorized officer of the organization.

Filing . . .

The signed return should be filed as soon as possible with the following:

Illinois Department of Revenue
PO Box 19053
Springfield, IL 62794-9053

Payment of Tax...

A payment in the amount of \$309 should be made payable to the Illinois Department of Revenue. Please be sure to include EIN and "2014 Form IL-990T" and attach to voucher form on check.



2014 Form IL-990-T

Exempt Organization Income and Replacement Tax Return

Due on or before the 15th day of the 5th month (4th month for employee trusts) following the close of the tax year.

If this return is not for calendar year 2014, enter your fiscal tax year here. Tax year beginning _____ 20____, ending _____ 20____ <small>month day year month day year</small> For tax years ending on or after December 31, 2014. For prior years, use the form for that year.	Enter the amount you are paying. \$ _____ 309
--	--

Step 1: Identify your exempt organization

A Enter your complete legal business name.
 If you have a name change, check this box.
 Name: LUMINA FOUNDATION FOR EDUCATION, INC.

B Enter your mailing address.
 If you have an address change or this is a first return, check this box.
 C/O: _____
 Mailing address: 30 S MERIDIAN ST, SUITE 700
 City: INDIANAPOLIS State: IN ZIP: 46204

C Check the applicable box if one of the following applies.
 First return Final return (If final, enter the date. _____)
mm dd yyyy

D Enter your federal employer identification no. (FEIN).
3 5 - 1 8 1 3 2 2 8

E Check if you are taxed as a corporation.

F Check if you are taxed as a trust.

G Provide the nature of your unrelated trade or business. Passive Investments

H Check this box if you attached Illinois Schedule 1299-D, Income Tax Credits.

I Enter your North American Industry Classification System (NAICS) Code, if applicable. See instructions.
900000

Step 2: Figure your base income or loss

1 Unrelated business taxable income or loss from U.S. Form 990-T, Line 34. Attach a copy of Page 1 of your U.S. Form 990-T.	1 <u>779,358.00</u>
2 Illinois income and replacement tax and surcharge deducted in arriving at Line 1.	2 <u>0.00</u>
3 Base income or loss. Add Lines 1 and 2.	3 <u>779,358.00</u>

	A If the amount on Line 3 is derived inside Illinois only or if you are an Illinois resident trust, check this box and enter the amount from Step 2, Line 3 on Step 4, Line 12. You may not complete Step 3. (You must leave Step 3, Lines 4 through 11 blank.) <input type="checkbox"/>
	B If any portion of the amount on Line 3 is derived outside Illinois, check this box and complete <u>all</u> lines of Step 3. See instructions. <input checked="" type="checkbox"/>

Step 3: Figure your income allocable to Illinois (Complete only if you checked the box on Line B, above.)

4 Trust, estate, or non-unitary partnership business income or loss included in Line 3.	4 <u>779,358.00</u>
5 Business income or loss. Subtract Line 4 from Line 3.	5 <u>.00</u>
6 Total sales everywhere. This amount cannot be negative.	6 <u>0</u>
7 Total sales inside Illinois. This amount cannot be negative.	7 <u>0</u>
8 Apportionment factor. Divide Line 7 by Line 6 (carry to six decimal places).	8 <u>0.000000</u>
9 Business income or loss apportionable to Illinois. Multiply Line 5 by Line 8.	9 <u>0.00</u>
10 Trust, estate, or non-unitary partnership business income or loss apportionable to Illinois. STMT 1	10 <u>4,011.00</u>
11 Base income or loss allocable to Illinois. Add Lines 9 and 10.	11 <u>4,011.00</u>

Step 4: Figure your net replacement tax

12 Net income or loss from Line 3 or Line 11.	12 <u>4,011.00</u>
13 Replacement tax. Corporations multiply Line 12 by 2.5% (.025); Trusts multiply by 1.5% (.015).	13 <u>100.00</u>
14 Recapture of investment credits. Attach Schedule 4255.	14 <u>.00</u>
15 Replacement tax before investment credits. Add Lines 13 and 14.	15 <u>100.00</u>
16 Investment credits. Attach Form IL-477.	16 <u>.00</u>
17 Net replacement tax. Subtract Line 16 from Line 15. If the amount is negative, enter "0."	17 <u>100.00</u>

Attach your payment and Form IL-990-TV here.

Illinois Department of Revenue

2014 IL-990-T-V

IL-990-T-V (R-12/14)

ID: 0YY

**Payment Voucher for Exempt Organization
Income and Replacement Tax**

Official use only

Mail to: Illinois Department of Revenue, P.O. Box 19053, Springfield, IL 62794-9053

STOP If no payment is due or you make your payment electronically, do not file this form.

FEIN 35-1813228 000 1

LUMINA FOUNDATION FOR EDUCATION

30 S. MERIDIAN ST. #700
INDIANAPOLIS, IN 46204

Preparer's phone number (574) 232-3992

Tax year ending

Month Year

\$ 309.00

**Amount of payment (Whole dollars only)
WRITE YOUR FEIN ON YOUR CHECK**

Return this voucher with check or money
order payable to "Illinois Department of
Revenue."

99020 2 351813228 000 1 0000030900



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

ILLINOIS FORM 990-T

TAXABLE INCOME ALLOCABLE TO ILLINOIS

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
ILLINOIS APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO ILLINOIS	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO ILLINOIS	4,011
INCOME ALLOCABLE TO ILLINOIS	<u><u>4,011</u></u>

Income and deductions reported on Form IL 990-T denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax
year beginning _____, 2014
ending _____, 20_____

2014

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
20-8866363

B Partnership's name, address, city, state, and ZIP code
BLACKSTONE RGIS CAPITAL PARTNERS V L.P.
345 PARK AVENUE
NEW YORK, NY 10154

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
35-1813228

F Partner's name, address, city, state, and ZIP code
LUMINA FOUNDATION FOR EDUCATION, INC.
30 SOUTH MERIDIAN ST SUITE 700
INDIANAPOLIS, IN 46204-3503

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? EXEMPT ORGANIZATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	0.008762 %	0.008315 %
Loss	0.004286 %	0.010392 %
Capital	0.014536 %	0.015183 %

K Partner's share of liabilities at year end:

Nonrecourse	\$	193,570
Qualified nonrecourse financing	\$	
Recourse	\$	

L Partner's capital account analysis:

Beginning capital account	\$	114,553
Capital contributed during the year	\$	NONE
Current year increase (decrease)	\$	78,084
Withdrawals & distributions	\$ (	41,157)
Ending capital account	\$	151,480

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No
 If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	8,267	J	1,390
2	Net rental real estate income (loss)	L	51
3	Other net rental income (loss)	16	Foreign transactions
		B	53,900
4	Guaranteed payments	C	132
5	Interest income	D	
6a	Ordinary dividends	E	
	15		
6b	Qualified dividends	G	10,496
7	Royalties	J	
8	Net short-term capital gain (loss)	M	
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
	132	A	12
9b	Collectibles (28%) gain (loss)	B*	(1)
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
	(3)	C	1,857
11	Other income (loss)	F*	NONE
12	Section 179 deduction	19	Distributions
		A	41,157
13	Other deductions	20	Other information
A	39	H	15
H	1	*	SEE STMT
14	Self-employment earnings (loss)	N*	10,496
		P	SEE STMT

*See attached statement for additional information.

For IRS Use Only

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form IT-20NP
Indiana Nonprofit Organization
Unrelated Business Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated by an officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Indiana Department of Revenue
PO Box 7228
Indianapolis, IN 46207-7228

Overpayment of Tax . . .

The return shows an overpayment of \$12 of which \$12 has been applied to your estimated tax and NONE should be refunded to you.

Fiscal Year Beginning **2014** and Ending

Check box if amended.

Check box if name changed.

Name of Organization Lumina Foundation for Education, Inc.		Federal Identification Number (F D) 35-1813228	
Number and Street 30 S Meridian St, Suite 700		Indiana County or O.O.S. Marion	Principal Business Activity Code 9 0 0 0 0 0
City Indianapolis	State IN	ZIP Code 46204	Telephone Number (317) 951-5300

K Check all boxes that apply: Initial Return Final Return In Bankruptcy Schedule M

L Do you have on file a valid extension of time to file your return (federal Form 7004 or an electronic extension of time)? Yes No
Due Date: 15th day of the fifth month following close of the tax year.

Adjusted Gross Income Tax Calculation on Unrelated Business Income

Round all entries

1. Unrelated business taxable income (before NOL deduction and specific deduction) from federal return Form 990T (enclose Form 990T); use minus sign for negative amounts	1	859,215	00			
2. Specific deduction (generally \$1,000; see instructions)	2	1,000	00			
3. Interest on U.S. government obligations on the federal return less related expenses	3		00			
4. Deduction for qualified patents income	4		00			
5. Enter total from lines 2 through 4	5	1,000	00			
6. Subtotal for unrelated business income (subtract line 5 from line 1)	6	858,215	00			
7. Indiana modifications. See instructions. (Use a minus sign to denote negative amounts.)	7	33,458	00			
8. Unrelated business income, as adjusted (add lines 6 and 7). (If not apportioning, enter same amount on line 10.)	8	891,673	00			
9. Enter Indiana apportionment percentage, if applicable, from line 9 of IT-20 Schedule E apportionment (enclose schedule)	9	0 %	00			
10. Unrelated business apportioned to Indiana (multiply line 8 by line 9; otherwise, enter line 8 amount)	10	STMT 1 32,285	00			
11. Enter Indiana NOL deduction without specific deduction (enclose Schedule IT-20NOL; see instructions) ..	11	32,285	00			
12. Taxable Indiana unrelated business income (subtract line 11 from line 10)	12	NONE	00			
13. Taxable income from other forms (Form 1120-POL)	13		00			
14. Subtotal (add lines 12 and 13)	14	0	00			
15. Indiana tax on unrelated business income (multiply line 14 by tax rate). See instructions for line 15..... ▶	15	0	00			
16. Sales/use tax on purchases subject to use tax from Sales/Use Tax Worksheet	16	0	00			
17. Total tax due (add lines 15 and 16)	17	0	00			
Credit for Estimated Tax and Other Payments						
18. Quarterly estimated tax paid: Qtr. 1 <u>0</u> Qtr. 2 <u> </u> Qtr. 3 <u> </u> Qtr. 4 <u> </u> Enter total	18	0	00			
19. Amount paid with extension	19	0	00			
20. Amount of overpayment credit (from tax year ending 12/31/2013)	20	10	00			
21. EDGE credit. Enter the total EDGE credit amount claimed (line 19 on Schedule IN-EDGE)	21		00			
22. EDGE-R credit. Enter the total EDGE-R credit amount claimed (line 19 on Schedule IN-EDGE-R)	22		00			
23. Enter the amount of other credit <u>WITHHOLDING</u> Code No. 23a <table border="1"><tr><td>8</td><td>4</td><td>1</td></tr></table>	8	4	1	23b	2	00
8	4	1				
24. Certified credits. Enter the total of certified credits claimed from Schedule IN-OCC and enclose this schedule with your return.	24		00			
25. Total credits (add lines 18-24)	25	12	00			
26. Balance of tax due (line 17 minus 25; if line 25 is greater than line 17, proceed to lines 27, 28, and 31)	26	0	00			
27. Penalty for the underpayment of income tax. Attach Schedule IT-2220	27	0	00			
<input type="checkbox"/> Check box if using annualization method						
28. Interest: If payment is made after the original due date, compute interest	28	0	00			
29. Penalty: If paid late, enter 10% of line 26; see instructions. If line 17 is zero, enter \$10 per day filed past due date	29	0	00			
30. Total payment due (add lines 26-29). (Payment must be made in U.S. funds) PAY THIS AMOUNT ▶	30	0	00			
31. Total overpayment (line 25 minus lines 17 and 27-29)	31	12	00			
32. Amount of line 31 to be refunded	32	0	00			
33. Amount of line 31 to be applied to the following year's estimated tax account	33	12	00			



Indiana Department of Revenue
Indiana Nonprofit Organization Unrelated Business Income

Additional Explanation or Adjustment

State Form 49189
 (R11 / 8-12)

Line (a)	Explanation (b)	Amount (c)
7	State taxes deducted on Federal return	33,458

Certification of Signatures and Authorization Section

Under penalties of perjury, I declare I have examined this return, including all accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.

I authorize the Department to discuss my return with my personal representative (see instructions) Yes No

Paid Preparer's Email Address EE

Personal Representative's Name (Print or Type)

Personal Representative's Email Address

Signature of Corporate Officer Date

Print or Type Name of Corporate Officer Title

Signature of Paid Preparer Date
Nicole M Bencik 11/9/2015

Nicole M Bencik
 Print or Type Name of Paid Preparer

CROWE HORWATH LLP

Paid Preparer: Firm's Name (or yours if self-employed)

PTIN

(317) 569-8989
 Telephone Number

3815 River Crossing Parkway
 Address

Indianapolis
 City

IN 46240-0977
 State Zip Code + 4

Sales/Use Tax Worksheet

List all purchases made during 2014 from out-of-state companies.

Column A Description of personal property purchased from out-of-state retailer	Column B Date of Purchase(s)	Column C Purchase Price
Magazine subscriptions:		0
Mail order purchases:		0
Internet purchases:		0
Other purchases:		0
1. Total purchase price of property subject to the sales/use tax	1C	0
2. Sales/use tax: Multiply line 1 by .07 (7%)	2C	0
3. Sales tax previously paid on the above items (up to 7% per item)	3C	0
4. Total amount due: Subtract line 3 from line 2. Carry to Form IT-20NP, line 16. If the amount is negative, enter zero and put no entry on line 16 of the IT-20NP	4C	0

Please mail your forms to:
 Indiana Department of Revenue
 PO Box 7228
 Indianapolis, IN 46207-7228



2410000000



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Indiana Department of Revenue
Corporate Income Tax
Indiana Net Operating Loss Deduction

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization LUMINA FOUNDATION FOR EDUCATION	Federal Identification Number 351813228
--	--

PART 1 — Computation of Indiana Net Operating Loss (NOL)
Complete Schedule IT-20NOL for each loss year.

Loss Year Ending: 12 31 2011

Taxable Income or Loss

Round all entries

1. Enter federal taxable income or loss, including special deductions but excluding any federal net operating loss deduction (Form IT-20 line 3; IT-20NP line 1); use a minus sign for negative amounts.....	1	3713514	00
IRC Section 172(d) Modification for Loss Year			
2. Enter an amount, to the extent required under IRC Section 172, which reflects all other federal adjustments for an NOL pursuant to IRC Section 172(d) (See federal Form 1139; attach computation)	2		00
Adjusted Gross Income Modification for Loss Year			
3. Add back: All state income taxes based on or measured by income (includes property taxes before 1999).....	3	19919	00
4. Add back: All charitable contributions (IRC Section 170)	4		00
5. Add back: Domestic production activities deduction (IRC Section 199) and IT-20 Schedule PIC Part 3(b) amount	5		00
6. Add back: Deduction for dividends paid to shareholders of a captive real estate investment trust.....	6		00
7. Add or subtract: Net bonus depreciation allowance plus excess IRC Section 179 deduction	7		00
8. Deduct: Interest on U.S. government obligations, less related expenses	8		00
9. Deduct: Foreign gross up (IRC Section 78) as determined on federal Form 1118.....	9		00
10. Deduct: All source nonbusiness income or loss and nonunitary partnership distributions (from IT-20 Schedule F, line 10C).....	10		00
11. Deduct: Qualified patents income	11		00
12. Add or subtract: Income from the deferral of business indebtedness discharge and reacquisition	12		00
13. Add or subtract: Income attributed to bonus depreciation for qualified restaurant property	13		00
14. Add or subtract: Income attributed to bonus depreciation for qualified retail improvement property	14		00
15. Add or subtract: Income excluded for qualified disaster assistance property	15		00
16. Add or subtract: Income attributable to expense costs for qualified refinery property.....	16		00
17. Add or subtract: Income attributable to expensing qualified film or television production	17		00
18. Add or subtract: Subtotal of all other addbacks. See instructions	18		00
19. Total modified income (add/subtract lines 1 through 18).....	19	3733433	00
Indiana Business Income or Loss			
20. Enter Indiana apportionment percentage of loss year (Form IT-20 line 16d; IT-20NP line 9)..... (if apportionment of income is not applicable, enter the total amount from line 19 on line 21)	20	0	%
21. Indiana apportioned business income or loss (multiply line 19 by percent on line 20).....	21	0	00
Previously Allocated and Apportioned Income or Loss Attributed to Indiana			
22. Add Indiana nonbusiness income or loss and Indiana nonunitary partnership income or loss (from IT-20 Schedule F line 11D).....	22	-1738	00
23. Indiana modified adjusted gross income or net operating loss (add lines 21 and 22)	23	-1738	00

If line 23 is a negative figure, this is the NOL available to carry forward against modified Indiana adjusted gross income. To claim this deduction, you must apply the same carryover treatment as used for federal income tax purposes. Continue by entering line 23 loss figure in Part 2, column (4) for the taxable period to which the NOL deduction is initially applied.

Continued on next page ►



PART 2 — Computation of Indiana Net Operating Loss Deduction and Carryover

Make required entries, as specified to compute the amount of Indiana modified adjusted gross income used. **Add all entries across columns 2, 3, & 4 for each tax year; enter result in column 5.** If result is a loss, also enter loss in column 4 for the next carryover year.

Carryover: Update this schedule for each tax year. Claim the remaining NOL from column 4 as a positive deduction on your return.

Note: Effective Jan. 1, 2012, a taxpayer is not entitled to carry back any net operating losses after Dec. 31, 2011. (IC 6-3-2-2.6)

(1) List Tax Period Ending	(2) Taxable Income as Last Determined (if zero or less, enter -0-)	(3) Add Back other Deductions from Indiana Adjusted Gross Income in the Taxable Year	(4) Indiana Net Operating Loss Deduction for the Taxable Year	(5) Indiana Adjusted Gross Income or Remaining Unused Net Operating Loss
Carried to the following:				
1st year <u>2012</u>			- 1738.00	-1738.00
2nd year _____			- 1738.00	-1738.00
3rd year _____			- 1738.00	-1738.00
4th year _____			- 1738.00	-1738.00
5th year _____			- 1738.00	-1738.00
6th year _____			- 1738.00	-1738.00
7th year _____			- 1738.00	-1738.00
8th year _____			- 1738.00	-1738.00
9th year _____			- 1738.00	-1738.00
10th year _____			- 1738.00	-1738.00
11th year _____			- 1738.00	-1738.00
12th year _____			- 1738.00	-1738.00
13th year _____			- 1738.00	-1738.00
14th year _____			- 1738.00	-1738.00
15th year _____			- 1738.00	-1738.00
16th year _____			- 1738.00	-1738.00
17th year _____			- 1738.00	-1738.00
18th year _____			- 1738.00	-1738.00
19th year _____			- 1738.00	-1738.00
20th year _____			- 1738.00	-1738.00



Indiana Department of Revenue
Corporate Income Tax
Indiana Net Operating Loss Deduction

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization LUMINA FOUNDATION FOR EDUCATION	Federal Identification Number 351813228
--	--

PART 1 — Computation of Indiana Net Operating Loss (NOL)
 Complete Schedule IT-20NOL for each loss year.

Loss Year Ending:

Taxable Income or Loss

Round all entries

1. Enter federal taxable income or loss, including special deductions but excluding any federal net operating loss deduction (Form IT-20 line 3; IT-20NP line 1); use a minus sign for negative amounts.....	1	- 747655	00
IRC Section 172(d) Modification for Loss Year			
2. Enter an amount, to the extent required under IRC Section 172, which reflects all other federal adjustments for an NOL pursuant to IRC Section 172(d) (See federal Form 1139; attach computation)	2		00
Adjusted Gross Income Modification for Loss Year			
3. Add back: All state income taxes based on or measured by income (includes property taxes before 1999).....	3	6449	00
4. Add back: All charitable contributions (IRC Section 170)	4		00
5. Add back: Domestic production activities deduction (IRC Section 199) and IT-20 Schedule PIC Part 3(b) amount	5		00
6. Add back: Deduction for dividends paid to shareholders of a captive real estate investment trust.....	6		00
7. Add or subtract: Net bonus depreciation allowance plus excess IRC Section 179 deduction	7		00
8. Deduct: Interest on U.S. government obligations, less related expenses	8		00
9. Deduct: Foreign gross up (IRC Section 78) as determined on federal Form 1118.....	9		00
10. Deduct: All source nonbusiness income or loss and nonunitary partnership distributions (from IT-20 Schedule F, line 10C).....	10		00
11. Deduct: Qualified patents income	11		00
12. Add or subtract: Income from the deferral of business indebtedness discharge and reacquisition	12		00
13. Add or subtract: Income attributed to bonus depreciation for qualified restaurant property.....	13		00
14. Add or subtract: Income attributed to bonus depreciation for qualified retail improvement property	14		00
15. Add or subtract: Income excluded for qualified disaster assistance property	15		00
16. Add or subtract: Income attributable to expense costs for qualified refinery property.....	16		00
17. Add or subtract: Income attributable to expensing qualified film or television production.....	17		00
18. Add or subtract: Income treated as a loss due to the sale or exchange of qualified preferred stock.....	18		00
19. Total modified income (add/subtract lines 1 through 18).....	19	- 741206	00
Indiana Business Income or Loss			
20. Enter Indiana apportionment percentage of loss year (Form IT-20 line 16d; IT-20NP line 9)..... (if apportionment of income is not applicable, enter the total amount from line 19 on line 21)	20	0	%
21. Indiana apportioned business income or loss (multiply line 19 by percent on line 20).....	21		00
Previously Allocated and Apportioned Income or Loss Attributed to Indiana			
22. Add Indiana nonbusiness income or loss and Indiana nonunitary partnership income or loss (from IT-20 Schedule F line 11D).....	22	- 802	00
23. Indiana modified adjusted gross income or net operating loss (add lines 21 and 22)	23	- 802	00

If line 23 is a negative figure, this is the NOL available to carry back or carry forward against modified Indiana adjusted gross income. To claim this deduction, you must apply the same carryback/carryover treatment as used for federal income tax purposes. Continue by entering line 23 loss figure in Part 2, column (4) for the taxable period to which the NOL deduction is initially applied.

Continued on next page ►



If an Indiana net operating loss is computed and there is no attending federal NOL, check this box to relinquish the two-, three-, or five-year NOL carryback provision for Indiana income tax purposes:

Election to Waive Carryback of the Indiana Net Operating Loss Deduction

PART 2 — Computation of Indiana Net Operating Loss Deduction and Carryover

Make required entries, as specified to compute the amount of Indiana modified adjusted gross income used. **Add all entries across columns 2, 3, & 4 for each tax year; enter result in column 5.** If result is a loss, also enter loss in column 4 for the next carryover year.

Carryover: Update this schedule for each tax year. Claim the remaining NOL from column 4 as a positive deduction on your return.

Note: Generally, the carryback period of Indiana net operating losses is the same time as the carryback of those net operating losses for federal tax purposes. However, Indiana limits the carryback period for a net operating loss under Section 172(b)(1)(H) of the IRC to two years (instead of the carryback period of three, four, or five years as allowed under the Worker, Homeownership and Business Assistance Act of 2009).

(1) List Tax Period Ending	(2) Taxable Income as Last Determined (if zero or less, enter -0-)	(3) Add Back other Deductions from Indiana Adjusted Gross Income in the Taxable Year	(4) Indiana Net Operating Loss Deduction for the Taxable Year	(5) Indiana Adjusted Gross Income or Remaining Unused Net Operating Loss
Carried to the preceding:				
5th year _____			-	
4th year _____			-	
3rd year _____			-	
2nd year _____			-	
1st year _____			-	
Carried to the following:				
1st year _____			-	
2nd year _____			-	
3rd year _____			-	
4th year _____			-	
5th year _____			-	
6th year _____			-	
7th year _____			-	
8th year _____			-	
9th year _____			-	
10th year _____			-	
11th year _____			-	
12th year _____			-	
13th year _____			-	
14th year _____			-	
15th year _____			-	

Attach additional sheets to show carryforward application up to the 20th following tax year.



Indiana Department of Revenue
Corporate Income Tax
Indiana Net Operating Loss Deduction

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization LUMINA FOUNDATION FOR EDUCATION	Federal Identification Number 351813228
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PART 1 — Computation of Indiana Net Operating Loss (NOL)
Complete Schedule IT-20NOL for each loss year.

Loss Year Ending: 12 31 2009

Taxable Income or Loss

Round all entries

1. Enter federal taxable income or loss, including special deductions but excluding any federal net operating loss deduction (Form IT-20 line 3; IT-20NP line 1); use a minus sign for negative amounts.....	1	-658840	00
IRC Section 172(d) Modification for Loss Year			
2. Enter an amount, to the extent required under IRC Section 172, which reflects all other federal adjustments for an NOL pursuant to IRC Section 172(d) (See federal Form 1139; attach computation)	2		00
Adjusted Gross Income Modification for Loss Year			
3. Add back: All state income taxes based on or measured by income (includes property taxes before 1999).....	3	447	00
4. Add back: All charitable contributions (IRC Section 170).....	4		00
5. Add back: Domestic production activities deduction (IRC Section 199) and IT-20 Schedule PIC Part 3(b) amount	5		00
6. Add back: Deduction for dividends paid to shareholders of a captive real estate investment trust.....	6		00
7. Add or subtract: Net bonus depreciation allowance plus excess IRC Section 179 deduction	7		00
8. Deduct: Interest on U.S. government obligations, less related expenses	8		00
9. Deduct: Foreign gross up (IRC Section 78) as determined on federal Form 1118.....	9		00
10. Deduct: All source nonbusiness income or loss and nonunitary partnership distributions (from IT-20 Schedule F, line 10C).....	10		00
11. Deduct: Qualified patents income	11		00
12. Add or subtract: Income from the deferral of business indebtedness discharge and reacquisition	12		00
13. Add or subtract: Income attributed to bonus depreciation for qualified restaurant property.....	13		00
14. Add or subtract: Income attributed to bonus depreciation for qualified retail improvement property	14		00
15. Add or subtract: Income excluded for qualified disaster assistance property	15		00
16. Add or subtract: Income attributable to expense costs for qualified refinery property.....	16		00
17. Add or subtract: Income attributable to expensing qualified film or television production	17		00
18. Add or subtract: Income treated as a loss due to the sale or exchange of qualified preferred stock.....	18		00
19. Total modified income (add/subtract lines 1 through 18).....	19	-658393	00
Indiana Business Income or Loss			
20. Enter Indiana apportionment percentage of loss year (Form IT-20 line 16d; IT-20NP line 9)..... (if apportionment of income is not applicable, enter the total amount from line 19 on line 21)	20	0	%
21. Indiana apportioned business income or loss (multiply line 19 by percent on line 20).....	21		00
Previously Allocated and Apportioned Income or Loss Attributed to Indiana			
22. Add Indiana nonbusiness income or loss and Indiana nonunitary partnership income or loss (from IT-20 Schedule F line 11D).....	22	-154	00
23. Indiana modified adjusted gross income or net operating loss (add lines 21 and 22)	23	-154	00

If line 23 is a negative figure, this is the NOL available to carry back or carry forward against modified Indiana adjusted gross income. To claim this deduction, you must apply the same carryback/carryover treatment as used for federal income tax purposes. Continue by entering line 23 loss figure in Part 2, column (4) for the taxable period to which the NOL deduction is initially applied.

Continued on next page ►



If an Indiana net operating loss is computed and there is no attending federal NOL, check this box to relinquish the two-, three-, or five-year NOL carryback provision for Indiana income tax purposes:

Election to Waive Carryback of the Indiana Net Operating Loss Deduction

PART 2 — Computation of Indiana Net Operating Loss Deduction and Carryover

Make required entries, as specified to compute the amount of Indiana modified adjusted gross income used. **Add all entries across columns 2, 3, & 4 for each tax year; enter result in column 5.** If result is a loss, also enter loss in column 4 for the next carryover year.

Carryover: Update this schedule for each tax year. Claim the remaining NOL from column 4 as a positive deduction on your return.

Note: Generally, the carryback period of Indiana net operating losses is the same time as the carryback of those net operating losses for federal tax purposes. However, Indiana limits the carryback period for a net operating loss under Section 172(b)(1)(H) of the IRC to two years (instead of the carryback period of three, four, or five years as allowed under the Worker, Homeownership and Business Assistance Act of 2009).

(1) List Tax Period Ending	(2) Taxable Income as Last Determined (if zero or less, enter -0-)	(3) Add Back other Deductions from Indiana Adjusted Gross Income in the Taxable Year	(4) Indiana Net Operating Loss Deduction for the Taxable Year	(5) Indiana Adjusted Gross Income or Remaining Unused Net Operating Loss
Carried to the preceding:				
5th year _____			-	
4th year _____			-	
3rd year _____			-	
2nd year _____			-	
1st year _____			-	
Carried to the following:				
1st year <u>2010</u>			- 154.00	-154.00
2nd year _____			- 154.00	-154.00
3rd year _____			- 154.00	-154.00
4th year _____			- 154.00	-154.00
5th year _____			- 154.00	-154.00
6th year _____			- 154.00	-154.00
7th year _____			- 154.00	-154.00
8th year _____			- 154.00	-154.00
9th year _____			- 154.00	-154.00
10th year _____			- 154.00	-154.00
11th year _____			- 154.00	-154.00
12th year _____			- 154.00	-154.00
13th year _____			- 154.00	-154.00
14th year _____			- 154.00	-154.00
15th year _____			- 154.00	-154.00

Attach additional sheets to show carryforward application up to the 20th following tax year.



Indiana Department of Revenue
Corporate Income Tax
Indiana Net Operating Loss Deduction

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization LUMINA FOUNDATION FOR EDUCATION	Federal Identification Number 351813228
--	--

PART 1 — Computation of Indiana Net Operating Loss (NOL)
Complete Schedule IT-20NOL for each loss year.

Loss Year Ending:

Taxable Income or Loss

Round all entries

1. Enter federal taxable income or loss, including special deductions but excluding any federal net operating loss deduction (Form IT-20 line 3; IT-20NP line 1); use a minus sign for negative amounts.....

1	-981049	00
---	---------	----

IRC Section 172(d) Modification for Loss Year

2. Enter an amount, to the extent required under IRC Section 172, which reflects all other federal adjustments for an NOL pursuant to IRC Section 172(d) (See federal Form 1139; attach computation)

2		00
---	--	----

Adjusted Gross Income Modification for Loss Year

3. Add back: All state income taxes based on or measured by income (includes property taxes before 1999).....

3		00
---	--	----

4. Add back: All charitable contributions (IRC Section 170).....

4		00
---	--	----

5. Add back: Domestic production activities deduction (IRC Section 199) and IT-20 Schedule PIC Part 3(b) amount

5		00
---	--	----

6. Add back: Deduction for dividends paid to shareholders of a captive real estate investment trust.....

6		00
---	--	----

7. Add or subtract: Net bonus depreciation allowance plus excess IRC Section 179 deduction

7		00
---	--	----

8. Deduct: Interest on U.S. government obligations, less related expenses

8		00
---	--	----

9. Deduct: Foreign gross up (IRC Section 78) as determined on federal Form 1118.....

9		00
---	--	----

10. Deduct: All source nonbusiness income or loss and nonunitary partnership distributions (from IT-20 Schedule F, line 10C).....

10		00
----	--	----

11. Deduct: Qualified patents income

11		00
----	--	----

12. Add or subtract: Income from the deferral of business indebtedness discharge and reacquisition

12		00
----	--	----

13. Add or subtract: Income attributed to bonus depreciation for qualified restaurant property.....

13		00
----	--	----

14. Add or subtract: Income attributed to bonus depreciation for qualified retail improvement property

14		00
----	--	----

15. Add or subtract: Income excluded for qualified disaster assistance property

15		00
----	--	----

16. Add or subtract: Income attributable to expense costs for qualified refinery property.....

16		00
----	--	----

17. Add or subtract: Income attributable to expensing qualified film or television production

17		00
----	--	----

18. Add or subtract: Income treated as a loss due to the sale or exchange of qualified preferred stock.....

18		00
----	--	----

19. Total modified income (add/subtract lines 1 through 18).....

19	-981049	00
----	---------	----

Indiana Business Income or Loss

20. Enter Indiana apportionment percentage of loss year (Form IT-20 line 16d; IT-20NP line 9).....
(if apportionment of income is not applicable, enter the total amount from line 19 on line 21)

20	0	%
----	---	---

21. Indiana apportioned business income or loss (multiply line 19 by percent on line 20).....

21		00
----	--	----

Previously Allocated and Apportioned Income or Loss Attributed to Indiana

22. Add Indiana nonbusiness income or loss and Indiana nonunitary partnership income or loss (from IT-20 Schedule F line 11D).....

22	-14333	00
----	--------	----

23. **Indiana modified adjusted gross income or net operating loss** (add lines 21 and 22)

23	-14333	00
----	--------	----

If line 23 is a negative figure, this is the NOL available to carry back or carry forward against modified Indiana adjusted gross income. To claim this deduction, you must apply the same carryback/carryover treatment as used for federal income tax purposes. Continue by entering line 23 loss figure in Part 2, column (4) for the taxable period to which the NOL deduction is initially applied.

Continued on next page ►



If an Indiana net operating loss is computed and there is no attending federal NOL, check this box to relinquish the two-, three-, or five-year NOL carryback provision for Indiana income tax purposes:

Election to Waive Carryback of the Indiana Net Operating Loss Deduction

PART 2 — Computation of Indiana Net Operating Loss Deduction and Carryover

Make required entries, as specified to compute the amount of Indiana modified adjusted gross income used. **Add all entries across columns 2, 3, & 4 for each tax year; enter result in column 5.** If result is a loss, also enter loss in column 4 for the next carryover year.

Carryover: Update this schedule for each tax year. Claim the remaining NOL from column 4 as a positive deduction on your return.

Note: Generally, the carryback period of Indiana net operating losses is the same time as the carryback of those net operating losses for federal tax purposes. However, Indiana limits the carryback period for a net operating loss under Section 172(b)(1)(H) of the IRC to two years (instead of the carryback period of three, four, or five years as allowed under the Worker, Homeownership and Business Assistance Act of 2009).

(1) List Tax Period Ending	(2) Taxable Income as Last Determined (if zero or less, enter -0-)	(3) Add Back other Deductions from Indiana Adjusted Gross Income in the Taxable Year	(4) Indiana Net Operating Loss Deduction for the Taxable Year	(5) Indiana Adjusted Gross Income or Remaining Unused Net Operating Loss
Carried to the preceding:				
5th year _____			-	
4th year _____			-	
3rd year _____			-	
2nd year _____			-	
1st year _____			-	
Carried to the following:				
1st year <u>2009</u>			- 14333.00	-14333.00
2nd year _____			- 14333.00	-14333.00
3rd year _____			- 14333.00	-14333.00
4th year _____			- 14333.00	-14333.00
5th year _____			- 14333.00	-14333.00
6th year _____			- 14333.00	-14333.00
7th year _____			- 14333.00	-14333.00
8th year _____			- 14333.00	-14333.00
9th year _____			- 14333.00	-14333.00
10th year _____			- 14333.00	-14333.00
11th year _____			- 14333.00	-14333.00
12th year _____			- 14333.00	-14333.00
13th year _____			- 14333.00	-14333.00
14th year _____			- 14333.00	-14333.00
15th year _____			- 14333.00	-14333.00

Attach additional sheets to show carryforward application up to the 20th following tax year.



Indiana Department of Revenue
Corporate Income Tax
Indiana Net Operating Loss Deduction

Use a minus sign to denote negative amounts.

Page attachment sequence #9

Name of Corporation or Organization LUMINA FOUNDATION FOR EDUCATION, INC.	Federal Identification Number 35-1813228
--	---

PART 1 — Computation of Indiana Net Operating Loss (NOL)
 Complete Schedule IT-20NOL for each loss year.

Loss Year Ending:

Taxable Income or Loss

Round all entries

1. Enter federal taxable income or loss, including special deductions but excluding any federal net operating loss deduction (Form IT-20 line 3; IT-20NP line 1); use a minus sign for negative amounts.....	1	-426816	00
IRC Section 172(d) Modification for Loss Year			
2. Enter an amount, to the extent required under IRC Section 172, which reflects all other federal adjustments for an NOL pursuant to IRC Section 172(d) (See federal Form 1139; attach computation)	2		00
Adjusted Gross Income Modification for Loss Year			
3. Add back: All state income taxes based on or measured by income (includes property taxes before 1999).....	3		00
4. Add back: All charitable contributions (IRC Section 170)	4		00
5. Add back: Domestic production activities deduction (IRC Section 199) and IT-20 Schedule PIC Part 3(b) amount	5		00
6. Add back: Deduction for dividends paid to shareholders of a captive real estate investment trust.....	6		00
7. Add or subtract: Net bonus depreciation allowance plus excess IRC Section 179 deduction	7		00
8. Deduct: Interest on U.S. government obligations, less related expenses	8		00
9. Deduct: Foreign gross up (IRC Section 78) as determined on federal Form 1118.....	9		00
10. Deduct: All source nonbusiness income or loss and nonunitary partnership distributions (from IT-20 Schedule F, line 10C).....	10		00
11. Deduct: Qualified patents income	11		00
12. Add or subtract: Income from the deferral of business indebtedness discharge and reacquisition	12		00
13. Add or subtract: Income excluded for qualified disaster assistance property	13		00
14. Add or subtract: Income attributable to expense costs for qualified refinery property.....	14		00
15. Add or subtract: Income attributable to expensing qualified film or television production	15		00
16. Add or subtract: Subtotal of all other addbacks. See instructions	16		00
17. Total modified income (add/subtract lines 1 through 16).....	17	-426816	00
Indiana Business Income or Loss			
18. Enter Indiana apportionment percentage of loss year (Form IT-20 line 16d; IT-20NP line 9)..... (if apportionment of income is not applicable, enter the total amount from line 17 on line 19)	18	0	%
19. Indiana apportioned business income or loss (multiply line 17 by percent on line 18).....	19	0	00
Previously Allocated and Apportioned Income or Loss Attributed to Indiana			
20. Add Indiana nonbusiness income or loss and Indiana nonunitary partnership income or loss (from IT-20 Schedule F line 11D).....	20	-107468	00
21. Indiana modified adjusted gross income or net operating loss (add lines 19 and 20)	21	-107468	00

If line 21 is a negative figure, this is the NOL available to carry forward against modified Indiana adjusted gross income. To claim this deduction, you must apply the same carryover treatment as used for federal income tax purposes. Continue by entering line 21 loss figure in Part 2, column (3) for the taxable period to which the NOL deduction is initially applied.

Continued on next page ►



PART 2 — Computation of Indiana Net Operating Loss Deduction and Carryover

Make required entries, as specified to compute the amount of Indiana modified adjusted gross income used. **Add all entries across columns 2 & 3 for each tax year; enter result in column 4.** If result is a loss, also enter loss in column 4 for the next carryover year.

Carryover: Update this schedule for each tax year. Claim the remaining NOL from column 3 as a positive deduction on your return.

Note: A taxpayer is not entitled to carry back any net operating losses. (IC 6-3-2-2.6)

(1) List Tax Period Ending	(2) Indiana Adjusted Gross Income (if zero or less, enter -0-)	(3) Indiana Net Operating Loss Deduction for the Taxable Year	(4) Indiana Adjusted Gross Income or Remaining Unused Net Operating Loss
Carried to the following:			
1st year 2008	0	-	0
2nd year 2009	0	-	0
3rd year 2010	0	-	0
4th year 2011	0	-	0
5th year 2012	21539	-	21538
6th year 2013	98	-	98
7th year 2014	32285	-	32285
8th year		-	
9th year		-	
10th year		-	
11th year		-	
12th year		-	
13th year		-	
14th year		-	
15th year		-	
16th year		-	
17th year		-	
18th year		-	
19th year		-	
20th year		-	



INDIANA FORM IT-20NP

TAXABLE INCOME ALLOCABLE TO INDIANA

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
INDIANA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO INDIANA	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO INDIANA	32,285
LESS: NET OPERATING LOSS APPLIED	<u>(32,285)</u>
INCOME ALLOCABLE TO INDIANA	<u><u>-</u></u>

Income and deductions reported on Form IT-20NP denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax
year beginning _____, 2014
ending _____, 20_____

2014

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
20-8866363

B Partnership's name, address, city, state, and ZIP code
BLACKSTONE RGIS CAPITAL PARTNERS V L.P.
345 PARK AVENUE
NEW YORK, NY 10154

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
35-1813228

F Partner's name, address, city, state, and ZIP code
LUMINA FOUNDATION FOR EDUCATION, INC.
30 SOUTH MERIDIAN ST SUITE 700
INDIANAPOLIS, IN 46204-3503

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? EXEMPT ORGANIZATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	0.008762 %	0.008315 %
Loss	0.004286 %	0.010392 %
Capital	0.014536 %	0.015183 %

K Partner's share of liabilities at year end:

Nonrecourse	\$	193,570
Qualified nonrecourse financing	\$	
Recourse	\$	

L Partner's capital account analysis:

Beginning capital account	\$	114,553
Capital contributed during the year	\$	NONE
Current year increase (decrease)	\$	78,084
Withdrawals & distributions	\$ (	41,157)
Ending capital account	\$	151,480

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No
 If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	8,267	J	1,390
2	Net rental real estate income (loss)	L	51
3	Other net rental income (loss)	16	Foreign transactions
		B	53,900
4	Guaranteed payments	C	132
5	Interest income	D	
6a	Ordinary dividends	E	
	15		
6b	Qualified dividends	G	10,496
7	Royalties	J	
8	Net short-term capital gain (loss)	M	
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
	132	A	12
9b	Collectibles (28%) gain (loss)	B*	(1)
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
	(3)	C	1,857
11	Other income (loss)	F*	NONE
12	Section 179 deduction	19	Distributions
		A	41,157
13	Other deductions	20	Other information
A	39	H	15
H	1	*	SEE STMT
14	Self-employment earnings (loss)	N*	10,496
		P	SEE STMT

*See attached statement for additional information.

For IRS Use Only

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing with Indiana Attorney General's Office
Form IN NP 20
Indiana Nonprofit Organization's Annual Report
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Indiana Department of Revenue
Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481

NP-20

State Form 51062
(R7 / 8-13)

Indiana Department of Revenue
Indiana Nonprofit Organization's Annual Report
For the Calendar Year or Fiscal Year
Beginning / / and Ending / /
MM/DD/YYYY MM/DD/YYYY

Check if: Change of Address
 Amended Report
 Final Report: Indicate
Date Closed

Due on the 15th day of the 5th month following the end of the tax year.
NO FEE REQUIRED.

Name of Organization LUMINA FOUNDATION FOR EDUCATION, INC.		Telephone Number (317) 951-5300	
Address 30 S MERIDIAN ST, SUITE 700		County MARION	Indiana Taxpayer Identification Number
City INDIANAPOLIS	State IN	Zip Code 46204	Federal Identification Number 35-1813228
Printed Name of Person to Contact JULIE SHEWMAKER		Contact's Telephone Number (317) 951-5300	

If you are filing a federal return, attach a completed copy of Form 990, 990EZ, or 990PF.

Note: If your organization has unrelated business income of more than \$1,000 as defined under **Section 513** of the Internal Revenue Code, **you must also file Form IT-20NP.**

Current Information

1. Have any changes not previously reported to the Department been made in your governing instruments, (e.g.) articles of incorporation, bylaws, or other instruments of similar importance? If yes, attach a detailed description of changes. **NO.**
2. Indicate number of years your organization has been in continuous existence. 14 .
3. Attach a schedule, listing the names, titles and addresses of your current officers.
4. Briefly describe the purpose or mission of your organization below.

SEE ATTACHED FORM 990-PF.

I declare under the penalties of perjury that I have examined this return, including all attachments, and to the best of my knowledge and belief, it is true, complete, and correct.

Signature of Officer or Trustee JULIE SHEWMAKER	Title (317) 951-5300	Date
---	--------------------------------	------

Name of Person(s) to Contact	Daytime Telephone Number
------------------------------	--------------------------

Important: Please submit this completed form and/or extension to:
Indiana Department of Revenue, Tax Administration
P.O. Box 6481
Indianapolis, IN 46206-6481
Telephone: (317) 232-0129

Extensions of Time to File

The Department recognizes the Internal Revenue Service application for automatic extension of time to file, Form 8868. **Please forward a copy of your federal extension, identified with your Nonprofit Taxpayer Identification Number (TID), to the Indiana Department of Revenue, Tax Administration by the original due date to prevent cancellation of your sales tax exemption.** Always indicate your Indiana Taxpayer Identification number on your request for an extension of time to file.

Reports post marked within thirty (30) days after the federal extension due date, as requested on Federal Form 8868, will be considered as timely filed. A copy of the federal extension must also be attached to the Indiana report. In the event that a federal extension is not needed, a taxpayer may request in writing an Indiana extension of time to file from the: Indiana Department of Revenue, Tax Administration, P.O. Box 6481, Indianapolis, IN 46206-6481, (317) 232-0129.

If Form NP-20 or extension is not timely filed, the taxpayer will be notified by the Department pursuant to I.C. 6-2.5-5-21(d), to file Form NP-20. If within sixty (60) days after receiving such notice the taxpayer does not file Form NP-20, the taxpayer's exemption from sales tax will be canceled.



25413111594



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151261.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568



Page 1 of 1

151261

Important information about your December 31, 2014 Form 990PF

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2014 Form 990PF.
Your new due date is August 15, 2015.

What you need to do

File your December 31, 2014 Form 990PF by August 15, 2015.
Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

**A COMPLETE COPY OF THE
FORM 990PF,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form M-990T
Massachusetts Unrelated Business Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page one by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Massachusetts Department of Revenue
PO Box 7067
Boston, MA 02204

Payment of Tax...

No payment of tax is required.



Form M-990T
Unrelated Business
Income Tax Return

2014
Massachusetts
Department of
Revenue

For calendar year 2014 or taxable year beginning 2014 and ending
Name of company Lumina Foundation for Education, Inc. Federal identification number 35-1813228
Mailing address 30 S Meridian St, Suite 700 City/Town Indianapolis State IN Zip 46204
Name of treasurer Julie Shewmaker Is a Taxpayer Disclosure Statement enclosed? [X] No

Excise Calculation

Table with 20 rows for excise calculation. Line 1: 779,358; Line 2: 33,458; Line 5: 78,857; Line 11: 891,673; Line 12: 0.000000; Line 14: STMT 1; Line 20: 0.

Credits. Any credit being claimed must be determined with respect to the unrelated business activity being reported on this return.

Table with 15 rows for credits (lines 21-35). All values are 0.

Under the penalties of perjury, I declare that to the best of my knowledge and belief, this return and enclosures are true, correct and complete.

Signature of appropriate corporate officer (see instructions) Social Security number 351813228 Telephone number (317) 951-5300 Date
Signature of paid preparer Nicole M Bencik Employer identification number 35-0921680 Address 3815 River Crossing Parkway Indianapolis, IN 46240-0977 Date 11/9/2015

If you are signing as an authorized delegate of the appropriate corporate officer, check here [X] and enclose Massachusetts Form M-2848, Power of Attorney. The Privacy Act Notice is available upon request. Mail to: Massachusetts Department of Revenue, PO Box 7067, Boston, MA 02204.

Excise After Credits

36 Excise due before voluntary contribution. Subtract line 35 from line 20. Not less than "0"	36	0
37 Voluntary contribution for endangered wildlife conservation	▶ 37	
38 Total excise plus voluntary contribution. Add lines 36 and 37	▶ 38	0

Payments

39 2013 overpayment applied to 2014 estimated tax	▶ 39	0
40 2014 Massachusetts estimated tax payments (do not include amount in line 39)	▶ 40	0
41 Payment made with extension	▶ 41	0
42 Pass-through entity withholding. Payer identification number ▶ _____	▶ 42	18
43 Refundable film credit	▶ 43	
44 Refundable dairy credit. Certificate number ▶ _____	▶ 44	
45 Refundable life science credit	▶ 45	
46 Refundable economic development incentive program credit	▶ 46	
47 Refundable conservation land credit. Certificate number ▶ _____	▶ 47	
48 Refundable community investment credit. Certificate number ▶ _____	▶ 48	
49 Total payments. Add lines 39 through 48	49	18

Refund or Balance Due

50 Amount overpaid. Subtract line 38 from line 49	50	18
51 Amount overpaid to be credited to 2015 estimated tax	▶ 51	18
52 Amount overpaid to be refunded. Subtract line 51 from line 50	▶ 52	0
53 Balance due. Subtract line 49 from line 38	53	0
54 M-2220 penalty ▶ \$ 0 ; Other penalties ▶ \$ 0 Total penalty	54	0
55 Interest on unpaid balance	▶ 55	0
56 Total payment due at time of filing	▶ 56	0



Form M-990T-7004 Unrelated Business Income Tax Extension Worksheet

Massachusetts
Department of
Revenue

Tentative Return

1 Estimated amount of tax for the taxable year	1	
2 Advance and/or estimated payments made (if any)	2	
3 Tax due with this application. Subtract line 2 from line 1.	3	

Payment in full of the tax due must be made with the extension request for it to be considered valid. If at least 50% of the tax due for the taxable year is not paid, the extension is null and void. Penalties for a late return will be assessed from the original due date of the return.

General Information

Why Is an Eight-Month Extension Allowed?

In lieu of a six-month automatic extension request, an eight-month automatic extension for exempt organizations filing Form M-990T is allowed. The eight-month extension will make Form M-990T and U.S. Form 990-T due on the same date. For further information, see Department Directive 07-3, Notice to Corporate UBIT Filers.

Who May File Form M-990T-7004?

Any company eligible to file Form M-990T may use this application to request either an automatic eight-month extension of time to file their return or an extension of time to file for more than eight months. Form M-990T-7004 also acts as the required tentative return.

When Should Form M-990T-7004 Be Filed?

This application must be filed on or before the 15th day of the third month after the close of the taxable year, calendar or fiscal.

Must a Payment Be Submitted with This Form?

Yes. The full payment of tax reasonably estimated to be due must accompany this form. If at least 50% of the tax due for the taxable year is not paid, the extension is null and void.

Will Interest and Penalties Be Due?

An extension of time to file a corporation tax return **does not** extend the due date for payment of the tax. Interest will be charged on any tax not paid on or before the original due date. Any tax not paid within the extended period is subject to a penalty of 1% per month, up to a maximum of 25%, from the extended due date.

How Long Is the Period of Extension?

An automatic eight-month extension is granted upon the proper filing of this form. An extension for a period longer than eight months may be granted if good cause exists; it requires the written approval of the Commissioner before it becomes effective. The Commissioner may terminate this extension at any time by mailing a notice of termination to the corporation or to the person who requested the extension for the corporation. The notice will be mailed at least 10 days prior to the termination date designated in the notice.

Who May Sign?

Form M-990T-7004 must be signed by the treasurer or assistant treasurer of the company or by a person authorized by the company to do so. An application signed by an unauthorized person will be considered null and void. If a return is filed after the original due date based on a void extension, interest and penalties will be assessed back to the original due date.

Keep this worksheet with your records. Do not submit it with Form M-990T-7004. Mail the completed application to: **Massachusetts Department of Revenue, PO Box 7025, Boston, MA 02204.**

DETACH HERE

Form M-990T-7004

Application for UBIT Extension — 2014

Massachusetts
Department of Revenue

Federal Identification number 35-1813228	Is the corporation incorporated in Massachusetts? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Period end date 12/31/2014	Amount enclosed 0
Business name Lumina Foundation for Education, Inc.	Type of extension being applied for <input checked="" type="checkbox"/> a. Automatic eight-month <input type="checkbox"/> b. Extension until:		
Mailing address 30 S Meridian St, Suite 700	City/Town Indianapolis	State IN	Zip 46204
Sign here. Under penalties of perjury, I declare that to the best of my knowledge and belief this return and enclosures are true, correct and complete.			
Signature of officer or agent	Signature of paid preparer 	Date 3/11/15	
Employer Identification number of paid preparer 35-0921680	Social Security number or PTIN of paid preparer P00756195		

MASSACHUSETTS FORM M-990T

TAXABLE INCOME ALLOCABLE TO MASSACHUSETTS

UNRELATED BUSINESS INCOME/(LOSS)	\$ 779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>\$ (779,358)</u>
APPORTIONABLE INCOME	\$ -
MASSACHUSETTS APPORTIONMENT PERCENTAGE	0%
INCOME ALLOCATED TO MASSACHUSETTS	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO MASSACHUSETTS	4,764
MA NET OPERATING LOSS APPLIED	<u>(4,764)</u>
INCOME ALLOCABLE TO MASSACHUSETTS	<u><u>-</u></u>

Income and deductions reported on Form M990-T denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

MASSACHUSETTS NOL CARRYFORWARD SCHEDULE

GENERATED	NOL GENERATED	AMOUNT USED	EXPIRES	REMAINING NOL CARRYFORWARD
12/31/2009	\$ 40,212	\$ 4,764	12/31/2014	\$ 0
12/31/2013	\$ 649	\$ -	12/31/2018	\$ 649

REMAINING NOL \$649

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax
year beginning _____, 2014
ending _____, 20_____

2014

Final K-1 Amended K-1

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
20-8866363

B Partnership's name, address, city, state, and ZIP code
BLACKSTONE RGIS CAPITAL PARTNERS V L.P.
345 PARK AVENUE
NEW YORK, NY 10154

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
35-1813228

F Partner's name, address, city, state, and ZIP code
LUMINA FOUNDATION FOR EDUCATION, INC.
30 SOUTH MERIDIAN ST SUITE 700
INDIANAPOLIS, IN 46204-3503

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? EXEMPT ORGANIZATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	0.008762 %	0.008315 %
Loss	0.004286 %	0.010392 %
Capital	0.014536 %	0.015183 %

K Partner's share of liabilities at year end:

Nonrecourse	\$	193,570
Qualified nonrecourse financing	\$	
Recourse	\$	

L Partner's capital account analysis:

Beginning capital account	\$	114,553
Capital contributed during the year	\$	NONE
Current year increase (decrease)	\$	78,084
Withdrawals & distributions	\$ (	41,157)
Ending capital account	\$	151,480

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No
 If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	8,267	J	1,390
2	Net rental real estate income (loss)	L	51
3	Other net rental income (loss)	16	Foreign transactions
		B	53,900
4	Guaranteed payments	C	132
5	Interest income	D	
6a	Ordinary dividends	E	15
6b	Qualified dividends	G	10,496
7	Royalties	J	
8	Net short-term capital gain (loss)	M	
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
	132	A	12
9b	Collectibles (28%) gain (loss)	B*	(1)
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
	(3)	C	1,857
11	Other income (loss)	F*	NONE
12	Section 179 deduction	19	Distributions
		A	41,157
13	Other deductions	20	Other information
A	39	H	15
H	1	A	15
*	SEE STMT	B	NONE
14	Self-employment earnings (loss)	N*	10,496
		P	SEE STMT

*See attached statement for additional information.

For IRS Use Only

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form 500
Maryland Corporation Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page one by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Comptroller of Maryland
Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001

Overpayment of Tax...

The return shows an overpayment of \$1,585 of which \$1,585 has been applied to your estimated tax and NONE should be refunded to you.

MARYLAND CORPORATION INCOME FORM 500 TAX RETURN



145000049

2014
\$

OR FISCAL YEAR BEGINNING 01/01 2014, ENDING 12/31/2014

Print using blue or black ink.

Name Lumina Foundation for Education, Inc.	
Number and street 30 S Meridian St, Suite 700	
City / town Indianapolis	State IN
Federal Employer Identification No. (9 dig ts) 35-1813228	ZIP code 46204
FEIN Applied for date	Do not write in this space ME ▶
Date of Organization or Incorporat on (MMDDYY) ▶ 080100	Business Activ ty Code No. (6 dig ts) ▶ 900000

CHECK HERE IF: NAME OR ADDRESS HAS CHANGED INACTIVE CORPORATION FIRST FILING OF THE CORPORATION FINAL RETURN
 ▶ THIS TAX YEAR'S BEGINNING AND ENDING DATES ARE DIFFERENT FROM LAST YEAR'S DUE TO AN ACQUISITION OR CONSOLIDATION.

SEE CORPORATION INSTRUCTIONS. ATTACH A COPY OF THE FEDERAL INCOME TAX RETURN THROUGH SCHEDULE M2.

1 a Federal Taxable Income (Enter amount from Federal Form 1120 line 28 or Form 1120-C line 25c.)
 See Instructions. Check applicable box:
 1120 1120-REIT 990T
 Other: _____ IF 1120S, FILE ON FORM 510 **1 a** 859,215 | 00
b Special Deductions (Federal Form 1120 line 29b or Form 1120-C line 26b.) **1 b** |
c Federal Taxable Income before net operating loss deduction (Subtract line 1b from 1a.) **1c** 859,215 | 00

MARYLAND ADJUSTMENTS TO FEDERAL TAXABLE INCOME
 (All entries must be positive amounts.)

ADDITION ADJUSTMENTS

2 a Section 10-306.1 related party transactions **2a** |
b Decoupling Modification Addition adjustment
 (Enter code letter(s) from instructions.) **b** |
c Total Maryland Addition Adjustments to Federal Taxable Income (Add lines 2a and 2b.) **2c** | 0 | 00

SUBTRACTION ADJUSTMENTS

3 a Section 10-306.1 related party transactions **3a** |
b Dividends for domestic corporation claiming foreign tax credits
 (Federal form 1120/1120C Schedule C line 15). **b** |
c Dividends from related foreign corporations
 (Federal form 1120/1120C Schedule C line 13 and 14) **c** |
d Decoupling Modification Subtraction adjustment
 (Enter code letter(s) from instructions.) **d** |
e Total Maryland Subtraction Adjustments to Federal Taxable Income
 (Add lines 3a through 3d.) **3e** | 0 | 00

4 Maryland Adjusted Federal Taxable Income before NOL deduction is applied
 (Add lines 1c and 2c, and subtract line 3e.) **4** 859,215 | 00
5 Enter Adjusted Federal NOL Carry-forward available from previous tax years (including FDSC Carry
 forward) on a separate company basis (Enter NOL as a positive amount.) **5** 79,857 | 00
6 Maryland Adjusted Federal Taxable Income (If line 4 is less than or equal
 to zero, enter amount from line 4.)
 (If line 4 is greater than zero, subtract line 5 from line 4 and enter result.
 If result is less than zero, enter zero.) **6** 779,358 | 00

MARYLAND ADDITION MODIFICATIONS
 (All entries must be positive amounts.)

7 a State and local income tax. **7a** 33,458 | 00
b Dividends and interest from another state, local or federal tax
 exempt obligation **b** |
c Net operating loss modification recapture
 (Do not enter NOL carryover. See instructions.) **c** | 0 | 00
d Domestic Production Activities Deduction **d** | 0 | 00
e Deduction for Dividends paid by captive REIT **e** |
f Other additions (Enter code letter(s) from
 instructions and attach schedule.) **f** | 0 | 00
g Total Addition Modifications (Add lines 7a through 7f.) **7g** 33,458 | 00

STAPLE CHECK HERE



Name Lumina Foundation for Education, Inc. FEIN 35-1813228

MARYLAND SUBTRACTION MODIFICATIONS
(All entries must be positive amounts.)

- 8 a Income from US Obligations. ▶8a 0 |00
- b Other Subtractions (Enter code letter(s) from instructions and attach schedule.) ▶ b 0 |00
- c Total Subtraction Modifications (Add lines 8a and 8b.). 8c 0 |00

NET MARYLAND MODIFICATIONS

- 9 Total Maryland Modifications (Subtract line 8c from 7g. If less than zero, enter negative amount.). . . 9 0 |00
- 10 Maryland Modified Income (Add lines 6 and 9.). 10 779,358 |00

APPORTIONMENT OF INCOME
(To be completed by multistate corporations whose apportionment factor is less than 1, otherwise skip to line 13.)

- 11 Maryland apportionment factor (from page 3 of this form) (If factor is zero, enter .000001.). . . . ▶11 0.000001
- 12 Maryland apportionment income (Multiply line 10 by line 11.) 12 0 |00

- 13 Maryland taxable income (from line 10 or line 12, whichever is applicable.) STMT 1. 13 0 |00
- 14 Tax (Multiply line 13 by 8.25%). 14 0 |00

- 15 a Estimated tax paid with Form 500D, Form MW506NRS and/or credited from 2013 overpayment ▶15a 1,000 |00
- b Tax paid with an extension request (Form 500E). ▶ b 0 |00

c Nonrefundable business income tax credits from Part W. (See instructions for Form 500CR.) **You must file this form electronically to claim business tax credits from Form 500CR.**

d Refundable business income tax credits from Part Z. (See instructions for Form 500CR.) **You must file this form electronically to claim business tax credits from Form 500CR.**

e The Sustainable Communities Tax Credit is claimed on line 1 of Part Z on Form 500CR. Check here if you are a non-profit corporation.

- f Nonresident tax paid on behalf of the corporation by pass-through entities (Attach Maryland Schedule K-1.) ▶ f 585 |00

- g Total payments and credits (Add lines 15a through 15f.) 15g 1,585 |00

- 16 Balance of tax due (If line 14 exceeds line 15g, enter the difference.) ▶ 16 0 |00

- 17 Overpayment (If line 15g exceeds line 14, enter the difference.) ▶ 17 1,585 |00

- 18 Interest and/or penalty from Form 500UP 0 or late payment interest 0 Total. . . ▶ 18 0 |00

- 19 Total balance due (Add lines 16 and 18, or if line 18 exceeds line 17 enter the difference.) 19 0 |00

- 20 Amount of overpayment to be applied to estimated tax for 2015 (not to exceed the net of line 17 less line 18) ▶ 20 1,585 |00

- 21 Amount of overpayment TO BE REFUNDED (Add lines 18 and 20, and subtract the total from line 17.). ▶ 21 0 |00

DIRECT DEPOSIT OF REFUND (See instructions.) **Be sure the account information is correct.**

To comply with banking rules, check here if this refund will go to an account outside the United States. If checked, see instructions.

22 For the direct deposit option, complete the following information clearly and legibly:

- a Type of account: ▶ checking savings
- b Routing number (9 Digits) ▶ _____
- c Account number ▶ _____

INFORMATIONAL PURPOSES ONLY (LINES 23 & 24)

- 23 NOL generated in Current Year - Carryforward 20 Years and back 2 Years (If line 6 is less than zero, enter on line 23.) 23 1

- 24 NAM generated in Current Year - Carried Forward/Back with the Loss on Line 23 per Section 10-205(e) (If line 6 is less than zero AND line 9 is greater than zero, enter the amount from line 9 on line 24.) 24 1



145000249

Name Lumina Foundation for Education, Inc. FEIN 35-1813228

SCHEDULE A – COMPUTATION OF APPORTIONMENT FACTOR

(Applies only to multistate corporations. See instructions.)

NOTE: Special apportionment formulas are required for rental/leasing, financial institutions, transportation and manufacturing companies.

	Column 1 TOTALS WITHIN MARYLAND	Column 2 TOTALS WITHIN AND WITHOUT MARYLAND	Column 3 DECIMAL FACTOR (Column 1 ÷ Column 2 rounded to six places)
1A. Receipts a. Gross receipts or sales less returns and allowances . . . ▶			
b. Dividends			
c. Interest			
d. Gross rents			
e. Gross royalties			
f. Capital gain net income			
g. Other income (Attach schedule.)	0	0	
h. Total receipts (Add lines 1A(a) through 1A(g), for Columns 1 and 2.) ▶	0	0	
1B. Receipts Enter the same factor shown on line 1A, Column 3. Disregard this line if special apportionment formula used			0.000000
2. Property a. Inventory	0	0	
b. Machinery and equipment	0	0	
c. Buildings	0	0	
d. Land	0	0	
e. Other tangible assets (Attach schedule.)	0	0	
f. Rent expense capitalized (multiplied by eight)	0	0	
g. Total property (Add lines 2a through 2f, for Columns 1 and 2.) ▶	0	0	
3. Payroll a. Compensation of officers	0	0	
b. Other salaries and wages	0	0	
c. Total payroll (Add lines 3a and 3b, for Columns 1 and 2.) ▶	0	0	
4. Total of factors (Add entries in Column 3.)			0.000000
5. Maryland apportionment factor Divide line 4 by four for three-factor formula, or by the number of factors used if special apportionment formula required. (If factor is zero, enter .000001 on line 11 page 2.)			0.000000

SCHEDULE B – ADDITIONAL INFORMATION REQUIRED (Attach a separate schedule if more space is necessary.)

1. Telephone number of corporation tax department: (317) 951-5300

If a multistate operation, provide the following:

2. Address of principal place of business in Maryland (if other than indicated on page 1): _____

3. Brief description of operations in Maryland: Passive Investments

4. Has the Internal Revenue Service made adjustments (for a tax year in which a Maryland return was required) that were not previously reported to the Maryland Revenue Administration Division? Yes No
If "yes", indicate tax year(s) here: _____ and submit an amended return(s) together with a copy of the IRS adjustment report(s) under separate cover.

5. Did the corporation file employer withholding tax returns/forms with the Maryland Revenue Administration Division for the last calendar year? Yes No

6. Is this entity part of a federal consolidated filing? ▶ Yes No

7. Is this entity a multistate corporation that is a member of a unitary group? ▶ Yes No

8. Is this entity a multistate manufacturer with more than 25 employees?
If so, complete and attach Form 500MC to your Form 500. ▶ Yes No

SIGNATURE AND VERIFICATION: 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. If prepared by a person other than taxpayer, the declaration is based on all information of which the preparer has any knowledge. Check here if you authorize your tax preparer to discuss this return with us.

Officer's signature _____ Date _____

▶ P00756195 11/9/2015
Preparer's PTIN (required by law) Nicole M Bencik
Preparer's signature

Officer's Name and Title _____

Nicole M Bencik, 3815 River Crossing Parkway, Indianapolis, IN 46240-0977, (317) 569-8989
Preparer's name, address and telephone number

Make checks payable and mail to:
Comptroller of Maryland, Revenue Administration Division
110 Carroll Street
Annapolis, Maryland 21411-0001
(Write FEIN on check using blue or black ink.)
COM/RAD-001

▶ 049 CODE NUMBERS (three digits per box)



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Thank You for Filing for an Extension Request Online

Congratulations! Your form 500E has been successfully submitted on 4/8/2015.

Confirmation Number: 3301098330174

Business Name: Lumina Foundation for Education

FEIN: 35-1813228

Period End: 12/2014

Please print and retain this page for your records.

Print

File Another Extension

Exit

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MARYLAND FORM 500

TAXABLE INCOME ALLOCABLE TO MARYLAND

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
MARYLAND APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO MARYLAND	
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO MARYLAND	118
MD NET OPERATING LOSS APPLIED	(118)
INCOME ALLOCABLE TO MARYLAND	<u><u>-</u></u>

Income and deductions reported on Form 500 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**ATTACHMENT TO FORM 500
NET OPERATING LOSS CARRYFORWARD SCHEDULE**

<u>GENERATED</u>	<u>AMOUNT</u>	<u>EXPIRES</u>	<u>USED IN PRIOR YEAR</u>	<u>UTILIZED</u>	<u>REMAINING</u>
12/31/2013	960	12/31/2033	-	118	842

REMAINING NOL \$ \$ 842

**Schedule K-1
(Form 1065)**

Department of the Treasury
Internal Revenue Service

For calendar year 2014, or tax
year beginning _____, 2014
ending _____, 20_____

2014

Final K-1 Amended K-1

Partner's Share of Income, Deductions, Credits, etc.

▶ See back of form and separate instructions.

Part I Information About the Partnership

A Partnership's employer identification number
20-8866363

B Partnership's name, address, city, state, and ZIP code
BLACKSTONE RGIS CAPITAL PARTNERS V L.P.
345 PARK AVENUE
NEW YORK, NY 10154

C IRS Center where partnership filed return
E-FILE

D Check if this is a publicly traded partnership (PTP)

Part II Information About the Partner

E Partner's identifying number
35-1813228

F Partner's name, address, city, state, and ZIP code
LUMINA FOUNDATION FOR EDUCATION, INC.
30 SOUTH MERIDIAN ST SUITE 700
INDIANAPOLIS, IN 46204-3503

G General partner or LLC member-manager Limited partner or other LLC member

H Domestic partner Foreign partner

I1 What type of entity is this partner? EXEMPT ORGANIZATION

I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here

J Partner's share of profit, loss, and capital (see instructions):

	Beginning	Ending
Profit	0.008762 %	0.008315 %
Loss	0.004286 %	0.010392 %
Capital	0.014536 %	0.015183 %

K Partner's share of liabilities at year end:

Nonrecourse	\$	193,570
Qualified nonrecourse financing	\$	
Recourse	\$	

L Partner's capital account analysis:

Beginning capital account	\$	114,553
Capital contributed during the year	\$	NONE
Current year increase (decrease)	\$	78,084
Withdrawals & distributions	\$ (	41,157)
Ending capital account	\$	151,480

Tax basis GAAP Section 704(b) book
 Other (explain)

M Did the partner contribute property with a built-in gain or loss?
 Yes No
If "Yes," attach statement (see instructions)

Part III Partner's Share of Current Year Income, Deductions, Credits, and Other Items

1	Ordinary business income (loss)	15	Credits
	8,267	J	1,390
2	Net rental real estate income (loss)	L	51
3	Other net rental income (loss)	16	Foreign transactions
		B	53,900
4	Guaranteed payments	C	132
5	Interest income	D	
6a	Ordinary dividends	E	15
6b	Qualified dividends	G	10,496
7	Royalties	J	
8	Net short-term capital gain (loss)	M	
9a	Net long-term capital gain (loss)	17	Alternative minimum tax (AMT) items
	132	A	12
9b	Collectibles (28%) gain (loss)	B*	(1)
9c	Unrecaptured section 1250 gain		
10	Net section 1231 gain (loss)	18	Tax-exempt income and nondeductible expenses
	(3)	C	1,857
11	Other income (loss)	F*	NONE
12	Section 179 deduction	19	Distributions
		A	41,157
13	Other deductions	20	Other information
A	39	A	15
H	1		
*	SEE STMT	B	NONE
14	Self-employment earnings (loss)	N*	10,496
		P	SEE STMT

*See attached statement for additional information.

For IRS Use Only

**MARYLAND
FORM
510
SCHEDULE K-1**

**PASS-THROUGH ENTITY
MEMBER'S INFORMATION**



14510K049

2014

OR FISCAL YEAR BEGINNING 2014, ENDING

INFORMATION ABOUT THE PASS-THROUGH ENTITY (PTE)			
PTE Name		PTE FEIN	
Walton Street Real Estate Fund V, L.P.		20-3719884	
Street Address			
900 North Michigan Avenue Suite 1900			
City		State	ZIP code
Chicago		IL	60611
INFORMATION ABOUT THE MEMBER			
Member Number	Member Name	Member's SSN/FEIN	
46	Lumina Foundation for Education, Inc. Attn: Ms. Eileen S	35-1813228	
Street Address		Resident	Distributive or Pro Rata Share Percentage
30 South Meridian Street, Suite 700		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	0.441092 %
City		State	ZIP code
Indianapolis		IN	46204

A. Member's Income

1. Distributive or pro rata share of income from federal Schedule K-1	1.	586,054	00
2. Distributive or pro rata share allocable to Maryland (Nonresidents only)	2.	11,403	00

B. Additions

1. Non-Maryland municipal interest and dividends	1.		
2. Tax preference items	2.		
3. Net decoupling modification	3.		
4. Net decoupling modification from another PTE	4.		
5. Other additions (Specify additions with amounts in part F of this form.)	5.		

C. Subtractions

1. Income from U.S. obligations	1.		
2. Work opportunity credit salary expense	2.		
3. Net decoupling modification	3.		
4. Net decoupling modification from another PTE.	4.		
5. Other subtractions (Specify subtractions with amounts in part F of this form.)	5.	16,017	00

D. Nonresident Tax - Enter the member's distributive or pro rata share

1. Nonresident tax paid by this PTE	1.	576	00
2. Nonresident tax paid by other PTEs on behalf of this entity	2.		
3. Total (Add lines 1 and 2. Members: Include this amount on Form 500, line 15f; Form 502CR, Part I, line 5; Form 504, line 33; Form 505, line 46; Form 510, line 16c.)	3.	576	00

E. Credits (*)Required documentation or certification must be attached.)**

Nonrefundable Credits

1. Enterprise Zone Tax Credit***	1.		
2. Maryland Disability Employment Tax Credit	2.		
3. Job Creation Tax Credit***	3.		
4. Community Investment Tax Credit***	4.		

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form M4NP
Minnesota Unrelated Business Income Tax
Return for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page two by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Minnesota Revenue
Mail Station 1257
St. Paul, MN 55146-1257

Overpayment of Tax...

The return shows an overpayment of \$1,000 of which \$1,000 has been applied to your estimated tax and NONE should be refunded to you.

Unrelated Business Income Tax (UBIT) Return 2014

For tax-exempt organizations, cooperatives, homeowners associations and political organizations with unrelated business income.

Tax year beginning 01/01, 2014, and ending 12/31/2014 **(required)**

Please Print or Type	Name of Organization Lumina Foundation for Education, Inc.				FEIN 35-1813228	Minnesota Tax ID (required)
	Current Address <input type="checkbox"/> Check if New Address 30 S Meridian St, Suite 700				This Organization Files Federal Form (check one) <input checked="" type="checkbox"/> 990-T <input type="checkbox"/> 1120-C <input type="checkbox"/> 1120-H <input type="checkbox"/> 1120-POL	
	City Indianapolis	County Marion	State IN	Zip Code 46204	Exempt Under IRS Section (check one) <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 528 <input type="checkbox"/> Other:	
	Check All That Apply: <input type="checkbox"/> Amended Return <input checked="" type="checkbox"/> Filing Under an Extension <input type="checkbox"/> Final Return (see inst., pg. 3)				Enter your NAICS Codes (see instructions, pg. 3) 900000 /	
	Are you filing a combined income return? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				Was 100% of the business conducted in Minnesota for this tax year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (complete and attach Schedule M4NPA)	

You must round amounts to nearest whole dollar.

Determining Tax	1 Federal taxable income before net operating loss and specific deduction (from federal Form 990-T, line 30; 1120-C, line 25a; 1120-H, line 17; or 1120-POL, line 17c) 1	859,215
	2 Total subtractions from federal taxable income (from M4NPI, line 1) 2	79,857
	3 Federal taxable income or (loss) after subtractions (see instructions) 3	779,358
	If you conducted business both within and outside Minnesota, complete M4NPA (see instructions, pg. 6). If 100% of your activities were conducted in Minnesota, do not complete M4NPA. Enter line 3 on line 4.	
	4 Minnesota taxable net income or (loss) (from M4NPA, line 15, or if 100% of your activities were conducted in Minnesota, enter amount from line 3 above) 4	1,219
	5 Minnesota net operating loss deduction (from NOL) 5	1,219
	6 Subtract line 5 from line 4 (if zero or less, enter zero) 6	0
	7 Total deductions from taxable net income (from M4NPI, line 2) 7	0
	8 Taxable income (subtract line 7 from line 6; if zero or less, enter zero) 8	0
	9 Regular tax (multiply line 8 by 9.8% [0.098]; if zero or less, enter zero) 9	0
10 Proxy tax (see instructions, pg. 3) 10	0	
11 Tax before credits (add lines 9 and 10) 11	0	
12 Total credits against tax (from M4NPI, line 3) 12	0	
13 Minnesota tax liability (subtract line 12 from line 11; if zero or less, enter zero) 13	0	
14 Minnesota Nongame Wildlife Fund donation (see instructions, pg. 3) 14	0	
15 Add lines 13 and 14 15	0	
16 Total refundable credits (from M4NPI, line 4) 16	0	
17 Amount credited from your 2013 Form M4NP, line 30 17	1,000	
18 2014 estimated tax payments 18	0	
19 2014 extension payment 19	0	
20 Total refundable credits and payments (add lines 16, 17, 18 and 19) 20	1,000	
21 Subtract line 20 from line 15 21	(1,000)	
22 Penalty (determine from worksheet in the instructions, pg. 4) 22	0	
23 Interest (determine from worksheet in the instructions, pg. 4) 23	0	
24 Additional charge for underpayment of estimated tax (from M15NP, line 17) 24	0	
25 Tax, Nongame Wildlife Fund donation, penalty, interest and additional charge for underpayment of estimated tax (add lines 15, 22, 23 and 24) 25	0	

Tax, Donation, Penalty, Interest, Charges

Continued on next page.

Unrelated Business Income Tax (UBIT) Return 2014 (continued)

Name of Organization Lumina Foundation for Education, Inc.	FEIN 35-1813228	Minnesota Tax ID
---	--------------------	------------------

Amount Due or Overpaid	26 Amount from line 25 on the front of this form 26 _____ <u>0</u>
	27 Amount from line 20 on the front of this form 27 _____ <u>1,000</u>
	28 AMOUNT DUE. If line 26 is more than or equal to line 27, subtract line 27 from 26 28 _____ <u>0</u>
	Payment method: <input type="checkbox"/> Electronic (see <i>inst.</i> , pg. 2) <input type="checkbox"/> Check (see <i>inst.</i> , pg.2) <input type="checkbox"/> Amended return payment by check (see <i>inst.</i> , pg. 2)
	29 OVERPAYMENT. If line 27 is more than line 26, subtract line 26 from line 27 29 _____ <u>1,000</u>
	30 Amount of line 29 to be credited to your 2015 estimated tax 30 _____ <u>1,000</u>
31 Refund (subtract line 30 from line 29) 31 _____ <u>0</u>	

To have your refund direct deposited, enter your banking information below.

Account type: Checking Savings Routing number: _____ Account number (use an account not associated with any foreign banks): _____

I declare that this return is correct and complete to the best of my knowledge and belief.

Sign Here	Authorized Signature	Title	Date	Daytime Phone	<input checked="" type="checkbox"/> I authorize the Minnesota Department of Revenue to discuss this tax return with the paid preparer listed here.
	Paid Preparer's Signature <i>Nicole Bencik</i>	PTIN P00756195	Date 11/9/2015	Daytime Phone (317) 569-8989	
	Email Address for Correspondence, if Desired NICOLE.BENCIK@CROWEHORWATH.COM	This email address belongs to (check one): <input type="checkbox"/> Employee <input checked="" type="checkbox"/> Paid Preparer			

Attach a complete copy of your federal Form 990-T, 1120-C, 1120-H or 1120-POL and all supporting schedules.
Mail to: Minnesota Revenue, Mail Station 1257, St. Paul, MN 55146-1257



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your December 31, 2014 Form 990T. Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015. Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Income Adjustments, Deductions and Credits 2014

For tax-exempt organizations, cooperatives, homeowners associations and political organizations with unrelated business income.

See instructions on page 5.

Name of Organization Lumina Foundation for Education, Inc.	FEIN 35-1813228	Minnesota Tax ID
---	--------------------	------------------

You must round amounts to nearest whole dollar.

Subtractions	1 Subtractions from federal taxable income		
	a Federal specific, special and section 1382 deductions	1a	1,000
	b Advertising revenues from a newspaper published by a section 501(c)(4) organization	1b	
	c Lawful gambling expenditures under Minnesota Statutes, Chapter 349, not deducted on federal return (see instructions, pg. 6)	1c	
	d Other subtractions from income (you must provide a brief explanation below) Net Operating Loss Applied	1d	78,857
Total subtractions (add lines 1a through 1d)		1	79,857
Enter on Form M4NP, line 2.			
Deductions	2 Deductions from taxable net income		
	a Job Opportunity Building Zone (JOBZ) exemptions (from JOBZ, line 17)	2a	
	b Other deductions (you must provide a brief explanation below)	2b	
Total deductions from taxable net income (add lines 2a and 2b)		2	0
Enter on Form M4NP, line 7.			
Credits Against Tax	3 Credits against tax		
	a Employer Transit Pass Credit (from ETP, line 4)	3a	
	b SEED Capital Investment Credit (see instructions, pg. 6)	3b	
	c Other credits against tax (you must provide a brief explanation below)	3c	
Total credits against tax (add lines 3a, 3b and 3c)		3	0
Enter on Form M4NP, line 12.			
Refundable Credits	4 Refundable credits		
	a Jobs Credit for participating in a Job Opportunity Building Zone (JOBZ) (from JOBZ, line 43)	4a	
	b Greater Minnesota Internship Credit (see instructions, pg. 6)	4b	
	c Historic Structure Rehabilitation Credit (attach credit certificate) and enter NPS project number: <input style="width: 100px; height: 15px;" type="text"/>	4c	
	d Other refundable credits (you must provide a brief explanation below)	4d	
Total refundable credits (add lines 4a, 4b, 4c and 4d)		4	0
Enter on Form M4NP, line 16.			

Apportionment Calculation – Schedule A 2014

For tax-exempt organizations, cooperatives, homeowners associations and political organizations with unrelated business income.

If you conducted business both within and outside Minnesota during the year, complete Schedule M4NPA to determine your Minnesota source income. Do not complete this schedule if you conducted all your business in Minnesota during the tax year. See instructions beginning on page 7.

Name of Organization Lumina Foundation for Education, Inc.	FEIN 35-1813228	Minnesota Tax ID
---	--------------------	------------------

You must round amounts to nearest whole dollar.

A Minnesota	B Total
----------------	------------

				A Minnesota	B Total
Apportionment Income	1 Federal taxable income or (loss) (from M4NP, line 3) 1 ■	779,358			
	2 Total nonapportionable income. 2 ■				
	3 Total apportionable income (subtract line 2 from line 1) 3 ■				
Sales Ratio/Apportionment	4 Average inventory 4 ■		0	0	
	5 Average tangible property and land owned/used (at original cost) 5 ■		0	0	
	6 Capitalized rents (gross rents x 8) 6 ■		0	0	
	7 Total property (add lines 4, 5 and 6) 7 ■		0	0	
	8 Payroll/officer's compensation 8 ■		0	0	
	9 Sales or receipts. 9 ■		0	0	
	10 Sales of non-filing entities (see instructions pg. 8) 10 ■		0	0	
	11 Total sales or receipts (add lines 9 and 10) (Financial institutions: see inst., pg. 8) 11 ■		0	0	
Minnesota Taxable Income	12 Minnesota apportionment factor (divide line 11A amount by line 11B; carry to six decimal places) 12 ■	0.000000			
	13 Net income apportioned to Minnesota (multiply line 3 by line 12) 13 ■	0.000000			
	14 Minnesota nonapportionable income. 14 ■	1,219			
	15 Minnesota taxable net income or (loss) (add lines 13 and 14) Enter on Form M4NP, line 4 15 ■	1,219			

MINNESOTA FORM M4NP

TAXABLE INCOME ALLOCABLE TO MINNESOTA

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
MINNESOTA APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO MINNESOTA	
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO MINNESOTA	1,219
MD NOL APPLIED:	<u>(1,219)</u>
INCOME ALLOCABLE TO MINNESOTA	<u><u>\$ -</u></u>

Income and deductions reported on Form M4NP denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form MO-1120
Missouri Business Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page one by an authorized officer of the organization.

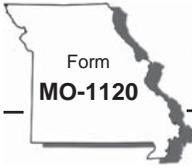
Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Missouri Department of
Revenue PO Box 700
Jefferson City, MO 65105-0700

Overpayment of Tax...

The return shows an overpayment of \$765 of which \$765 has been applied to your estimated tax and NONE should be refunded to you.



Missouri Department of Revenue
2014 Corporation Income Tax Return

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number

Missouri Corporation Income Tax Return for 2014 Beginning (MM/DD/YY) Ending (MM/DD/YY)

Missouri Corporation Franchise Tax Return for 2015 Beginning (MM/DD/YY) Ending (MM/DD/YY)

Federal Employer I.D. Number Charter Number

Corporation Name

Address

City State

ZIP Balance Sheet Date (MM/DD/YY)  14111010001

Select this box if you have an approved federal extension. Attach a copy of the approved Federal Extension (Form 7004).

Select Applicable Boxes. Failure to select the address change box may result in mailings going to the last address on file.

- Consolidated MO Return Consolidated Federal and Separate Missouri Return Amended Return Name Change
 Address Change Final Return and Close Corporation Income Tax Account Bankruptcy 1120C 990T

- A. Select this box if your assets in Missouri (Form MO-FT, Line 6a), or apportioned to Missouri (Form MO-FT, Line 6b) do not exceed \$10,000,000. You do not owe franchise tax. If your assets do exceed the \$10,000,000 threshold, you must complete and attach Form MO-FT and enter the franchise tax due on the Form MO-1120, Line 16 below. If Box A is checked, Box C cannot be checked.
 B. Return filed for both (income and franchise) C. Return filed for income tax only D. Return filed for franchise tax only
 E. All Missouri source income is from an interest(s) in a partnership(s)

Computation of Income Tax	1. Federal Taxable Income from Federal Form 1120, Line 30.....	1	779,358	00
	2. Corporation income tax from Missouri, or other states, their subdivisions, and District of Columbia deducted in determining federal taxable income.....	2	0	00
	3. Missouri modifications - Additions (complete Page 3, Part 1).....	3	0	00
	4. Total additions - Add Lines 2 and 3	4	0	00
	5. Missouri modifications - Subtractions (complete Page 3, Part 2)	5	0	00
	6. Balance - Line 1 plus Line 4 less Line 5	6	779,358	00
	7. Small Business Deduction for New Jobs under Section 143.173, RSMo (complete Form MO-NJD)	7		00
	8. Federal Income Tax - current year (complete Page 4, Part 3).....	8	0	00
	9. Missouri Taxable Income - all sources - Line 6 less Line 7 and Line 8.....	9	1,628	00
	10. Missouri Taxable Income - if all Missouri income, repeat Line 9. If not, complete Form MO-MS and enter apportionment method chosen and the applicable percentage below.			
	Method <input type="text" value="1"/> Percent <input type="text"/> Multiply Line 9 by the percentage.....	10		00
	11. Missouri Dividends Deduction (see instructions before entering an amount)	11		00
	12. Enterprise Zone or Rural Empowerment Zone Income Modification	12		00
13. Missouri Taxable Income - Line 10 less Line 11 and Line 12	13		00	

Tax	14. Corporation income Tax - 6.25% of Line 13	14	102	00
	15. Recapture of Missouri Low Income Housing Credit (attach a copy of Federal Form 8611) (see instructions)	15		00
	16. Corporation Franchise Tax (Complete Form MO-FT and attach balance sheet).....	16		00
	17. Total Tax - Add Lines 14, 15, and 16.....	17	102	00

Credits and Payments	18. Tax credits - (attach Form MO-TC)	18		00
	19. Estimated tax payments (include approved overpayments applied from previous year).....	19	867	00
	20. Payments with Form MO-7004	20	0	00
	21. Amended Return Only: Tax paid with (or after) the filing of the original return	21		00
	22. Subtotal - Add Lines 18 through 21	22	867	00
	23. Amended Return Only: Overpayment, if any, as shown on original return or as later adjusted	23		00
	24. Total - Line 22 less Line 23.....	24	867	00

Refund or Tax Due	25. If Line 24 is greater than Line 17, enter overpayment here	25	765	00
	26. Amount remitted or amount of tax overpayment to be contributed to the funds listed below	26		00

Children's Trust Fund	Veterans Trust Fund	Elderly Home Delivered Meals Trust Fund	Missouri National Guard Trust Fund	Workers' Memorial Fund	Childhood Lead Testing Fund	Missouri Military Family Relief Fund	General Revenue Fund	DONATE LIFE Missouri Organ Donor Program Fund	Additional Fund Code (See Instr.)	Additional Fund Code (See Instr.)
00	00	00	00	00	00	00	00	00	00	00

Refund or Tax Due	27. Overpayment to be applied to next filing period.....	27	765	00
	28. Overpayment to be refunded - Line 25 less Lines 26 and 27 Refund	28		00
	29. If Line 24 is less than Line 17, enter underpayment here	29		00
	30. Enter the total of the below on Line 30	30		00
	Interest <input type="text" value="0"/> <input type="text" value="00"/> Penalty <input type="text" value="0"/> <input type="text" value="00"/> MO-2220 <input type="text" value="0"/> <input type="text" value="00"/>			

Signature	31. Total Due - Add Lines 29 and 30 (U.S. funds only) Total Due	31		00
------------------	---	----	--	----

If you pay by check, you authorize the Department of Revenue to process the check electronically. Any returned check may be presented again electronically. Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct.

Department Use Only			
<input type="checkbox"/> S	<input type="checkbox"/> E	<input type="checkbox"/> B	<input type="checkbox"/> F

I authorize the Director of Revenue or delegate to discuss my return and attachments with the preparer or any member of his or her firm, or if internally prepared, any member of the internal staff. Yes No

Signature	Signature of Officer	Printed Name
	Telephone Number	Date Signed (MM/DD/YY)
	Preparer's Signature (Including Internal Preparer)	Preparer's FEIN, SSN, or PTIN
	Telephone Number	Date Signed (MM/DD/YY)





Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2014 Form 990T.
Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015.
Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



Missouri Department of Revenue
Corporation Allocation and Apportionment of Income Schedule

Department Use Only
 (MM/DD/YY)

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Attachment Sequence No. 1120-01

Taxable Year Beginning (MM/DD/YY)

0	1
---	---

0	1
---	---

1	4
---	---

 Ending (MM/DD/YY)

1	2
---	---

3	1
---	---

1	4
---	---

Missouri Tax I.D. Number

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Do not complete this form if all income is from Missouri sources.

Federal Employer I.D. Number

3	5	1	8	1	3	2	2	8
---	---	---	---	---	---	---	---	---

Charter Number

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Corporation Name Lumina Foundation for Education, Inc.

Apportionment Election

Missouri Statutes provide eight methods of determining Missouri taxable income from Missouri sources. Select only one of the eight boxes and enter the method and the percentage calculated on [Form MO-1120](#), Line 10.

One - Multistate Allocation and Three Factor Apportionment - Multistate Tax Compact - [Section 32.200, RSMo](#) - (Complete Part 1)

Two - Business Transaction Single Factor Apportionment - [Section 143.451.2\(2\), RSMo](#) - (Complete Part 2)

Two A - Optional Single Sales Factor Apportionment - [Section 143.451.2\(3\), RSMo](#) - (Complete Part 2)

Special Methods - Attach Detailed Explanation

Three - Transportation - [Section 143.451.3, RSMo](#)

Four - Railroad - [Section 143.451.4, RSMo](#)

Five - Interstate Bridge - [Section 143.451.5, RSMo](#)

Six - Telephone and Telegraph - [Section 143.451.6, RSMo](#)

Note: Complete mileage information below for Method Three - Six and enter the percentage on Form MO-1120, Line 10.

Missouri Miles	Total Miles	Percent								
<table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td></tr></table>			= <table border="1"><tr><td></td><td>0</td></tr></table> . <table border="1"><tr><td>0</td><td>0</td></tr></table> %		0	0	0
	0									
0	0									

Seven - Other Approved Method - [Section 143.461.2, RSMo](#). Letter of Approval from the Director of Revenue must be attached.

Part 1 - Three Factor Apportionment Method Schedule

	Total Missouri (a)	Total Everywhere (b)	Percent within Missouri (a) ÷ (b)									
Land.....	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00						
0	.00											
0	.00											
Depreciable assets.....	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00						
0	.00											
0	.00											
Inventory and supplies.....	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00						
0	.00											
0	.00											
Other (attach schedule).....	<table border="1"><tr><td></td><td>.00</td></tr></table>		.00	<table border="1"><tr><td></td><td>.00</td></tr></table>		.00						
	.00											
	.00											
Net rent, times eight	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00						
0	.00											
0	.00											
1. Total Property	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	1 <table border="1"><tr><td></td><td>0</td></tr></table> . <table border="1"><tr><td>0</td><td>0</td><td>0</td></tr></table> %		0	0	0	0
0	.00											
0	.00											
	0											
0	0	0										
2. Total Wages.....	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	2 <table border="1"><tr><td></td><td>0</td></tr></table> . <table border="1"><tr><td>0</td><td>0</td><td>0</td></tr></table> %		0	0	0	0
0	.00											
0	.00											
	0											
0	0	0										
Sales delivered or shipped to Missouri purchasers:												
a) from outside Missouri	<table border="1"><tr><td></td><td>.00</td></tr></table>		.00									
	.00											
b) from within Missouri	<table border="1"><tr><td></td><td>.00</td></tr></table>		.00									
	.00											
Shipped from Missouri to:												
a) the United States Government	<table border="1"><tr><td></td><td>.00</td></tr></table>		.00									
	.00											
b) purchasers in a state where taxpayer would not be taxable	<table border="1"><tr><td></td><td>.00</td></tr></table>		.00									
	.00											
Other gross receipts	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00									
0	.00											
3. Total Sales.....	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	<table border="1"><tr><td>0</td><td>.00</td></tr></table>	0	.00	3 <table border="1"><tr><td></td><td>0</td></tr></table> . <table border="1"><tr><td>0</td><td>0</td><td>0</td></tr></table> %		0	0	0	0
0	.00											
0	.00											
	0											
0	0	0										
4. Apportionment Factor - add Lines 1 through 3 and divide by number of factors present.....			4 <table border="1"><tr><td></td><td>0</td></tr></table> . <table border="1"><tr><td>0</td><td>0</td><td>0</td></tr></table> %		0	0	0	0				
	0											
0	0	0										



Note: Stop here if you do not have any nonbusiness income. Enter Form MO-MS, Part 1, Line 4 on Form MO-1120, Line 10.

5. Missouri Taxable Income - all sources (Form MO-1120, Line 9)	779,358	.00
6. Federal Income Tax (Form MO-1120, Line 8) .....		.00
7. Net Operating Loss (from Federal Form 1120, Line 29a)	0	.00
8. Partial Missouri Taxable Income - all sources - Add Lines 5 through 7	779,358	.00
9. Nonbusiness income - all sources - Attach a detailed Form MO-NBI to be considered .....		.00
10. Apportionable Income - Line 8 less Line 9 .....		.00
11. Apportioned Missouri Income - Line 10 times Line 4 .....		.00
12. Nonbusiness Income - Missouri sources - Attach a detailed Form MO-NBI to be considered	1,628	.00
13. Partial Missouri Taxable Income - Missouri sources - Line 11 plus Line 12	1,628	.00
14. Missouri Income Percentage - Divide Line 13 by Line 8. Enter on Form MO-1120, Line 10	0	000%

Method Two - Business Transaction Single Factor Apportionment			Method Two A - Optional Single Sales Factor Apportionment		
1. Amount of sales wholly in Missouri .....		.00	1a. Amount of sales in Missouri .....		.00
2. Amount of sales partly within and partly without Missouri .....		.00			
3. Amount of sales wholly without Missouri .....		.00			
4. Total amount - all sources - Add Lines 1, 2, and 3 .....		.00	4a. Amount of total sales .....		.00
5. One-half of Line 2 .....		.00			
6. Total amount Missouri - Add Lines 1 and 5 .....		.00	7a. Missouri optional single sales factor apportionment fraction - Divide Line 1a by Line 4a		%
7. Missouri single factor apportionment fraction - Divide Line 6 by Line 4		%			



Note: Stop here if you do not have any wholly passive investment income from outside Missouri. Enter Form MO-MS, Part 2, Line 7 or Line 7a on Form MO-1120, Line 10.

8. Missouri taxable income - all sources (Form MO-1120, Line 9) .....		.00
9. Federal income tax (Form MO-1120, Line 8) .....		.00
10. Net Operating Loss (from Federal Form 1120, Line 29a) .....		.00
11. Partial Missouri taxable income - all sources - add Lines 8 through 10 .....		.00
12. Dividends from a non-Missouri payor .....		.00
13. Allocation of wholly passive investment income from outside Missouri .....		.00
14. Apportionable Income - Line 11 less Line 12 and Line 13 .....		.00
15. Partial Missouri taxable income - Missouri sources - Multiply Line 14 by Line 7 or 7a .....		.00
16. Missouri income percentage - Divide Line 15 by Line 11 and enter on Form MO-1120, Line 10		%

Form MO-MS (Revised 12-2014)





Missouri Department of Revenue
Nonbusiness Income Schedule

Department Use Only
(MM/DD/YY)

--	--	--	--	--	--

Taxable Year Beginning (MM/DD/YY)

0	1	0	1	1	4
---	---	---	---	---	---

 Ending (MM/DD/YY)

1	2	3	1	1	4
---	---	---	---	---	---

Missouri Tax I.D. Number

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 Federal Employer I.D. Number

3	5	1	8	1	3	2	2	8
---	---	---	---	---	---	---	---	---

Charter Number

--	--	--	--	--	--	--	--	--	--

Corporation Name Lumina Foundation for Education, Inc.

Complete this schedule only if you apportion income to Missouri (using Method 1) and to other states and you have income classified as nonbusiness income. See Page 2 for explanations of Business and Nonbusiness income or [12 CSR 10-2.075](#) for further explanation.

Note: All income is presumed to be business income unless you can clearly show the income to be nonbusiness income. If this schedule is not attached to your Corporation Income Tax Return, your nonbusiness income will not be considered.

Describe in detail your regular trade or business operations including your product or service description.

Business Description

Passive taxable income from partnership investments

Income and Expenses

Detailed description and explanation of why income is nonbusiness, including the characteristics that make the item outside of the realm and scope of your regular business operations.	Gross Income		Related Expenses	
	1. Everywhere	2. Missouri	3. Everywhere	4. Missouri
<u>Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations.</u>	3,392,944	1,628	0	0
Total each column	1. 3,392,944	2. 1,628	3. 0	4. 0

Nonbusiness income — all sources — Column 1 less Column 3. Enter on [Form MO-MS](#), Part 1, Line 9.
Nonbusiness income — Missouri sources — Column 2 less Column 4. Enter on [Form MO-MS](#), Part 1, Line 12.

Form MO-NBI must be filed with the [Form MO-1120](#).

Form MO-NBI (Revised 12-2014)

Taxation Division
P.O. Box 3365
Jefferson City, MO 65105-3365

Phone: (573) 751-4541
Fax: (573) 522-1721
E-mail: corporate@dor.mo.gov

Visit <http://dor.mo.gov/business/corporate/>
for additional information.



14106010001

MISSOURI FORM MO-1120

TAXABLE INCOME ALLOCABLE TO MISSOURI

UNRELATED BUSINESS INCOME/(LOSS)	779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>(779,358)</u>
APPORTIONABLE INCOME	-
MISSOURI APPORTIONMENT PERCENTAGE	0%
INCOME APPORTIONED TO MISSOURI	
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO MISSOURI	1,628
INCOME ALLOCABLE TO MISSOURI	<u>\$ 1,628</u>

Income and deductions reported on Form MO-1120 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form CD-405
North Carolina C Corporation Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of page one by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

North Carolina Department of Revenue
PO Box 25000
Raleigh, NC 27640-0500

Payment of Tax...

A payment in the amount of \$5,744 should be made payable to the North Carolina Department of Revenue. Please be sure to include EIN and "2014 Form CD-405" on check.

C Corporation Tax Return 2014

North Carolina Department of Revenue

Submit forms in the following order: CD-V, NC-478VJ, CD-479, NC-478, NC-478 series, CD-405, followed by CD-425

For calendar year 2014 or other tax year beginning (MM-DD) - - **14** and ending (MM-DD-YY) - - DOR Use Only / /

Legal Name (First 35 Characters)(USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)
Lumina Foundation for Education, Inc.

Address
30 S Meridian St, Suite 700

City State Zip Code
Indianapolis IN 46204

Federal Employer ID Number
▶ **35 - 1813228**

Secretary of State ID NAICS Code
▶ **900000**

Gross Receipts / Sales
▶ **3392944.00**

Total Assets per Balance Sheet
▶ **1265931444.00**

- Fill in all applicable circles:
- Initial Return
 - Amended Return
 - Captive REIT
 - Final Return
 - Tax Exempt-Nonprofit
 - NC-478 is attached
 - Short Year Return
 - Non U.S./Foreign
 - CD-479 is attached
 - Combined Return
 - Fed Sch M-3 is attached
 - Has Escheatable Property

N.C. Education Endowment Fund: You may contribute to the N.C. Education Endowment Fund by making a contribution or designating some or all of your overpayment to the Fund. To make a contribution, enclose Form NC-EDU and your payment of \$ 0. To designate your overpayment to the Fund, enter the amount of your designation on Page 2, Line 42. See instructions for information about the Fund.

(A) Computation of Franchise Tax

Holding Company Exception
(See instructions)

▶	1. Capital Stock, Surplus, and Undivided Profits <i>(From Schedule C, Line 13)</i>	0	.00
▶	2. Investment in N.C. Tangible Property <i>(From Schedule D, Line 8)</i>	0	.00
▶	3. Appraised Value of N.C. Tangible Property <i>(From Schedule E, Line 2)</i>	0	.00
▶	4. Taxable Amount Line 1, 2, or 3, whichever is greatest	0	.00
▶	5. Total Franchise Tax Due Multiply Line 4 by .0015 (\$1.50 per \$1,000.00 - minimum \$35.00)	0	.00
▶	6. Payment with Franchise Tax Extension <i>(From Form CD-419, Line 9)</i> <i>When filing an amended return, see instructions.</i>	0	.00
▶	7. Tax Credits <i>(From Form CD-425, Part 2, Line 11)</i> <i>If a tax credit is claimed on Line 7, Form CD-425 MUST be attached.</i>	0	.00
▶	8. Franchise Tax Due - If the sum of Line 6 plus 7 is less than Line 5, enter difference here and on Page 2, Line 33	\$ 0	.00
▶	9. Franchise Tax Overpaid - If the sum of Line 6 plus 7 is more than Line 5, enter difference here and on Page 2, Line 33	0	.00

(B) Computation of Corporate Income Tax

If amount on Line 10-12, Example: 14-16, or 18-20 is negative, fill in circle.

▶	10. Federal Taxable Income Before NOL <i>(From Schedule G, Line 30 or Federal Form 1120, Line 28 minus 29b)</i>	8 5 8 2 1 5	.00
▶	11. Adjustments to Federal Taxable Income <i>(From Schedule H, Line 5)</i>	0	.00
▶	12. Net Income Before Contributions Add (or subtract) Lines 10 and 11	8 5 8 2 1 5	.00
▶	13. Contributions to Donees Outside N.C. <i>(From Schedule I, Line 1c)</i>	4 4 6	.00
▶	14. N.C. Taxable Income Line 12 minus Line 13	8 5 7 7 6 9	.00
▶	15. Nonapportionable Income <i>(From Schedule N, Line 1)</i>	3 2 2 0 5 9	.00
▶	16. Apportionable Income Line 14 minus Line 15	5 3 5 7 1 0	.00
▶	17. Apportionment Factor - Enter to four decimal places <i>(From Schedule O, Part 1; Part 2 - Line 15; Part 3; or Part 4)</i>	0 . 0 0 0 0	%
▶	18. Income Apportioned to N.C. Multiply Line 16 by factor on Line 17	0	.00
▶	19. Nonapportionable Income Allocated to N.C. <i>(From Schedule N, Line 2)</i>	1 1 0 6 3 8	.00
▶	20. Income Subject to N.C. Tax STMT 1 Add Lines 18 and 19	1 1 0 6 3 8	.00
▶	21. Percentage Depletion over Cost Depletion on N.C. Property <i>(See Instructions)</i>	0	.00

(B) Computation of Corporate Income Tax	22. Net Economic Loss (Attach schedule)		▶ 22.		.00
	23. Income Before Contributions to N.C. Donees Line 20 minus Lines 21 and 22		▶ 23.	○	1 1 0 6 3 8 .00
	24. Contributions to N.C. Donees (From Schedule I, Line 2e)		▶ 24.		0 .00
	25. Net Taxable Income Line 23 minus Line 24		▶ 25.	○	1 1 0 6 3 8 .00
	26. N.C. Net Income Tax Multiply Line 25 by 6.0%		▶ 26.		6 6 3 8 .00
	27. Annual Report Fee		▶ 27.		.00
	28. Add Lines 26 and 27		▶ 28.		6 6 3 8 .00
	29. Payments and Credits When filing an amended return, see instructions.		▶ 29a.		0 .00
	a. Application for Income Tax Extension (From Form CD-419, Line 10)		▶ 29b.		8 8 5 .00
	b. 2014 Estimated Tax 2013 Overpayment Applied		▶ 29c.		.00
	c. Partnership (If a partnership payment is claimed on Line 29c, a copy of the NC K-1 MUST be attached.)		▶ 29d.		9 .00
	d. Nonresident Withholding (Include copy of 1099 or W-2)		▶ 29e.		0 .00
	e. Tax Credits (From Form CD-425, Part 4, Line 25) If a tax credit is claimed on Line 29e, Form CD-425 MUST be attached.		▶ 30.		9 .00
30. Add Lines 29a through 29e		▶ 31.	\$	5 7 4 4 .00	
31. Income Tax Due - If Line 30 is less than Line 28, enter difference here and on Line 34, below		▶ 32.		.00	
32. Income Tax Overpaid - If Line 30 is more than Line 28, enter difference here and on Line 34, below					

If amount on Line 23 or 25 is negative fill in circle.
Example: ●

Include \$25.00 **ONLY** if filing report with the Department of Revenue. (Pay online. Go to www.sosnc.com for an electronic filing option.)



Tax Due or Refund	33. Franchise Tax Due or Overpayment (From Schedule A, Line 8 or 9)		▶ 33.	○	0 .00	
	34. Income Tax Due or Overpayment (From Schedule B, Line 31 or 32)		▶ 34.	○	5 7 4 4 .00	
	35. Balance of Tax Due or Overpayment Add (or subtract) Lines 33 and 34		▶ 35.	○	5 7 4 4 .00	
	36. Underpayment of Estimated Income Tax (Enter letter in exceptions box, if applicable. See instructions.)		▶ 36.		0 .00	
	37. a. Interest	b. Penalties		▶ 37c.		0 .00
	▶ 0 .00	▶ 0 .00	(Add Lines 37a and 37b and enter the total on Line 37c)			
	38. Total Due - Add Lines 35, 36, and 37c and enter result here, but not less than zero. If less than zero, enter amount on Line 39. Pay online. Go to www.dorncc.com and click on E-Services .	Pay in U.S. Currency From a Domestic Bank		▶ 38.		5 7 4 4 .00
	39. Overpayment		▶ 39.		.00	
	40. Amount of Line 39 applied to 2015 Estimated Income Tax		▶ 40.		0 .00	
	41. Amount of Line 39 contributed to N.C. Nongame and Endangered Wildlife Fund		▶ 41.		.00	
	42. Amount of Line 39 contributed to N.C. Education Endowment Fund		▶ 42.		.00	
	43. Amount to be Refunded Line 39 minus Lines 40, 41, and 42		▶ 43.		.00	

If amount on Line 33-35 is an overpayment fill in circle.
Example: ●

Exception to Underpayment of Estimated Tax

Signature and Title of Officer: _____

I certify that, to the best of my knowledge, this return is accurate and complete.

Date: _____

Corporate Telephone Number: 3 1 7 - 9 5 1 - 5 3 0 0

(Important: Include Area Code)

Signature of Paid Preparer: _____

[Signature]

11/9/2015

I certify that, to the best of my knowledge, this return is accurate and complete.

Preparer's FEIN SSN PTIN: P 0 0 7 5 6 1 9 5

(Fill in applicable circle)

(C) Capital Stock, Surplus, and Undivided Profits

1. Total capital stock outstanding less cost of treasury stock	1. _____ .00
2. Paid-in or capital surplus	2. _____ .00
3. Retained earnings (earned surplus and undivided profits)	3. _____ .00
4. Other surplus	4. _____ .00
5. Deferred or unearned income	5. _____ .00
6. Allowance for bad debts	6. _____ .00
7. LIFO reserves	7. _____ .00
8. Other reserves that do not represent definite and accrued legal liabilities (Attach schedule)	8. _____ .00
9. Add Lines 1 through 8 and enter total	9. _____ 0 .00
10. Affiliated indebtedness (Attach schedule) _____	10. _____ .00
11. Line 9 plus (or minus) Line 10	11. _____ 0 .00
12. Apportionment factor (From Schedule O, Part 1; Part 2 - Line 15; Part 3; or Part 4)	12. <u> 0 </u> . <u> 0 </u> <u> 0 </u> <u> 0 </u> <u> 0 </u> %
13. Capital Stock, Surplus, and Undivided Profits Multiply Line 11 by factor on Line 12 and enter result here and on Schedule A, Line 1. If amount on Line 13 is less than zero, enter zero on Schedule A, Line 1.	13. 0 .00

(D) Investment in N.C. Tangible Property

1. Total value of inventories located in N.C. <i>Inventory valuation method:</i> <input type="radio"/> FIFO <input type="radio"/> Lower of cost or market <input type="radio"/> Other _____ <small>(LIFO valuation not permitted)</small>	1. _____ .00
2. Total value of furniture, fixtures, and machinery and equipment located in N.C.	2. _____ .00
3. Total value of land and buildings located in N.C.	3. _____ .00
4. Total value of leasehold improvements and other tangible property located in N.C.	4. _____ .00
5. Add Lines 1 through 4 and enter total	5. _____ 0 .00
6. Accumulated depreciation, depletion, and amortization with respect to N.C. tangible property	6. _____ .00
7. Debts existing for the purchase or improvement of N.C. real estate	7. _____ .00
8. Investment in N.C. Tangible Property Line 5 minus Lines 6 and 7; enter amount here and on Schedule A, Line 2	8. 0 .00

(E) Appraised Value of N.C. Tangible Property

1. Total appraised value of all N.C. tangible property, including motor vehicles <i>(If tax year ends December 31, 2014 through September 30, 2015, enter the appraised county tax value of all real and tangible property located in N.C. as of January 1, 2014, including any motor vehicles assessed during the tax year. Otherwise, enter value as of January 1, 2015.)</i>	1. _____ .00
2. Appraised Value of N.C. Tangible Property Multiply Line 1 by 55%; enter here and on Schedule A, Line 3	2. 0 .00

(F) Other Information - All Taxpayers Must Complete this Schedule

1. State of incorporation DE Date incorporated 05/10/1990

2. Date Certificate of Authority was obtained from N.C. Secretary of State _____

3. Regular or principal trade or business in N.C. Passive Investments Everywhere Passive Investments

4. Principal place from which business is directed or managed IN

5. What was the last year the IRS redetermined the corporation's federal taxable income? _____

6. Were the adjustments reported to N.C.? Yes No If so, when? _____

7. Does this corporation finance or discount its receivables through a related or an affiliated company? Yes No

8. Is this corporation subject to franchise tax but not N.C. income tax because the corporation's income tax activities are protected under P.L. 86-272? (Attach detailed explanation) Yes No

9. Officers' names and addresses:
 President JAMES P MERISOTIS Secretary JAMES APPLGATE
 Vice-President J. DAVID MAAS Treasurer _____

Ⓒ Federal Taxable Income Before NOL Deduction	
<i>Complete this schedule if you do not attach a copy of your federal income tax return.</i>	
1. a. Gross receipts or sales	0.00
b. Returns and allowances	0.00
c. Balance (Line 1a minus Line 1b)	0.00
2. Cost of goods sold (Attach schedule)	0.00
3. Gross Profit (Line 1c minus Line 2)	0.00
4. Dividends (Attach schedule)	0.00
5. a. Interest on obligations of the United States and its instrumentalities	0.00
b. Other interest	0.00
6. Gross rents	0.00
7. Gross royalties	0.00
8. Capital gain net income (Attach schedule)	1,162,084.00
9. Net gain (loss) (Attach schedule)	1,004,959.00
10. Other income (Attach schedule)	1,225,901.00
11. Total Income Add Lines 3 through 10	3,392,944.00
12. Compensation of officers (Attach schedule)	29,556.00
13. Salaries and wages (Less employment credits)	49,075.00
14. Repairs and maintenance	0.00
15. Bad debts	0.00
16. Rents	0.00
17. Taxes and licenses	33,458.00
18. Interest	0.00
19. Charitable contributions	446.00
20. a. Depreciation 2,419	
b. Depreciation included in cost of goods sold 0	
c. Balance (Line 20a minus Line 20b)	2,419.00
21. Depletion	0.00
22. Advertising	0.00
23. Pension, profit-sharing, and similar plans	0.00
24. Employee benefit programs	2,941.00
25. Domestic production activities deduction	0.00
26. Other deductions (Attach schedule)	2,415,834.00
27. Total Deductions Add Lines 12 through 26	2,533,729.00
28. Taxable Income per Federal Return Before NOL and Special Deductions Line 11 minus Line 27	859,215.00
29. Special Deductions (From Federal Form 1120, Line 29b)	1,000.00
30. Federal Taxable Income Before NOL Line 28 minus Line 29; enter amount here and on Schedule B, Line 10	858,215.00

Ⓓ Adjustments to Federal Taxable Income	
1. Additions:	
a. Taxes based on net income	0.00
b. Dividends paid by captive REITs	0.00
c. Contributions	0.00
d. Royalties paid to related members (See instructions)	0.00
e. Expenses attributable to income not taxed (See instructions)	0.00
f. Domestic production activities deduction (From Schedule G, Line 25)	0.00
g. Other (Attach explanation or schedule)	0.00
2. Total Additions (Add Lines 1a-1g)	0.00
3. Deductions:	
a. U.S. obligation interest (net of expenses)	0.00
b. Other deductible dividends (See instructions)	0.00
c. Dividends received from captive REITs	0.00
d. Royalties received from related members (See instructions)	0.00
e. Interest on deposits with FHLB (net of expenses) S&L's only	0.00
f. Bonus depreciation (See instructions)	0.00
g. Section 179 expense deduction	0.00
h. Other (Attach explanation or schedule)	0.00
4. Total Deductions (Add Lines 3a-3h)	0.00
5. Adjustments to Federal Taxable Income Line 28 minus Line 4, enter amount here and on Schedule B, Line 11	0.00

Ⓔ Contributions	
1. Contributions to Donees Outside N.C.	
a. Enter total contributions to donees outside N.C.	446.00
b. Multiply the amount shown on Schedule B, Line 12 by 5% if Line 12 is greater than zero. Otherwise, enter zero here.	42,911.00
c. Amount Deductible Enter the lesser of Line 1a or 1b here and on Schedule B, Line 13	446.00
2. Contributions to N.C. Donees	
a. Enter total contributions to N.C. donees other than those listed in Line 2d, below	0.00
b. Multiply the amount shown on Schedule B, Line 23 by 5% if Line 23 is greater than zero. Otherwise, enter zero here.	5,532.00
c. Enter the lesser of Line 2a or 2b	0.00
d. Enter total contributions to the State of N.C. and its political subdivisions	0.00
e. Amount Deductible Add Lines 2c and 2d; enter total here and on Schedule B, Line 24	0.00

Ⓕ Explanation of Changes for Amended Return	
<i>Attach additional sheets if necessary</i>	

Note: The letter K is not used to designate a schedule.

Complete this schedule only if you apportion income to North Carolina and to other states **AND** you have income classified as nonapportionable income. See the instructions for an explanation of what is **apportionable income** and what is **nonapportionable income**.

Nonapportionable Income

(A) Nonapportionable Income	(B) Gross Amounts	(C) Related Expenses*	(D) Net Amounts (Column B minus Column C)	(E) Net Amounts Allocated Directly to N.C.
Passive Investment Income	322,059	0	322,059	110,638

1. **Nonapportionable Income** (Enter the total of Column D here and on Schedule B, Line 15) 322,059 .00

2. **Nonapportionable Income Allocated to N.C.** (Enter the total of Column E here and on Schedule B, Line 19) 110,638 .00

Explanation of why income listed in chart is nonapportionable income rather than apportionable income:

(Attach additional sheets if necessary)

* For an acceptable means of computing related expenses, see 17 N.C.A.C. 5C .0304.

Computation of Apportionment Factor

Part 1. Domestic and Other Corporations Not Apportioning Franchise or Income Outside N.C.
Enter 100% on Schedule B, Line 17 and Schedule C, Line 12 100.0000 %

Part 2. Corporations Apportioning Franchise or Income to N.C. and to Other States
Note: Apportionment factors must be calculated 4 places to the right of the decimal. Example: 99.9999 %

	1. Within North Carolina		2. Total Everywhere	
	(a) Beginning Period	(b) Ending Period	(a) Beginning Period	(b) Ending Period
1. Land	0	0	0	0
2. Buildings	0	0	0	0
3. Inventories	0	0	0	0
4. Other property	0	0	0	0
5. Total (Add Lines 1-4)	0	0	0	0

6. Average value of property Add amounts on Line 5 for (a) and (b); divide by 2	0	0	0
7. Rented property (Multiply annual rents by 8)	0	0	0
8. Property Factor (Add Lines 6 and 7; divide Column 1 by Column 2 and enter factor)	0	0	Factor %
9. Gross payroll	0	0	0
10. Compensation of general executive officers			
11. Payroll Factor (Line 9 minus Line 10; divide Column 1 by Column 2 and enter factor)	0	0	Factor %
12. Sales Factor (Attach schedule) Divide Column 1 by Column 2 and enter factor	0	0	Factor %
13. Sales Factor (Enter the same factor as on Line 12)			0.0000 %
14. Total of Factors (Add Lines 8, 11, 12, and 13)			0.0000 %
15. N.C. Apportionment Factor (Divide Line 14 by the number of factors present; enter result here, on Schedule B, Line 17, and Schedule C, Line 12)			0.0000 %

Part 3. Corporations Apportioning Franchise or Income to N.C. and to Other States Using Single Sales Factor
Excluded corporations, qualified capital intensive corporations, and certain public utilities must apportion North Carolina franchise and corporate income tax using the sales factor alone. These corporations need not complete the property and payroll factor sections of this Schedule. Enter the sales factor from Line 12 here, on Schedule B, Line 17, and on Schedule C, Line 12. (See instructions and G.S.105 -130.4 for more information.) 0.0000 %

Part 4. Special Apportionment
Special apportionment formulas apply to certain types of corporations such as telephone companies, motor carriers, and railroad companies. If you use a special apportionment formula, enter the computed apportionment factor here, on Schedule B, Line 17, and on Schedule C, Line 12. (See instructions and G.S.105 -130.4 for more information.) %

NORTH CAROLINA FORM CD-405

TAXABLE INCOME ALLOCABLE TO NORTH CAROLINA

UNRELATED BUSINESS INCOME/(LOSS)	\$ 779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>\$ (779,358)</u>
APPORTIONABLE INCOME	\$ -
NORTH CAROLINA APPORTIONMENT PERCENTAGE	0%
INCOME ALLOCATED TO NORTH CAROLINA	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO NORTH CAROLINA	110,638
INCOME ALLOCABLE TO NORTH CAROLINA	<u><u>110,638</u></u>

Income and deductions reported on Form CD-405 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

* * * * *

Lumina Foundation for Education Instructions
for Filing
Form 40
North Dakota Corporate Income Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated at the bottom of the page by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Office of the State Tax Commissioner
600 E. Boulevard Ave., Dept. 127
Bismark, ND 58505-0599

Payment of Tax...

No payment of tax is required.

Form North Dakota Office of State Tax Commissioner
40 Corporation Income Tax Return



2014
WEB

Mark One: Calendar Year January 1, 2014, through December 31, 2014
 Fiscal Year beginning 01/01, 2014 and ending 12/31, 2014

Have a federal extension? <input checked="" type="radio"/> Yes <input type="radio"/> No If yes, must attach	Name <u>Lumina Foundation for Education, Inc.</u>	Federal employer identification no.* <input checked="" type="radio"/> 35-1813228
Date of incorporation <u>05/10/1990</u>	Mailing address <u>30 S Meridian St, Suite 700</u>	Is this a farming or ranching corporation? <input checked="" type="radio"/> Yes <input type="radio"/> No
Final return <input type="radio"/> Yes <input checked="" type="radio"/> No	City, State, Zip Code <u>Indianapolis, IN 46204</u>	Phone number <u>(317) 951-5300</u>
		Business code (see instructions) <u>900000</u>

Computation of tax liability

- 1 Income from (Mark the **ONE** circle that identifies the filing method - see instructions):
 a. Single Corp. Entity
 b. Combined Report Method
 b1. Combined Report Method Consol. Return
 c. Water's Edge Method
 c1. Water's Edge Method Consol. Return
 d. Other
- 2 Total additions (Enter amount from Schedule SA, line 9) _____
- 3 Total subtractions (Enter amount from Schedule SA, line 17) _____
- 4 North Dakota apportionable income (Subtract line 3 from the sum of lines 1 and 2) _____
- 5 Apportionment Factor (Factor from Schedule FACT or CR) _____
- 6 Income apportioned to North Dakota (Line 4 multiplied by line 5) _____
- 7 Income allocated to North Dakota 265 less related expenses _____
- 8 North Dakota income (Add lines 6 and 7) _____
- 9 Exemption for new and expanding business (Attach worksheet-for consolidated return, amount from Sch. CR) _____
- 10 Renaissance zone income exemption (Amount from Sch. RZ - for consolidated return, amount from Sch. CR) _____
- 11 North Dakota income after income exemptions (Subtract lines 9 and 10 from line 8) _____
- 12 North Dakota loss carryforward (Attach worksheet - for consolidated return, amount from Sch. CR) _____
- 13 Subtotal (Subtract line 12 from line 11) _____
- 14 Gross proceeds allocated to North Dakota from sale of research tax credit (See instructions) _____
- 15 North Dakota taxable income (See instructions) _____
- 16 Income tax due (See rates below) _____
- 17 Surtax on water's edge method election (3.5% of line 15 - **Water's edge filers only**) _____
- 18 Total income tax due (Add lines 16 and 17) _____
- 19 **Tax credits** (Enter amount from Schedule TC, line 26) _____

Round off to dollars

(LA) 1	<u>779,358</u>
(LB) 2	<u>33,458</u>
(LC) 3	<u>0</u>
4	<u>812,816</u>
(LE) 5	<u>0</u>
6	<u>0</u>
(LF) 7	<u>STMT 1 265</u>
8	<u>265</u>
(CL) 9	<u>0</u>
(RE) 10	<u>0</u>
11	<u>265</u>
(LH) 12	<u>265</u>
13	<u>0</u>
(EF) 14	<u>0</u>
(LI) 15	<u>0</u>
(EE) 16	<u>0</u>
(ST) 17	<u>0</u>
(LJ) 18	<u>0</u>
(AZ) 19	<u>0</u>

Balance due or overpayment

- 20 Net income tax liab. (Subtract ln. 19 from ln. 18) (Corp. filing a consol. rtn., enter amt. from Sch. CR, Part 1, ln. 20a) **20** 0
- 21 2014 Estimated income tax payments and payment with extension **(LN) 21** 0
- 22 North Dakota income tax withheld on oil and gas royalties (Attach 1099-MISC) **(LW) 22** 0
- 23 Total payments and amount withheld (Add lines 21 and 22) **23** 0
- 24 **If line 20 is greater than line 23, enter difference as BALANCE DUE (Enter \$0 if less than \$5)** **(LR) 24** 0
 - a. Interest and penalty for balance due on line 24 **(LQ) 24a** 0
 - b. Interest on underpayment of estimated tax (Attach Form 40-UT) **(UT) 24b** 0
 - c. Total payment due (Add lines 24, 24a, and 24b - Pay to ND State Tax Commissioner) **24c** 0
- 25 **If line 23 is greater than line 20, enter difference less line 24b, as OVERPAYMENT (Enter \$0 if less than \$5)** **(LV) 25** 0
 - a. Amount of line 25 to be credited to 2015 estimated tax (Minimum \$5) **(AI) 25a** 0
 - b. Amount of line 25 to be **REFUNDED** (Subtract line 25a from line 25) (No refund under \$5) **25b** 0

I declare that this return is correct and complete to the best of my knowledge and belief.

*Privacy Act Notice - See instructions

Date: _____ Signature of Officer: _____ Title: _____

Date: 11/9/2015 Signature of Preparer: [Signature] Address: 3815 River Crossing Parkway, Indianapolis FEIN: 35-0921680

I authorize the North Dakota Office of State Tax Commissioner to discuss this tax return with the preparer.

Mail to: Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck, ND 58505-0599

Tax Rate Table

\$ 0 to \$ 25,000	1.48% of North Dakota Taxable Income
\$ 25,000 to \$ 50,000	\$ 370.00 + 3.73% of amount over \$ 25,000
\$ Over 50,000	\$ 1,302.50 + 4.53% of amount over \$ 50,000

"Buy North Dakota Products"

PLEASE DO NOT WRITE IN THIS SPACE

CIT



Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	December 31, 2014
Notice date	June 15, 2015
Employer ID number	35-1813228
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

151262.565848.491552.21253 1 AT 0.416 370



LUMINA FOUNDATION FOR EDUCATION INC
30 S MERIDIAN ST STE 700
INDIANAPOLIS IN 46204-3568

Page 1 of 1



151262

Important information about your December 31, 2014 Form 990T

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your
December 31, 2014 Form 990T.
Your new due date is November 15, 2015.

What you need to do

File your December 31, 2014 Form 990T by November 15, 2015.
Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.



Name as shown on return
 Lumina Foundation for Education, Inc.

Federal employer I.D.
 35-1813228

Schedule SA: Statutory adjustments

This schedule is to be used by all corporations regardless of filing method.

Additions

1 Federal net operating loss deduction (Federal Form 1120, line 29a) -----	(CA) 1	0
2 Special deductions (Federal Form 1120, line 29b) -----	(CB) 2	0
3 All income taxes, franchise or privilege taxes measured by income, which were deducted to determine federal taxable income -----	(CC) 3	33,458
4 Interest on state and local obligations (Excluding North Dakota obligations) -----	(CF) 4	0
5 Contribution to endowment fund credit -----	(CD) 5	
6 Contribution to housing incentive fund credit adjustment -----	(CE) 6	
7 Domestic production activity deduction -----	(CO) 7	0
8 Other additions (Attach worksheet) -----	(CG) 8	0
9 Total additions (Add lines 1 through 8. Enter amount here and on Form 40, page 1, line 2) -----	9	33,458

Subtractions

10 Tax refunds received in 2014 (Attach worksheet) -----	(CH) 10	0
11 Interest on United States obligations (Attach statement regarding obligations) -----	(CI) 11	0
12 Allocable income (Attach worksheet) -----	(LS) 12	
13 Related expenses (Attach worksheet) -----	(LT) 13	
14 Balance (Subtract line 13 from line 12) -----	(LD) 14	0
15 IC-DISC distribution to a non-corporate owner (See instructions) -----	(CM) 15	
16 Others subtractions (Attach worksheet) -----	(CO) 16	0
17 Total subtractions (Add lines 10, 11, 14, 15 and 16. Enter amount here and on Form 40, page 1, line 3) -----	17	0

The following questions must be answered

	Yes	No
1 Has the IRS issued a Final Determination that affects a previously filed North Dakota return that has not been reported to North Dakota? -----	1 <input type="checkbox"/>	<input checked="" type="checkbox"/>
2 Is this return for a tax-exempt organization required to report unrelated business taxable income? -----	2 <input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Is this return for a foreign corporation filing Federal Form 1120-F? -----	3 <input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Has this corporation filed as a cooperative, a Foreign Sales Corporation, or a Domestic International Sales Corporation for federal purposes? -----	4 <input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is this return for an entity, or does the return include an entity, that filed a Financial Institution Tax return (Form 35) for 2012? If yes, mark the circle to indicate if this is an S corporation. ➤ <input checked="" type="radio"/>	5 <input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Does this corporation use the combined report method in any other states? If yes, attach a statement showing all states where the combined report method is used -----	6 <input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Does this corporation file its federal income tax return as a member of a consolidated group? If yes, please enter the Federal Employer I.D. No. under which the consolidated return is filed. (AM) _____	7 <input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Does the numerator of the apportionment factor on page 1, line 5 include the property, payroll and/or sales of more than one corporation required to file in this state? If yes: -----	8 <input type="checkbox"/>	<input checked="" type="checkbox"/>
● Filing method circle on page 1, line 1 must have been marked b1 or c1.		
● How many corporations are included in the numerator? ➤ _____		
● Complete North Dakota Schedule CR, Parts I, II and III reporting the activities of each company apportioning income to North Dakota.		
9 If this return is filed using the water's edge method, indicate which year of the five-year election this return represents. (List number: 1 through 5) ➤ _____		
10 Is this a limited liability company? -----	10 <input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Are any single member LLC's with business activity or apportionment factors in North Dakota that are treated as disregarded entities included in this return? (If yes, attach schedule with names and FEIN) -----	11 <input type="checkbox"/>	<input checked="" type="checkbox"/>
12 Is this corporation or any of its affiliates included in this return a captive real estate investment trust (REIT)? (If yes, attach schedule with names and Federal I.D. numbers of all captive REITS) -----	12 <input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Has this corporation changed names, been involved in a merger, reorganization or takeover during this tax year? If so, provide former name and details of change. ----- ➤ _____		

(former name)



Name as shown on return
 Lumina Foundation for Education, Inc.

Federal employer I.D.
 35-1813228

Schedule FACT: Apportionment factor for corporations not filing a consolidated state return

This schedule is to be used for corporations not filing a consolidated tax return, i.e., only corporations using filing method a, b, c, or d on page 1, line 1 are to use this schedule.

Corporations filing a consolidated North Dakota tax return, i.e., those corporations using filing method b1 or c1 on page 1, line 1, use Schedule CR, Part II -- do not use this schedule.

Property Factor: Average value at original cost of real and tangible personal property used in the business.
 (Exclude value of construction in progress)

	1. Total	2. North Dakota	3. Factor
1 Inventories -----	0	0	(Use 6-digit decimal only)
2 Buildings and other fixed depreciable assets -----	0	0	
3 Depletable assets -----	0	0	(North Dakota divided by Total = Factor)
4 Land -----	0	0	
5 Other assets (Attach detail) -----	0	0	
6 Rented property (Annual rental x 8) -----	0	(BL) 0	
7 Total Property (Add lines 1 through 6) ----- (BH) 7	0	(BA) 0	0.000000

Payroll Factor:

8 Wages, salaries, commissions and other compensation of employees which were included in the Federal Form 1120. (If the amount reported in Column (2) does not agree with the total compensation reported for North Dakota unemployment insurance purposes, attach an explanation) ----- (BJ) 8	0	(BC) 0	0.000000
--	---	--------	----------

Sales Factor:

9 Gross receipts or sales, less returns and allowances --- 9	0		
10 Sales delivered or shipped to North Dakota destinations ----- (BM) 10	0		
11 Sales shipped from North Dakota to:			
(a) The United States Government ----- 11a			
(b) Purchasers in a state or foreign country where the taxpayer was not subject to a net income tax or a tax measured by net income or, if subject, did not actually pay such tax ----- 11b			
12 Total sales (Add lines 9 through 11) ----- (BK) 12	0	(BE) 0	0.000000

13 Sum of factors (Add lines 7, 8 and 12) ----- 13 0.000000

14 Divide line 13 by the number of factors having an amount greater than zero in column 1, on lines 7, 8 and 12 (Enter factor here and on Form 40, page 1, line 5) ----- 14 0.000000



Name as shown on return

Lumina Foundation for Education, Inc.

Federal employer I.D.

35-1813228

Schedule TC: Tax credits

This schedule is to be used by all corporations regardless of filing method.

Corporations filing a consolidated North Dakota tax return, i.e., those corporations using filing method b1 or c1 on page 1, line 1, report each corporation's separate credits on Schedule CR, Part I, line 19 under each corporation's separate column, and on Schedule CR, Part III - Tax Credits. Report the total credit(s) here.

1	Contributions to nonprofit private colleges credit	(LK) 1	_____
2	Contributions to nonprofit private high schools credit	(LL) 2	_____
3	Geothermal, solar, wind, biomass energy device credits <i>(Attach worksheet)</i>	(LM) 3	_____
4	Employment of the developmentally disabled or chronically mentally ill credit	(LX) 4	_____
5	Research and experimental expenditure credits generated by taxpayer <i>(Attach worksheet)</i>	(LY) 5	_____
6	Research and experimental expenditure credits purchased by taxpayer <i>(Attach worksheet)</i>	(TO) 6	_____
7	Wage and Salary credits for a new industry <i>(Attach worksheet)</i>	(AK) 7	_____
8	Payment to a certified nonprofit development corporation credit	(AG) 8	_____
9	Renaissance Zone credits <i>(Enter amount from Schedule RZ and attach)</i>	(RC) 9	_____
10	Biodiesel or green diesel fuel production credit <i>(Attach worksheet)</i>	(LO) 10	_____
11	Soybean and canola crushing equipment costs credit <i>(Attach worksheet)</i>	(TB) 11	_____
12	Seed capital business investment credit <i>(Attach documentation)</i>	(TS) 12	_____
13	Biodiesel or green diesel fuel blending credit <i>(Attach worksheet)</i>	(TD) 13	_____
14	Biodiesel or green diesel fuel sales equipment costs credit <i>(Attach worksheet)</i>	(TF) 14	_____
15	Agricultural commodity processing facility investment credit <i>(Attach documentation)</i>	(TE) 15	_____
16	Endowment fund contribution credit <i>(Attach documentation)</i>	(TG) 16	_____
17	Microbusiness investment and employment credit <i>(attach worksheet)</i> a. total amount of new investment (TL) _____ b. total amount of new employment (TM) _____	(TH) 17	_____
18	Internship employment credit <i>(Attach worksheet)</i>	(TI) 18	_____
19	Angel fund investment credit <i>(Attach documentation)</i>	(TJ) 19	_____
20	Angel fund investment credit purchased carried forward by taxpayer <i>(Attach Form CTS)</i>	(TR) 20	_____
21	Workforce recruitment credit <i>(Attach worksheet)</i>	(TW) 21	_____
	a. Number of qualified employees hired (TT) _____		
22	Wages paid to a mobilized military employee credit <i>(Attach Schedule ME)</i>	(TO) 22	_____
23	Housing incentive fund credit <i>(Attach documentation)</i>	(TU) 23	_____
24	Automation manufacturing equipment purchase credit <i>(Attach documentation)</i>	(TX) 24	_____ 0
25	Contributions to Rural Leadership ND scholarship tuition program credit	(TY) 25	_____
26	Total tax credits <i>(Add lines 1 through 25. Enter amount here and on Form 40, page 1, line 19)</i>	26	_____ 0

Schedule WW: Combined report method income schedule

This schedule is to be used by all corporations using filing methods b or b1 on Page 1, Line 1.

1	Federal taxable income <i>(Consolidated Federal Form 1120, line 30)</i>	(LP) 1	_____
2	Taxable income or loss included on line 1 from nonunitary corporations <i>(Attach worksheet)</i>	(WN) 2	_____
3	Balance <i>(Subtract line 2 from line 1)</i>	3	_____
4	Taxable income or loss not included on line 1 from unitary corporations required to file a federal income tax return <i>(Attach worksheet)</i>	(WU) 4	_____
5	Book income before income taxes of unitary foreign corporations <i>(Attach worksheet)</i>	5	_____
6	Optional: Book to tax reconciliation <i>(Attach worksheet)</i>	6	_____
7	Subtotal <i>(Add lines 5 and 6)</i>	(WF) 7	_____
8	Income or loss from Foreign Sales Corporations and Interest Charge DISCs <i>(Attach worksheet)</i>	8	_____
9	Income or loss from Internal Revenue Code of 1986, as amended, Section 936 Possession Corporations	9	_____
10	Intercompany eliminations for members of the unitary group <i>(Attach worksheet)</i>	10	_____
11	Total income <i>(Add lines 3, 4, 7, 8 and 9 then subtract line 10. Enter amount here and on Form 40, page 1, line 1, and mark circle b or b1 on Form 40, page 1, line 1)</i>	(WW) 11	_____



Name as shown on return
 Lumina Foundation for Education, Inc.

Federal employer I.D.
 35-1813228

Schedule WE: Water's edge method income schedule

Worksheets containing details of lines 2, 3, 4 and 5 are required

1	Federal taxable income (<i>Consolidated Federal Form 1120, line 30</i>)	(LZ) 1	_____	
2	Income or loss not included in line 1 from affiliated corporations required to file a federal income tax return	2	_____	
3	Income or loss from Foreign Sales Corporations and Interest Charge DISCs (<i>Attach worksheet</i>)	3	_____	
4	Income or loss from Internal Revenue Code of 1986, as amended, Section 936 Possession Corporations (<i>Attach worksheet</i>)	4	_____	
5	Reversal of intercompany eliminations between water's edge corporations and non-water's edge corporations (<i>Attach worksheet</i>)	5	_____	
6	Intercompany eliminations for water's edge group corporations (<i>Attach worksheet</i>)	6	_____	
7	Total foreign dividends included in line 1 (<i>Attach worksheet</i>)	7	_____	
8	Taxable income or loss included on lines 1 or 2 from 80/20 corps. (<i>Attach worksheet</i>)	8	_____	
9	Balance (<i>Add lines 1-5 then subtract lines 6, 7 and 8</i>)	9	_____	0
10	Foreign dividends to be included in water's edge income (<i>Multiply line 7 by 30%</i>) (<i>See general definitions</i>)	10	_____	0
11	Total net book income of 80/20 corporations (<i>Attach worksheet</i>)	11	_____	
12	Net book income of 80/20 corporations to be included in water's edge income (<i>Multiply line 11 by 30%</i>)	12	_____	0
13	Total water's edge income (<i>Add lines 9, 10 and 12. Enter amount here and on Form 40, page 1, line 1, and mark circle c or c1 on Form 40, page 1, line 1</i>)	(WE) 13	_____	0

Water's edge method election instructions

A corporation required to file its North Dakota return using the worldwide unitary combined report method must do so unless it elects to apportion its income using the water's edge method.

A corporation elects and maintains the water's edge method election by marking the circle entitled "Water's Edge Method" (C or C1) on page 1, line 1, and completing Schedule WE.

A corporation electing the water's edge method must comply with all of the following

- The election must be made on the return as originally and timely filed;
- The water's edge election is binding for five consecutive taxable years upon making the election. Each subsequent year the water's edge circle is marked does NOT constitute a new five year election; and

- Any affiliated unitary foreign or domestic corporation that has income from North Dakota sources and is excluded from the water's edge group because it has less than twenty percent of its average property and payroll inside the U.S. must file a North Dakota return as a single entity.

A corporation electing the water's edge method must include only the apportionment factors and statutory adjustments of the water's edge group.

Schedule WE general definitions

"Water's edge group" includes a U.S. parent corporation, affiliated corporations incorporated in the U.S., excluding 80/20 corporations, affiliated corporations incorporated in a possession of the U.S., IC DISCs, FSCs, export trade corporations and foreign affiliated corporations which meet a defined minimum of U.S. activity.

"Affiliated corporation" means a parent corporation and any corporation of which more than fifty percent of the voting stock is owned directly or indirectly by the parent corporation or another member of the water's edge group.

"Reversal of intercompany eliminations between water's edge corporations and 80/20 corporations" means the reversal of eliminations made between water's edge corporations and 80/20 corporations that are included in the federal consolidated return. Dividends, interest, royalties, capital gains and losses, intercompany

profit on sales, etc. between water's edge corporations and 80/20 corporations that have been eliminated in preparing the consolidated federal return must be reversed.

"Intercompany eliminations for water's edge group corporations" are eliminations of intercompany transactions between companies included in line 1 and companies included in line 2.

"80/20 corporation" is a corporation that is incorporated in the U.S., is eligible to be included in the federal consolidated return as defined in N.D.C.C. § 57-38.4-01(5) and has 20 percent or less of its average property and payroll assigned to locations inside the U.S.

"Foreign dividends" means any dividend received by a member of the water's edge group from any affiliated corporation incorporated outside the fifty states and District of Columbia, including amounts included in income computed

under sections 951 through 954 of the Internal Revenue Code (IRC) of 1986, as amended. IRC section 78 gross up is not a foreign dividend.

"Net book income of an 80/20 corporation" means net book income after taxes for financial statement purposes. However, a corporation's net book income cannot be offset by a net book loss from another 80/20 corporation.

"Rescission of a water's edge election". A corporation's water's edge election is rescinded if:

- It has had more than 50% of its voting stock acquired by a nonaffiliated corporation;
- It was formed as the result of a reorganization or spinoff and is no longer a member of the water's edge group; or
- It is completely liquidated. The water's edge election of any corporation receiving liquidated assets is not affected.



Name as shown on return
 Lumina Foundation for Education, Inc.

Federal employer I.D.
 35-1813228

Schedule CR, Part I: Computation of tax due for corporations included in a North Dakota consolidated return

Corporation	Name of corporation	Federal Employer I.D.
A	_____	_____
B	_____	_____
C	_____	_____

List only corporations apportioning income to North Dakota (i.e., include companies having a factor greater than -0- in North Dakota)

Corporation A	Corporation B	Corporation C
_____ (name)	_____ (name)	_____ (name)
_____ FEIN	_____ FEIN	_____ FEIN
_____ Business Code	_____ Business Code	_____ Business Code

4 North Dakota apportionable income (Enter amount in Columns A, B & C from Form 40, page 1, line 4) _____	(CX) 4 _____	_____	_____
5 Apportionment factor (Enter factor from Part II, line 15) _____	(LE) 5 _____	_____	_____
6 Income apportioned to North Dakota (Line 4 multiplied by line 5) _____	6 _____	_____	_____
7 Income allocated to North Dakota \$ _____ less related expenses \$ _____	(LF) 7 _____	_____	_____
8 North Dakota income (Add lines 6 and 7) _____	8 _____	_____	_____
9 Exemption for new and expanding business (Attach worksheet) _____	(CL) 9 _____	_____	_____
10 Renaissance zone income exemption _____	(RE) 10 _____	_____	_____
11 ND income after income exemptions (Subtract lines 9 and 10 from line 8) _____	11 _____	_____	_____
12 North Dakota loss carryforward (Attach worksheet) _____	(LH) 12 _____	_____	_____
13 Subtotal (Subtract line 12 from line 11) _____	13 _____	_____	_____
14 Gross proceeds allocated to ND from sale of research tax credit (See instr.) _____	(EF) 14 _____	_____	_____
15 North Dakota taxable income (See instructions) _____	(LI) 15 _____	_____	_____
16 Income tax due (See tax rate table on Form 40, Page 1) _____	(EE) 16 _____	_____	_____
17 Surtax on water's edge method election (3.5% of line 15) _____	(ST) 17 _____	_____	_____
18 Total income tax due (Add lines 16 and 17) _____	(LJ) 18 _____	_____	_____
19 Tax credits (Enter each company's credits from Schedule CR, Part III, line 26) _____	(AZ) 19 _____	_____	_____
20 Net income tax liability (Subtract line 19 from line 18) _____	20 _____	_____	_____
20a Net income tax due (Add amounts on line 20, for all corporations. Enter total here and on Form 40, page 1, line 20 and complete lines 21 through 23, on Form 40) _____	(GA) 20a _____	_____	_____

Instructions for consolidated return using the combined report method

All corporations filing a consolidated North Dakota return (i.e. unitary groups including more than one company on this return) must complete the three parts of Schedule CR and attach the completed schedule to Form 40 when filed.

Space has been provided for three corporations (corporations A, B & C) having activity within North Dakota. If

space is needed for additional corporations having activity within North Dakota, additional copies of Schedule CR can be obtained by photocopying both parts of this original schedule or by printing additional copies from our web site at www.nd.gov/tax.

Complete Form 40, page 1, lines 1-4 before starting to complete Schedule CR, part I.

Schedule CR has been designed so the instructions for Form 40 in the booklet also apply to the line numbers on Schedule CR. For example, the instructions for Form 40, page 1, lines 6-20 also apply to Schedule CR, part I, lines 6-20.

After completing Schedule CR, part I, total lines 6, 7, 9, 10, 12, 14, and 16-19 and enter each total on the corresponding line on page 1.



Name as shown on return

Federal employer I.D.

Lumina Foundation for Education, Inc.

35-1813228

Schedule CR, Part II: Computation of factor for corporations filing a North Dakota consolidated return using the combined report method

(Use 6-digit decimal only)

Property Factor:

Average value at original cost of real and tangible personal property used in the business. *(Exclude value of construction in progress)*

Average Property:

Everywhere Average Property of All Corporations Being Combined	North Dakota Average Property		
	Corporation A	Corporation B	Corporation C
	(name)	(name)	(name)
	FEIN	FEIN	FEIN

1 Inventories	1			
2 Buildings and other depreciable assets	2			
3 Depletable assets	3			
4 Land	4			
5 Other assets <i>(Attach detail)</i>	5			
6 Rented property <i>(Annual rental x 8)</i>	6	(BL)		
7 Total average property <i>(Add lines 1 through 6)</i>	(BH) 7	(BA)		
7a Property factor <i>(Divide ND total average property by total everywhere average property)</i>		7a		
7b Total property factor <i>(Add amounts on line 7a, columns A, B & C)</i>				7b

Payroll Factor:

Wages, salaries, commissions and other compensation of employees which were included in the Federal Form 1120.

Everywhere Payroll All Corporations Being Combined	North Dakota Payroll		
	Corporation A	Corporation B	Corporation C

8 Payroll	(BJ) 8	(BC)		
8a Payroll factor <i>(Divide total ND payroll by total everywhere payroll)</i>		8a		
8b Total payroll factor <i>(Add amounts on line 8a, columns A, B & C)</i>				8b

Sales Factor:

Gross receipts or sales, less returns and allowance.

Everywhere Sales All Corporations Being Combined	North Dakota Sales		
	Corporation A	Corporation B	Corporation C

9 Everywhere sales	9			
10 Sales delivered or shipped to North Dakota destinations	(BM) 10			
11 Sales shipped from North Dakota to:				
(a) The United States Government	11a			
(b) Purchasers in a state or foreign country where the taxpayer was not subject to a net income tax or a tax measured by net income, or if subject, did not actually pay such tax	11b			
12 Total Sales <i>(Add lines 9 through 11b)</i>	(BK) 12	(BE)		
13a Sales Factor <i>(Divide total ND sales by total everywhere sales)</i>		13a		
13b Sales Factor <i>(Add amounts on line 13a, columns A, B & C)</i>				13b
14 Sum of the factors <i>(Add lines 7a, 8a and 13a)</i>		14		
15 Apportionment Factor <i>(Divide line 14 by the number of factors having an amount greater than zero in the everywhere column on lines 7, 8 and 12) (Enter factor here and on Schedule CR, Part I, line 5.)</i>		15		
15a Total factor <i>(Add amounts on lines 7b, 8b and 13b. Divide the sum by three, and enter the total amount here and on Form 40, page 1, line 5)</i>				15a



Name as shown on return

Federal employer I.D.

Lumina Foundation for Education, Inc.

35-1813228

Schedule CR, Part III: Tax credits for corporations filing a North Dakota consolidated return using the combined report method

	Corporation A	Corporation B	Corporation C
	(name)	(name)	(name)
	FEIN	FEIN	FEIN
1 Contributions to nonprofit private colleges credit _____	(LK) 1 _____	_____	_____
2 Contributions to nonprofit private high schools credit _____	(LL) 2 _____	_____	_____
3 Geothermal, solar, wind, biomass energy device credits (Attach worksheet) _____	(LM) 3 _____	_____	_____
4 Employment of the developmentally disabled or chronically mentally ill credit _____	(LX) 4 _____	_____	_____
5 Research and experimental expenditure credits generated by taxpayer (Attach worksheet) _____	(LY) 5 _____	_____	_____
6 Research and experimental expenditure credits purchased by taxpayer (Attach worksheet) _____	(TO) 6 _____	_____	_____
7 Wage and Salary credits for a new industry (Attach worksheet) _____	(AK) 7 _____	_____	_____
8 Payment to a certified nonprofit development corporation credit _____	(AG) 8 _____	_____	_____
9 Renaissance Zone credits (Enter amount from Schedule RZ and attach)	(RC) 9 _____	_____	_____
10 Biodiesel or green diesel fuel production credit (Attach worksheet)	(LO) 10 _____	_____	_____
11 Soybean and canola crushing equipment costs credit (Attach worksheet)	(TB) 11 _____	_____	_____
12 Seed capital business investment credit (Attach documentation) _____	(TS) 12 _____	_____	_____
13 Biodiesel or green diesel fuel blending credit (Attach worksheet) _____	(TD) 13 _____	_____	_____
14 Biodiesel or green diesel fuel sales equipment costs credit (Attach worksheet) _____	(TF) 14 _____	_____	_____
15 Agricultural commodity processing facility investment credit (Attach documentation) _____	(TE) 15 _____	_____	_____
16 Endowment fund contribution credit (Attach documentation) _____	(TG) 16 _____	_____	_____
17 Microbusiness investment and employment credit (Attach worksheet)			
a. total amount of new investment (TL) _____			
b. total amount of new employment (TM) _____	(TH) 17 _____	_____	_____
18 Internship employment credit (Attach worksheet) _____	(TI) 18 _____	_____	_____
19 Angel fund investment credit (Attach documentation) _____	(TJ) 19 _____	_____	_____
20 Angel fund investment credit purchased carried forward by taxpayer (Attach Form CTS) _____	(TR) 20 _____	_____	_____
21 Workforce recruitment credit (Attach worksheet) _____	(TW) 21 _____	_____	_____
a. Number of qualified employees hired (TT) _____			
22 Wages paid to a mobilized military employee credit (Attach Sch. ME)	(TQ) 22 _____	_____	_____
23 Housing incentive fund credit (Attach documentation) _____	(TU) 23 _____	_____	_____
24 Automation manufacturing equipment purchase credit _____	(TX) 24 _____	_____	_____
25 Contributions to Rural Leadership North Dakota scholarship tuition program credit _____	(TY) 25 _____	_____	_____
26 Total tax credits (Add lines 1 through 25. Enter amount here and on Form 40, page 1, line 19) _____	26 _____	_____	_____

NORTH DAKOTA FORM 40

TAXABLE INCOME ALLOCABLE TO TO NORTH DAKOTA

NORTH DAKOTA FORM 40

UNRELATED BUSINESS INCOME/(LOSS)	\$	779,358
LESS: NONBUSINESS INCOME/(LOSS)	\$	<u>(779,358)</u>
APPORTIONABLE INCOME	\$	-
NORTH DAKOTA APPORTIONMENT PERCENTAGE		0%
INCOME ALLOCATED TO NORTH DAKOTA		-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO NORTH DAKOTA		265
NET OPERATING LOSS APPLIED		<u>(265)</u>
INCOME ALLOCABLE TO NORTH DAKOTA	\$	<u><u>-</u></u>

Income and deductions reported on Form 40 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**ATTACHMENT TO FORM ND FORM 40
NET OPERATING LOSS CARRYFORWARD SCHEDULE**

<u>GENERATED</u>	<u>AMOUNT</u>	<u>EXPIRES</u>	<u>UTILIZED</u>	<u>EXPIRED</u>	<u>REMAINING</u>
12/31/2011	(554)	12/31/2031	265	-	(289)
12/31/2012	(154)	12/31/2032	-	-	(154)
12/31/2013	<u>\$ (2,675)</u>	12/31/2033	-	-	<u>\$ (2,675)</u>
REMAINING NOL					<u>\$ (3,118)</u>

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form CIT-1
New Mexico Corporate Income and
Franchise Tax Return
for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated on page one by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

New Mexico Taxation
and Revenue Department
P.O. Box 25127
Santa Fe, New Mexico 87504-5127

Overpayment of Tax...

The return shows an overpayment in the amount of \$1,200 in which \$1,200 has been applied to estimated tax and NONE should be refunded to you.

2014 CIT-1 (page 2)
NEW MEXICO CORPORATE INCOME AND FRANCHISE TAX RETURN



Federal Employer Identification Number (FEIN)

35-1813228

1. Taxable income before federal NOL and special deductions (from federal Form 1120).....	1	859,215
1a. If federal taxable income is negative, enter the federal NOL incurred..	1a	0
2. Interest income from municipal bonds, excluding New Mexico bonds	2	0
3. Federal special deductions (from federal Form 1120). Enter only a positive number.....	3	1,000
4. New Mexico base income. Add lines 1 and 2, and then subtract line 3.....	4	858,215
5. New Mexico NOL carryover. Attach schedule.....	5	0
6. Interest from U.S. government obligations or federally taxed New Mexico bonds	6	0
7. Subtotal. Subtract the sum of lines 5 and 6 from line 4.....	7	858,215
8. Deduction for foreign dividends from CIT-D, line 5	8	0
9. New Mexico net taxable income. Subtract line 8 from line 7	9	(319,693)
10. Income tax computation. Tax on the amount on line 9. See tax table on page 9 of instructions.....	10	0
11. New Mexico percentage. Enter 100% OR percentage from CIT-C, line 5	11	0.00%
12. New Mexico income tax. Multiply line 10 by the percentage on line 11.....	12	0
13. Total tax credits applied against the income tax liability on line 12 (from CIT-CR, line A). Attach CIT-CR	13	
14. Net income tax. Subtract line 13 from line 12. Amount cannot be negative	14	0
15. Franchise tax (\$50 per corporation)	15	50
16. Total income and franchise tax. Add lines 14 and 15.....	16	50
17. Amended Returns Only. Enter amount of all 2014 refunds received or overpayments applied to 2015. Also see instructions for line 19.....	17	
18. Subtotal. Add lines 16 and 17.....	18	50
19. Total Payments: <input type="checkbox"/> Quarterly <input checked="" type="checkbox"/> Extension <input type="checkbox"/> Applied from prior year	19	1,250
Mark this box if you wish to use method 4 to calculate penalty and interest on underpayment of estimated tax. See instructions, attach RPD-41287.	19a	<input type="checkbox"/>
20. New Mexico income tax withheld from oil and gas proceeds. Attach Forms 1099-Misc or RPD-41285	20	
21. New Mexico income tax withheld from a pass-through entity. Attach Forms 1099-Misc or RPD-41359	21	
22. Total payments and tax withheld. Add lines 19 through 21.....	22	1,250
23. Tax due. If line 18 is greater than line 22, subtract line 22 from line 18.....	23	NONE
24. Penalty. See CIT-1 Instructions	24	0
25. Interest. See CIT-1 Instructions	25	0
26. Total amount due. Add lines 23, 24, and 25.....	26	0
27. Overpayment. If line 22 is greater than line 18, enter the difference.....	27	1,200
27a. Amount of overpayment to be applied to 2015 liability (not more than line 27)	27a	1,200
27b. Amount of overpayment to be refunded. Subtract line 27a from line 27	27b	
28. Refundable part of film production and renewable energy production tax credits claimed (from CIT-CR, line B). Attach CIT-CR	28	
29. Total refund of overpaid tax and refundable credit due to you. Add lines 27b and 28.....	29	0

Taxpayer's signature

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 or an employee of the taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer

Date

(317) 951-5300

Title

Contact phone number

Taxpayer's email address

Paid preparer's use only:

Shirley Bernick

11/9/2015

Signature of preparer if other than employee of the taxpayer

Date

P1 **NM CRS identification number**

P2 **FEIN** 35-0921680

P3 **Preparer's PTIN** P00756195

P4 **Preparer's phone number** (317) 569-8989

2014 CIT-EXT Corporate Income and Franchise Tax Extension Payment Voucher

Purpose of this form. Use this 2014 CIT-EXT payment voucher to make an extension payment towards a 2014 corporate income and franchise tax liability. An extension payment requires a federal automatic extension or a New Mexico extension; a payment towards a potential tax liability with CIT-EXT avoids accrual of interest. By obtaining an extension of time to file your return, penalty for failure to file and pay is waived through the extension period, provided you file the return and pay the tax shown on the return by the extended due date. Interest accrues even if you obtain an extension of time to file and pay the return. Interest is assessed daily at the quarterly rate established by the U.S. Internal Revenue Code on the amount of tax due. The Department posts annual and daily interest rates for each quarter at www.tax.newmexico.gov. In the black navigation bar at the top, click **BUSINESSES** and then under **Popular Information**, click **Penalty and Interest Rates**.

If you expect to owe more tax when you file your 2014 return and you obtained an extension of time to file, make a payment using the 2014 CIT-EXT payment voucher to avoid the accrual of interest on the principal tax due. Submit the payment voucher at the bottom with your check or money order.

About the Application for Extension of Time to File.

- **Federal automatic extension filed.** New Mexico recognizes and accepts an Internal Revenue Service (IRS) automatic extension of time to file. If you obtain the federal automatic extension by filing Form 7004, *Application for Automatic Extension of Time to File Certain Business Income Tax, Information, and Other Returns* for tax year 2014, you have the federal automatic extension period allowed by the IRS to file your New Mexico return. You do not need to file Form RPD-41096, *Application for Extension of Time to File*. Detach the voucher at the bottom and submit it to the Department with your extension payment.
- **New Mexico extension request filed.** If you expect to file your federal return by the original due date or by the federal automatic extension of time to file allowed by the IRS, but you need additional time to file your New Mexico return, you must obtain approval through the state. To request approval, you must submit Form RPD-41096, *Application for Extension of Time to File*, on or before the due date of the return or the extended due date of the return. You may submit RPD-41096 at the same time you submit your extension payment. Detach the voucher at the bottom and submit it to the Department with your extension payment.

You may submit your payment with the payment voucher below or pay online at no charge by electronic check. You can pay online through Taxpayer Access Point (TAP) at <https://tap.state.nm.us>. Under **FOR BUSINESSES**, click **Make a Payment** and then in **Account Type**, select **Corporate Income Tax**. The electronic check authorizes the Department to debit your checking account in the amount and on the date you specify. You may also use any of these credit cards—Visa, MasterCard, American Express, or Discover Card—for your online payment. A convenience fee of 2.40% is applied for using a credit card. The State of New Mexico uses this fee, calculated on the transaction amount, to pay charges from the credit card companies. To file a New Mexico application for extension of time to file and pay, you must submit Form RPD-41096.

NOTE: When you provide a check as payment, you authorize the Department either to use information from your check to make a one-time electronic fund transfer from your account, or to process the payment as a check transaction.

MAIL TO: New Mexico Taxation and Revenue Department, PO Box 25127, Santa Fe, NM 87504-5127

Please cut on the dotted line to detach the voucher and then submit it with your payment to the Department.

(CUT ON THE DOTTED LINE)

2014 CIT-EXT New Mexico Corporate Income and Franchise Tax Extension Payment Voucher

CORPORATION'S NAME Lumina Foundation for Education, Inc.	FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) 35-1813228
MAILING ADDRESS 30 S Meridian St, Suite 700	NEW MEXICO CRS IDENTIFICATION NUMBER
CITY, STATE AND ZIP CODE Indianapolis, IN 46204	

Make your check or money order payable to:
New Mexico Taxation and Revenue Department

AMOUNT ENCLOSED

				1	2	5	0	00
--	--	--	--	---	---	---	---	----

Using your own envelope,
mail payment and voucher to:
New Mexico Taxation and Revenue Department
P.O. Box 25127, Santa Fe, NM 87504-5127

NEW MEXICO FORM CIT-1

TAXABLE INCOME ALLOCABLE TO TO NEW MEXICO

NEW MEXICO FORM CIT-1

UNRELATED BUSINESS INCOME/(LOSS)	\$ 799,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>\$ (799,358)</u>
APPORTIONABLE INCOME	\$ -
NEW MEXICO APPORTIONMENT PERCENTAGE	0%
INCOME ALLOCATED TO NEW MEXICO	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO NEW MEXICO	<u>(319,693)</u>
INCOME ALLOCABLE TO NEW MEXICO	<u><u>\$ (319,693)</u></u>

Income and deductions reported on Form CIT-1 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**ATTACHMENT TO FORM NM FORM CIT-1
NET OPERATING LOSS CARRYFORWARD SCHEDULE**

<u>GENERATED</u>	<u>AMOUNT</u>	<u>UTILIZED</u>	<u>EXPIRED</u>	<u>REMAINING</u>
12/31/2014	(319,693)	-	-	(319,693)
REMAINING NOL	<hr/>			<hr/> \$ (319,693) <hr/>

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form CT-13
New York Unrelated Business Income Tax
Return for the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated on page three by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

NYS Corporation Tax
Processing Unit
PO Box 22038
Albany, NY 12201-2038

Payment of Tax...

A payment in the amount of \$2,306 should be made payable to the NYS Corporation Tax Processing Unit. Please be sure to include EIN and "2014 Form CT-13" on check.



CT-13

New York State Department of Taxation and Finance

Unrelated Business Income Tax Return

Amended return

Tax Law - Article 13

All filers enter tax period:

beginning 01/01/2014 ending 12/31/2014

Form fields for Employer Identification number (EIN), File number, Business telephone number, Legal name of corporation, Trade name/DBA, Mailing name, State or country of incorporation, Date received, Date of incorporation, City, State, ZIP code, Foreign corporations: date began business in NYS, NAICS business code number, Principal unrelated business activity, etc.

Form CT-247, Application for Exemption from Corporation Franchise Taxes by a Not-For-Profit Organization

Organization - Have you filed this New York State application for exemption? Yes No X

Mark an X in this box if you are an employee trust as defined in Internal Revenue Code (IRC) section 401(a)

Mark an X in this box if you ceased operating the unrelated business during the tax year covered by this return (see section Who must file Form CT-13 in the instructions)

Table with 2 columns: Description (A. Pay amount shown on line 22. Make payable to: New York State Corporation Tax) and Payment enclosed (2,306)

Computation of income and tax

Table with 3 columns: Line number, Description, and Amount. Rows include Federal unrelated business taxable income, New York State Article 13 and Article 23 tax deducted, Additions required for shareholders, etc.

See page 3 for third-party designee, certification, and signature entry areas.

400001140094



Have you been audited by the Internal Revenue Service in the past 5 years? Yes No If Yes, list years: _____

Federal return was filed on: 990-T Other: Attach a complete copy of your federal return.

Schedule A – Unrelated business allocation

If you did not maintain a regular place of business outside New York State, leave this schedule blank. A regular place of business is any office, factory, warehouse, or other space regularly used by the taxpayer in its unrelated business. If you claim this allocation, attach a list of each place of business, the location, nature of activities, and number and duties of employees.

Average value of:		A New York State	B Everywhere	
26 Real estate owned (see instructions)	26	0	0	
27 Gross rents (attach list; see instructions)	27	0	0	
28 Inventories owned.....	28	0	0	
29 Other tangible personal property owned (see instructions)	29	0	0	
30 Total (add lines 26 through 29)	30	0	0	
31 Percentage in New York State (divide line 30, column A, by line 30, column B)	31			0.0000 %

Receipts in the regular course of business from:

32 Sales of tangible personal property shipped to points within New York State.....	32			
33 All sales of tangible personal property.....	33			
34 Services performed.....	34			
35 Rentals of property	35			
36 Other business receipts	36	0	0	
37 Total (add lines 32 through 36)	37	0	0	
38 Percentage in New York State (divide line 37, column A, by line 37, column B).....	38			0.0000 %
39 Wages, salaries, and other compensation of employees (except general executive officers; see instructions)	39	0	0	
40 Percentage in New York State (divide line 39, column A, by line 39, column B)	40			0.0000 %
41 Total of New York State percentages (add lines 31, 38, and 40)	41			0.0000 %
42 Business allocation percentage (divide line 41 by three or by the number of percentages)	42			0.0000 %

Composition of prepayments claimed on line 18*

		Date paid	Amount
43 Payment with extension request, Form CT-5, line 5	43	05/15/2014	3,250
44a Second installment from Form CT-400	44a		0
44b Third installment from Form CT-400	44b		
44c Fourth installment from Form CT-400	44c		
45 Amount of overpayment credited from prior years	45		0
46 Total prepayments (add lines 43 through 45; enter here and on line 18)	46		3,250

* Taxpayers subject to the unrelated business income tax are not required to make estimated tax payments. If you did make these unrequired payments, report them on lines 44a, 44b, and 44c.

Amended return information

If filing an amended return, mark an X in the box for any items that apply and attach documentation.

Final federal determination If marked, enter date of determination: • _____

Net operating loss (NOL) carryback... Capital loss carryback.....

Federal return filed Form 1139 Amended Form 990-T

400002140094



Third – party designee <i>(see instructions)</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Designee's name <i>(print)</i> Nicole M Bencik	Designee's phone number (317) 569-8989
	Designee's e-mail address		PIN P00756195

Certification: I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Authorized person	Printed name of authorized person	Signature of authorized person	Official title	
	E-mail address of authorized person		Telephone number (317) 951-5300	Date
Paid preparer use only <i>(see instr.)</i>	Firm's name <i>(or yours if self-employed)</i> CROWE HORWATH LLP		Firm's EIN 35-0921680	Preparer's PTIN or SSN P00756195
	Signature of individual preparing this return <i>Nicole Bencik</i>	Address 3815 River Crossing Parkway	City Indianapolis	State IN
	E-mail address of individual preparing this return Nicole.Bencik@crowehorwath.com		Preparer's NYTPRIN	ZIP code 46240-0977
Date				

See instructions for where to file.

400003140094



NEW YORK FORM CT-13
TAXABLE INCOME ALLOCABLE TO NEW YORK

UNRELATED BUSINESS INCOME/(LOSS)	\$ 779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>\$ (779,358)</u>
APPORTIONABLE INCOME	\$ -
NEW YORK APPORTIONMENT PERCENTAGE	0%
INCOME ALLOCATED TO NEW YORK	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO NEW YORK	<u>61,729</u>
INCOME ALLOCABLE TO NEW YORK	<u><u>61,729</u></u>

Income and deductions reported on Form CT-13 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.

**A COMPLETE COPY OF THE
FORM 990T,
WAS ATTACHED TO THE
STATE INCOME TAX
RETURN PRIOR TO FILING.**

* * * * *

Lumina Foundation for Education
Instructions for Filing
Form FAE-170
Tennessee Franchise Excise Tax Return for
the year ended December 31, 2014

* * * * *

Signature . . .

The original return should be signed and dated on page one by an authorized officer of the organization.

Filing . . .

The signed return should be filed on or before November 16, 2015 with the following:

Tennessee Department of Revenue
Andrew Jackson State Office Building
500 Deaderick Street
Nashville, TN 37242

Payment of Tax...

No payment of tax is required.



TENNESSEE DEPARTMENT OF REVENUE
FRANCHISE, EXCISE TAX RETURN

**FAE
170**

Taxable Year Beginning: 01/01/2014 Ending: 12/31/2014	Account No.
	Due Date 10/15/2015
CHECK APPROPRIATE BLOCK: a. <input type="checkbox"/> Tennessee Domestic Corporation b. <input type="checkbox"/> Foreign Corporation c. <input type="checkbox"/> S Corporation d. <input type="checkbox"/> Insurance Company e. <input type="checkbox"/> LLC f. <input type="checkbox"/> Single Member LLC/individual g. <input type="checkbox"/> Single Member LLC/corporation h. <input type="checkbox"/> Single Member LLC/general partnership i. <input type="checkbox"/> Single Member LLC/Division of parent(see instructions) j. <input type="checkbox"/> Series LLC/Series k. <input type="checkbox"/> PLLC l. <input type="checkbox"/> LP m. <input type="checkbox"/> LLP n. <input type="checkbox"/> RLLP o. <input type="checkbox"/> PRLLP p. <input type="checkbox"/> Business Trust q. <input checked="" type="checkbox"/> Not-For-Profit r. <input type="checkbox"/> Other _____	

Please do not staple

FEIN 35-1813228

AMENDED RETURN, please check the box at right.

FINAL RETURN for termination or withdrawal, please check box at right.

Application of Public Law 86-272 to Excise Tax, please check box at right.

Payment for this return was sent via EFT, please check the box at right.

Taxpayer has made an election to calculate net worth per the provisions of Tenn. Code Ann. Section 67-4-2103(g)-(i), please check the box at right.

Enter the principal business activity code (NAICS) listed in federal IRC instructions that best describes the principal business activity in Tennessee. 900099

Date Tennessee Operations Began _____

If you use a paid preparer and do not want forms mailed to you next year, check box at right.

TAXPAYER NAME AND MAILING ADDRESS

NAME Lumina Foundation for Education, Inc.

BOX (STREET) 30 S Meridian St, Suite 700

CITY Indianapolis

STATE IN ZIP 46204

SCHEDULE A - COMPUTATION OF FRANCHISE TAX		DOLLARS	CENTS
1. Total net worth from Schedule F1, Line 5 or Schedule F2, Line 3	(1)	0	
2. Total real & tangible personal property from Schedule G, Line 15	(2)	0	
3. Franchise tax (25¢ per \$100.00 or major fraction thereof on the greater of Lines 1 or 2; minimum \$100.00) ..	(3)	100	

SCHEDULE B - COMPUTATION OF EXCISE TAX		DOLLARS	CENTS
4. Income subject to excise tax from Schedule J, Line 33	(4)	0	
5. Excise tax (6.5% of Line 4)	(5)	0	
6. Add: Recapture of tax credit from Schedule T, Part 2	(6)	0	
7. Net excise tax due (Line 5 plus Line 6)	(7)	0	

SCHEDULE C - COMPUTATION OF TOTAL TAX DUE OR OVERPAYMENT		DOLLARS	CENTS
8. Total Franchise and Excise taxes - Add lines 3 and 7	(8)	100	
9. Deduct: Total credit from Schedule D, Line 10 (cannot exceed Line 8)	(9)	0	
10. Subtotal: Line 8 less Line 9 (if Line 9 exceeds Line 8, enter 0 here)	(10)	100	
11. Deduct: Total payments from Schedule E, Line 7	(11)	730	
12. Penalty (5% for each 30-day period of delinquency not to exceed 25%; minimum penalty is \$15)	(12)	0	
13. Interest (% per annum on taxes unpaid by the due date)	(13)	0	
14. Penalty on estimated franchise, excise tax payments	(14)	0	
15. Interest on estimated franchise, excise tax payments	(15)		
16. Total amount due (overpayment) - Add lines 10, 12, 13, 14, and 15, less Line 11	(16)	(630)	

If overpayment reported on Line 16, complete A and/or B:
 A. Credit to next year's tax \$ 0 B. Refund \$ 730

POWER OF ATTORNEY - Check YES if this taxpayer's signature certifies that this tax preparer has the authority to execute this form on behalf of the taxpayer and is authorized to receive and inspect confidential tax information and to perform any and all acts relating to respective tax matters. YES

Under penalties of perjury, I declare that I have examined this report, and to the best of my knowledge and belief, it is true, correct, and complete.

Taxpayer's Signature _____ Date 11/9/2015 Title (317) 569-8989

Tax Preparer's Signature *Shane Drake* Preparer's PTIN P00756195 Date _____ Telephone _____

3815 River Crossing Parkway Indianapolis IN 46240-0977

Preparer's Address _____ City _____ State _____ ZIP _____

RV-R0011001

**FOR OFFICE
USE ONLY**

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Remit amount on Line 16, payable to:
TENNESSEE DEPARTMENT OF REVENUE
 Andrew Jackson State Office Building
 500 Deaderick Street, Nashville, TN 37242

TAXABLE YEAR 01/01/2014 - 12/31/2014	TAXPAYER NAME Lumina Foundation for Education, Inc.	ACCOUNT NO./FEIN/SSN 35-1813228
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Schedule D -- SCHEDULE OF CREDITS		
1. Gross Premiums tax credit (cannot exceed Schedule C, Line 8)	(1)	
2. Tennessee Income Tax (cannot exceed Schedule B, Line 5)	(2)	
3. Green Energy Tax Credit	(3)	
4. Carbon Charge Credit	(4)	
5. Brownfield Property Credit	(5)	
6. Qualified Headquarters Relocation Expense Credit	(6)	
7. Industrial Machinery Credit from Schedule T, Line 11	(7)	0
8. Jobs Tax Credit from Schedule X, Line 16	(8)	
9. Jobs Tax Credit computed in accordance with Tenn. Code Ann. Section 67-4-2109(b)(2) from Schedule X, Line 21	(9)	
10. Total Credit - Add lines 1 through 9 (Enter here and on Schedule C, Line 9)	(10)	0

Schedule E -- SCHEDULE OF PAYMENTS		
1. Overpayment from previous year if available	(1)	230
2. First quarterly estimated payment	(2)	0
3. Second quarterly estimated payment	(3)	0
4. Third quarterly estimated payment	(4)	0
5. Fourth quarterly estimated payment	(5)	0
6. Extension payment	(6)	500
7. Total payments - Add lines 1 through 6 (Enter here and on Schedule C, Line 11)	(7)	730

COMPUTATION OF FRANCHISE TAX		
Schedule F1 -- NON-CONSOLIDATED NET WORTH		
1. Net Worth (total assets less total liabilities)	(1)	
2. Indebtedness to or guaranteed by parent or affiliated corporation (Cannot be a deduction)	(2)	
3. Total lines 1 and 2	(3)	0
4. Ratio (Schedules N, O, P, or R if applicable or 100%)	(4)	0.00 %
5. Total - Line 3 multiplied by Line 4 (Enter here and on Schedule A, Line 1)	(5)	0

Schedule F2 -- CONSOLIDATED NET WORTH		
1. Consolidated Net Worth (total assets less total liabilities)	(1)	
2. Ratio (Schedule 170NC or 170SF)	(2)	%
3. Total - Line 1 multiplied by Line 2 (Enter here and on Schedule A, Line 1)	(3)	0

NOTE: Schedule F2 is to be completed only if the consolidated net worth election has been made.

Schedule G - DETERMINATION OF REAL AND TANGIBLE PROPERTY				
BOOK VALUE OF PROPERTY OWNED - Cost less accumulated depreciation				In Tennessee
1. Land	(1)			
2. Buildings, leaseholds, and improvements	(2)			
3. Machinery, equipment, furniture, and fixtures	(3)			
4. Automobiles and trucks	(4)			
5. Prepaid supplies and other tangible personal property	(5)			
6. Share of partnership real and tangible property provided that the partnership does not file a return	(6)			
7. Inventories and work in progress	(7)			
a. Deduct exempt inventory in excess of \$30 million (Tenn. Code Ann. Section 67-4-2108(a)(6)(B))	(7a)			()
8. a. Deduct value of certified pollution control equipment (Include copy of certificate (Tenn. Code Ann. Section 67-5-604)) and				
b. equipment used to produce electricity at a Certified Green Energy Production Facility	(8)			()
9. Deduct exempt required capital investments (Tenn. Code Ann. Section 67-4-2108(a)(6)(G))	(9)			()
10. SUBTOTAL - Add lines 1 through 7, less Line 7a through Line 9	(10)			0
Rental Value of Property Used but not Owned				(C)
Net Annual Rental Paid for:				
11. Real property	(A)	(B)	(11)	
12. Machinery & equipment used in manufacturing & processing	In Tennessee	x8	(12)	0
13. Furniture, office machinery, and equipment		x3	(13)	0
14. Delivery or mobile equipment		x2	(14)	0
15. TENNESSEE TOTAL - Add lines 10-14 (Enter total here and on Schedule A, Line 2)		x1	(15)	0

TAXABLE YEAR 01/01/2014 - 12/31/2014	TAXPAYER NAME Lumina Foundation for Education, Inc.	ACCOUNT NO./FEIN/SSN 35-1813228
---	--	------------------------------------

COMPUTATION OF EXCISE TAX

Schedule J-1 -- COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS PARTNERSHIPS

1. Ordinary Income or Loss from Federal Form 1065, Line 22	(1)	
Additions:		
2. Additional income items specifically allocated to partners, including guaranteed payments to partners (Fed 1065 - Sch K)	(2)	
3. Any net loss or expense received from a "pass-through" entity subject to the excise tax, or any net loss or expense distributed to a publicly traded REIT. Include schedule of entities and FEINs	(3)	
4. Total - Add lines 1, 2, and 3	(4)	0
Deductions:		
5. Additional expense items specifically allocated to partners (Fed 1065 -Sch K)	(5)	
6. Amount subject to self-employment taxes distributable or paid to each partner or member net of any pass-through expense deducted elsewhere on this return (If negative, enter zero) (Include on Schedule K, Line 3)	(6)	
7. Amount of contribution, not previously deducted, to qualified pension or benefit plans of any partner or member, including all IRC 401plans (Include on Schedule K, Line 3)	(7)	
8. Any net gain or income received from a "pass-through" entity subject to the excise tax, or any net gain or income distributed to a publicly traded REIT. Include schedule of entities and FEINs	(8)	
9. Total deductions - Add lines 5 through 8	(9)	0
10. Total - Line 4 less Line 9 (Enter here and on Schedule J, Line 1)	(10)	0

Schedule J-2 -- COMPUTATION OF NET EARNINGS FOR A SINGLE MEMBER LLC FILING AS AN INDIVIDUAL

Additions:		
1. Business Income from Form 1040, Schedule C	(1)	
2. Business Income from Form 1040, Schedule D	(2)	
3. Business Income from Form 1040, Schedule E	(3)	
4. Business Income from Form 1040, Schedule F	(4)	
5. Business Income from Form 4797	(5)	
6. Other: Form _____, Schedule _____	(6)	
7. Any net loss or expense received from a "pass-through" entity subject to the excise tax	(7)	
8. Total - Add lines 1 through 7	(8)	0
Deductions:		
9. Amount subject to self-employment taxes distributable or paid to the single member (If negative, enter zero) (Include on Schedule K, Line 3)	(9)	
10. Any net gain or income received from a "pass-through" entity subject to the excise tax	(10)	
11. Total deductions - Add lines 9 and 10	(11)	0
12. Total - Line 8 less Line 11 (Enter here and on Schedule J, Line 1)	(12)	0

Schedule J-3 -- COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS SUBCHAPTER S CORPORATIONS

1. Ordinary Income or Loss from Federal Form 1120S, Line 21	(1)	
Additions:		
2. Income items to extent includable in federal income were it not for "S" status election (Fed 1120S - Schedule K)	(2)	
3. Any net loss or expense received from a "pass-through" entity subject to the excise tax	(3)	
4. Total - Add lines 1, 2 and 3	(4)	0
Deductions:		
5. Expense items to extent includable in federal expenses were it not for "S" status election (Fed 1120S - Schedule K) .	(5)	
6. Any net gain or income received from a "pass-through" entity subject to the excise tax	(6)	
7. Total deductions - Add lines 5 and 6	(7)	0
8. Total - Line 4 less Line 7 (Enter here and on Schedule J, Line 1)	(8)	0

Schedule J-4 -- COMPUTATION OF NET EARNINGS FOR ENTITIES TREATED AS CORPORATIONS AND "OTHER" ENTITIES

1. Federal Form 1120 - Line 28 (Taxable income or loss before net operating loss deduction and special deductions)	(1)	
2. Federal Form 990-T, Line 30 (unrelated business taxable income)	(2)	859,215
3. Other: Form _____, Schedule _____	(3)	
Additions:		
4. Any net loss or expense received from a "pass-through" entity subject to the excise tax	(4)	
Deductions:		
5. Any net gain or income received from a "pass-through" entity subject to the excise tax	(5)	859,215
6. Total - Lines 1 through 4 less Line 5 (Enter here and on Schedule J, Line 1)	(6)	0

TAXABLE YEAR 01/01/2014 - 12/31/2014	TAXPAYER NAME Lumina Foundation for Education, Inc.	ACCOUNT NO./FEIN/SSN 35-1813228
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Schedule J - COMPUTATION OF NET EARNINGS SUBJECT TO EXCISE TAX

1. Federal income or loss (Enter amount from Schedule J-1, J-2, J-3, or J-4)	(1)	(1,169)
ADDITIONS:		
2. Intangible Expenses paid, accrued, or incurred to an affiliated business entity or entities deducted for federal income tax purposes	(2)	0
3. Any depreciation under the provisions of IRC Section 168 not permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation and any expense/depreciation deducted as a result of "safe harbor" lease elections.	(3)	0
4. Any deduction for domestic production activities under the provisions of IRC Section 199	(4)	0
5. Any gain on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity	(5)	
6. Tennessee excise tax expense (to the extent reported for federal purposes)	(6)	0
7. Gross premiums tax deducted in determining federal income and used as an excise tax credit	(7)	
8. Interest income on obligations of states and their political subdivisions, less allowable amortization	(8)	
9. Depletion not based on actual recovery of cost	(9)	0
10. Contribution carryover from prior period(s)	(10)	
11. Capital gains offset by capital loss carryover or carryback	(11)	0
12. Excess fair market value over book value of property donated	(12)	
13. Excess rent to/from an affiliate. A taxpayer paying excess rent enters a positive amount on this line. A taxpayer receiving excess rent, to the extent added back to net earnings by its affiliate, enters a negative amount on this line.	(13)	
14. Total additions - Add lines 2 through 13	(14)	0
DEDUCTIONS:		
15. Any depreciation under the provisions of IRC Section 168 permitted for excise tax purposes due to Tennessee permanently decoupling from federal bonus depreciation	(15)	0
16. Any excess gain (or loss) from the basis adjustment resulting from Tennessee permanently decoupling from federal bonus depreciation	(16)	
17. Any loss on the sale of an asset sold within twelve months after the date of distribution to a nontaxable entity	(17)	
18. Dividends received from corporations, at least 80% owned	(18)	
19. Contributions in excess of amount allowed by federal government	(19)	
20. Donations to Qualified Public School Support Groups and nonprofit organizations	(20)	
21. Portion of current year's capital loss not included in federal taxable income	(21)	0
22. Any expense other than income taxes, not deducted in determining federal taxable income for which a credit against the federal income tax is allowable	(22)	
23. Any income included for federal tax purposes and any depreciation or other expense that could have been deducted for "safe harbor" lease elections.	(23)	
24. Nonbusiness earnings - Schedule M, Line 8	(24)	0
25. Intangible Expenses paid, accrued, or incurred to an affiliated entity or entities. The applicable box must be checked in order to take this deduction (check all that apply): <input type="checkbox"/> A) Form IE-N; Attached <input type="checkbox"/> B) Form IE-A; Previously Submitted, Approval/Denial Pending <input type="checkbox"/> C) Form IE-A; Previously Submitted and Approved	(25)	
26. Intangible income from an affiliated business entity or entities if the corresponding intangible expenses have not been deducted by the affiliate(s) under Tenn. Code Ann. Section 67-4-2006(b)(2)(N)	(26)	
27. TOTAL deductions - Add lines 15 through 26	(27)	0
COMPUTATION OF TAXABLE INCOME		
28. Total Business Income (Loss) - Add lines 1 and 14, less Line 27 (If loss, complete Schedule K)	(28)	(1,169)
29. Apportionment Ratio (Schedules N, O, P, or R if applicable or 100%)	(29)	0.00 %
30. Apportioned business income (Loss) (Line 28 multiplied by Line 29)	(30)	0
31. Add: Nonbusiness earnings directly allocated to Tennessee (From Schedule M, Line 9)	(31)	STMT 1 (1,169)
32. Deduct: Loss carryover from prior years (From Schedule U)	(32)	
33. Subject to excise tax (6.5%) (Line 30 plus Line 31, less Line 32) (enter here and on Schedule B, Line 4)	(33)	0

Schedule K - DETERMINATION OF LOSS CARRYOVER AVAILABLE -See Rule 1320-6-1-.21 of Departmental Rules and Regulations

1. Net loss from Schedule J, Line 28	(1)	0
ADD:		
2. Amounts reported on Schedule J, lines 18 and 24	(2)	0
3. Amounts reported on Schedule J-1, lines 6 and 7, and Schedule J-2, Line 9	(3)	0
4. Reduced loss - Add lines 1 through 3 (if net amount is positive, enter "0")	(4)	0
5. Excise Tax ratio (Schedules N, O, P, or R if applicable or 100%)	(5)	0.00 %
6. Current year loss carryover available (Line 4 multiplied by Line 5)	(6)	0



**TENNESSEE DEPARTMENT OF REVENUE
ALLOCATION AND APPORTIONMENT SCHEDULES**

**SCHEDULES M THROUGH R
(FORM FAE 170)**

TAXABLE YEAR	TAXPAYER NAME	ACCOUNT NO./FEIN/SSN
01/01/2014 - 12/31/2014	Lumina Foundation for Education, Inc.	35-1813228

IMPORTANT: IF YOU USE THIS FORM, ATTACH IT TO YOUR FRANCHISE, EXCISE TAX RETURN.

Allocation and apportionment schedules may be used only by taxpayers doing business outside the state of Tennessee within the meaning of Tenn. Code Ann. Sections 67-4-2010 and 67-4-2110. The burden is upon the taxpayer to show that the taxpayer has the right to apportion.

SCHEDULE M - Schedule of Nonbusiness Earnings

Note - If all earnings are business earnings as defined below, do not complete this schedule. Any nonbusiness earnings, less related expenses, are subject to direct allocation and should be reported in this schedule.

Definitions: "Business Earnings" means (1) earnings arising from transactions and activity in the regular course of the taxpayer's trade or business or (2) earnings from tangible and intangible property if the acquisition, use, management, or disposition of the property constitutes an integral part of the taxpayer's regular trade or business operations. In essence, earnings which arise from the conduct of the trade or trades or business operations of a taxpayer are business earnings, and the taxpayer must show by clear and cogent evidence that particular earnings are classifiable as nonbusiness earnings. A taxpayer may have more than one regular trade or business in determining whether income is business earnings.

"Nonbusiness Earnings" means all earnings other than business earnings.

Description (If further description is necessary see below)	Gross Amounts	*Less Related Expenses	Net Amounts	Net Amounts Allocated Directly to Tenn.
1. Taxpayer's investment in Partnerships and not due to the result of the Taxpayer's normal operations.	779,358			(1,169)
2. _____				
3. _____				
4. _____				
5. _____				
6. _____				
7. _____				
8. <u>Total nonbusiness earnings (Transfer to Schedule J, Line 24)</u>			0	XXXXX
9. <u>Nonbusiness earnings allocated directly (Transfer to Schedule J, Line 31)</u>			XXXXX	(1,169)

If necessary, describe source of nonbusiness earnings and explain why such earnings do not constitute business earnings as defined above. Enumerate these items to correspond with items listed above.

*As a general rule, the allowable deductions for expenses of a taxpayer are related to both business and nonbusiness earnings. Such items as administrative costs, taxes, insurance, repairs, maintenance, and depreciation are to be considered. In the absence of evidence to the contrary, it is assumed that the expenses related to nonbusiness rental earnings will be an amount equal to 50 percent of such earnings and that expenses related to other nonbusiness earnings will be an amount equal to 5 percent of such earnings. (See regulation 1320-6-1.23(3))

TAXABLE YEAR 01/01/2014 - 12/31/2014	TAXPAYER NAME Lumina Foundation for Education, Inc.	ACCOUNT NO./FEIN/SSN 35-1813228
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APPORTIONMENT SCHEDULES FOR TAXPAYERS DOING BUSINESS OUTSIDE THE STATE OF TENNESSEE
Franchise and excise tax ratios are obtained by using the arithmetical average of the following ratios. If a factor's denominator (everywhere value) is zero, that factor is to be eliminated entirely and the average is to be computed from the remaining factor or factors.

SCHEDULE N - APPORTIONMENT - STANDARD (Manufacturers, retailers, wholesalers, etc)				
Property	In Tennessee		Total Everywhere	
	a. Beginning of Taxable year	b. End of Taxable year	a. Beginning of Taxable year	b. End of Taxable year
NOTE: USE ORIGINAL COST OF ASSETS				
1. Land, buildings, leaseholds, and improvements	0	0	0	0
2. Machinery, equipment, furniture, and fixtures	0	0	0	0
3. Automobiles and trucks				
4. Inventories and work in progress	0	0	0	0
5. Prepaid supplies and other property				
6. Share of partnership property (if partnership is not taxable)				
7. Excise tax total (Lines 1 through 6)	a. 0	b. 0	a. 0	b. 0
8. Less exempt inventory (see Tenn. Code Ann. Section 67-4-2111(b)(1))	()	()	()	()
9. Franchise tax total (Line 7 minus Line 8)	a. 0	b. 0	a. 0	b. 0
10. Excise tax average value (add Line 7(a) & (b), divide by 2)		0		0
11. Franchise tax average value (add Line 9(a) & (b), divide by 2)		0		0
12. Add: Rented property (rent paid X 8)		0		0
NOTE: Double Weighted Sales Factor	a. In Tennessee	b. Total Everywhere	c. Franchise Ratio (Col. a ÷ Col. b)	d. Excise Ratio (Col. a ÷ Col. b)
13. Excise Tax property factor (Line 10 plus Line 12)	0	0		0.00 %
14. Franchise Tax property factor (Line 11 plus Line 12)	0	0	0.00 %	
15. Payroll factor	0	0	0.00 %	0.00 %
16. Sales factor - (Business Gross Receipts)	0	0	0.00 %	0.00 %
Sales factor - (Business Gross Receipts)	0	0	0.00 %	0.00 %
17. Total Ratios			0.00 %	0.00 %
18. Apportionment Ratio - Divide Line 17 by four, or by the number of factors with everywhere values greater than zero (Enter Franchise Ratio on Sch. F1, Line 4. Enter Excise Ratio on Sch. J, Line 29)			0.00 %	0.00 %

SCHEDULE O - APPORTIONMENT - COMMON CARRIERS (Railroads, motor carriers, pipelines and barges)			
	In Tennessee	Total Everywhere	Ratio
1. Total franchise mileage (odometer miles)			0.00 %
2. Tennessee intrastate receipts - Interstate gross receipts everywhere			0.00 %
3. Total Ratios	XXXXXX	XXXXXX	0.00 %
4. Apportionment Ratio - Divide Line 3 by two, or by the number of factors with everywhere values greater than zero (Enter Franchise Ratio on Sch. F1, Line 4, Enter Excise Ratio on Sch. J, Line 29)			0.00 %

SCHEDULE P - APPORTIONMENT - AIR CARRIERS			
	In Tennessee	Total Everywhere	Ratio
1. Originating revenue			0.00 %
2. Airmiles flown (Include in Tennessee column only airmiles flown on flights either originating from or ending in Tennessee or both)			0.00 %
3. Total Ratios	XXXXXX	XXXXXX	0.00 %
4. Apportionment Ratio - Divide Line 3 by two, or by the number of factors with everywhere values greater than zero (Enter Franchise Ratio on Sch. F1, Line 4, Enter Excise Ratio on Sch. J, Line 29)			0.00 %

SCHEDULE R - APPORTIONMENT - AIR EXPRESS CARRIERS			
	In Tennessee	Total Everywhere	Ratio
1. Originating revenue			0.00 %
2. Airmiles flown and groundmiles traveled (Include in Tennessee column only airmiles flown on flights either originating from or ending in Tennessee or both. Include only groundmiles traveled with respect to actual common carriage of persons or property for hire)			0.00 %
3. Total Ratios	XXXXXX	XXXXXX	0.00 %
4. Apportionment Ratio - Divide Line 3 by two, or by the number of factors with everywhere values greater than zero (Enter Franchise Ratio on Sch. F1, Line 4, Enter Excise Ratio on Sch. J, Line 29)			0.00 %



**TENNESSEE DEPARTMENT OF REVENUE
INDUSTRIAL MACHINERY TAX CREDIT**

TAXABLE YEAR 01/01/2014 - 12/31/2014	TAXPAYER NAME Lumina Foundation for Education, Inc.	ACCOUNT NO./FEIN/SSN 35-1813228
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Franchise and excise taxes may be reduced by a credit on industrial machinery purchased during the tax period covered by the return and located in Tennessee. The credit is generally computed at 1% of the purchase price of qualified industrial machinery. The credit taken on any return cannot exceed 50% of the current year's franchise and excise tax liability, but any unused credit may be carried forward 15 years under Tenn. Code Ann. Section 67-4-2009(3).

SCHEDULE T (FORM FAE 170) - SCHEDULE OF INDUSTRIAL MACHINERY

PART 1 TAX CREDIT COMPUTATION

1. Purchase price of machinery	(1)	_____
2. Percentage allowed (Generally 1%, see note below)	(2)	_____%
3. Original credit (Line 1 multiplied by Line 2)	(3)	____0
4. Credit available from prior year(s) (From Schedule V)	(4)	____0
5. Total credit available (Add lines 3 and 4)	(5)	____0
6. Franchise and Excise Tax liability before any credits (From Schedule A, Line 3 plus Schedule B, Line 5) (6)		_____
7. Limitation on Credit (50% of line 6)	(7)	_____
8. Franchise and Excise Tax liability before any credits (From Schedule A, Line 3 plus Schedule B, Line 5) (8)		_____
9. Credits from Schedule D, Lines 1 through 6 and Schedule D, Line 9	(9)	_____
10. Tax before Industrial Machinery Credit (Line 8 less Line 9)	(10)	_____
11. Amount available in Current Year (Least of Lines 5, 7, or 10; transfer to Schedule D, Line 7)	(11)	_____

PART 2 RECAPTURE OF TAX CREDIT

In the event that any industrial machinery is sold or removed and credit has been taken against franchise and/or excise taxes, the following formula is to be used to recapture the tax credit taken for each item of machinery. If the credit has not been taken due to the 50% annual limitation, carryover should be adjusted accordingly.

Credit taken on purchase of machinery X percentage of useful life remaining at time of sale or removal = Amount of credit to be recaptured.

Total amount of recapture to be used to increase franchise and excise tax liability (Transfer to Schedule B, Line 6) \$ _____

Note: The percentage allowed on Part 1, Line 2 above is 1%, unless the taxpayer has met the requirements of Tenn. Code Ann. Section 67-4-2009(3)(l) and has been approved by the Commissioner of Revenue for an enhanced rate based on the investment amount. The statutory minimum investment requirements and applicable rates are shown on the following chart:

Minimum Required Capital Investment	Rate of Credit
\$100,000,000	3%
\$250,000,000	5%
\$500,000,000	7%
\$1,000,000,000	10%

SCHEDULE U and V - LOSS CARRYOVER/INDUSTRIAL MACHINERY CREDIT CARRYOVER

IMPORTANT INFORMATION APPLICABLE TO LOSS CARRYOVER
<p>1. Net operating losses may be carried forward for up to fifteen (15) years until fully utilized.</p> <p>2. Tenn. Code Ann. Section 67-4-2006(c)(8) requires that loss carryover be reduced by the Tennessee portion of discharge of indebtedness income excluded from federal gross income under I.R.C. section 108(a) where the bankruptcy discharge occurs on or after October 1, 2013. See Excise Tax Report of Bankruptcy Discharge form and the above referenced code section for more information.</p>

SCHEDULE U - SCHEDULE OF LOSS CARRYOVER

Year	Period Ended (MM/YY)	For Original Return or As Amended	Used In Prior Year(s)	Expired	Loss Carryover Available
1	12/31	(1,169)			(1,169)
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total Amount (Transfer to Schedule J, Line 32)					(1,169)

SCHEDULE V - SCHEDULE OF INDUSTRIAL MACHINERY CREDIT CARRYOVER

IMPORTANT INFORMATION APPLICABLE TO INDUSTRIAL MACHINERY CREDIT CARRYOVER					
<p>Unused credit may be carried forward for up to fifteen (15) years. Reference: Tenn. Code Ann. Section 67-4-2009(3)(c).</p>					
Year	Period Ended (MM/YY)	For Original Return or As Amended	Used In Prior Year(s)	Expired	Industrial Machinery Credit Carryover Available
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
Total Amount (Transfer to Schedule T, Line 4)					0

TENNESSEE FORM FAE-170

TAXABLE INCOME ALLOCABLE TO TENNESSEE

UNRELATED BUSINESS INCOME/(LOSS)	\$ 779,358
LESS: NONBUSINESS INCOME/(LOSS)	<u>\$ (779,358)</u>
APPORTIONABLE INCOME	\$ -
TENNESSEE APPORTIONMENT PERCENTAGE	0%
INCOME ALLOCATED TO TENNESSEE	-
PLUS: NONBUSINESS INCOME/(LOSS) ALLOCATED TO TENNESSEE	<u>(1,169)</u>
INCOME ALLOCABLE TO TENNESSEE	<u>(1,169)</u>

Income and deductions reported on Form FAE-170 denoted as Unrelated Business Taxable Income are a result of the Taxpayer's investment in investment partnerships and not due to the Taxpayer's normal operations. The investment partnerships have communicated the amount of Unrelated Business Income via Schedule K-1 footnotes or other detailed schedules provided.