						270	3 5 (73.4.400
Form: 990-T	E	cempt Organi	zation B	Bus	iness Income der section 6033(Tax Retu	rn	OMB No 1545-0047
ا العربية العرب	1 JX	• •	-					
- ' (For cale	-		-	, 2019, and endi	1 / 1	(°/)	<u> </u>
Department of the Treasury Internal Revenue Service	ピン				nstructions and the latest y be made public if your orga	1 (/ 1		Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if	<u> </u>	Name of organization (ne changed and see instruction			oyer identification number
address changed		Traine or organization (no onangoa ana ooo moneone.	•,		oyees' trust, see instructions)
B Exempt under section	1	THE FREEMAN	FOUNDATI	ON				•
X 501(C () 3)	Print	Number, street, and roo			box, see instructions	_	13-2	965090
408(e) 220(e	_ or	,			•		E Unre	lated business activity code
408(e) 220(e	INPE	P O BOX 5016	5				(See II	nstructions)
529(a)	Ί	City or town, state or pr		and Z	IP or foreign postal code	-	1	
C Book value of all assets	1	NEW YORK, NY					5259	90
at end of year	F Gro	up exemption number					J	
322,115,593.		eck organization type	` , , 		poration X 501(c) trust	401(a)	trust Other trust
H Enter the number o								y (or first) unrelated
trade or business he	re ▶PAI	RTNERSHIP INCO	OME			complete Parts	I-V If moi	re than one, describe the
				olete	Parts I and II, complete a S	chedule M for ea	ch additio	nal
trade or business, th					·			
			ry in an affiliat	ed gr	oup or a parent-subsidiary of	controlled group?		Yes X No
If "Yes," enter the r	ame and	identifying number of t	the parent corp	oratio	on 🕨			
J The books are in car	e of ▶R0	OCKEFELLER TRU	JST COMPA	NΥ,	NA Telephor	ne number ► (2	212)54	9-5544
Part! Unrelated	Trade	or Business Incon	ne		(A) Income	(B) Exper	nses	(C) Net
1a Gross receipts or	sales		1 1					
b Less returns and allow	ances		c Balance ▶	1 c				
2 Cost of goods so	old (Sched	ule A, line 7)		2		ļ		
•		2 from line 1c	_	3			/	1
4a Capital gain net	income (a	nttach Schedule D)		4a	1,168.			1,168.
b Net gain (loss) (F	orm 4797	Part II, line 17) (attach Fo	orm 4797)	4b				
c Capital loss dedi	action for t	trusts	_	4c	5.6.000			15. 56.000
		r an S corporation (attach state		5	56,298	ATCH 1		56,298.
6 Rent income (Sc	hedule C)			6				
		,		7				
8 Interest, annuities roy	alties, and re	ents from a controlled organiza	tion (Schedule F)	8			-	
		11(c)(7), (9) or (17) organizati		19				
•	-	ncome (Schedule I)		10				
•		dule J)	~ ⊢	11_		· · · · · · · · · · · · · · · · · · ·		
12 Other income (S	ee instruc	ctions, attach schedule)		12_	57,466.			57,466.
13 Total Combine I	ines 3 thr	ough 12	(Soo instru	13	ns for limitations on c	leductions \ (Deduct	
		he unrelate <u>d busin</u>				leductions) (Deducti	ions must be directly
		directors, and trustees)		14	T
			(QCJBUBIE-N)V					
15 Salaries and wag16 Repairs and mail			···· ' <i>\</i>	مر	101		• •	
17 Bad debts		്ിി	NOV 201	ZUZI			17	
		(see instructions)	· · · · · · · ·		<u></u> , ≝		18	
19 Taxes and license		(333	OGDEN	Ü	\mathcal{T}		. 19	
	,	4562)						
		I on Schedule A and els					216	
. ,								*
							· · —	
/								<u> </u>
,								
/					<u>.</u>			
		es 14 through 27						
29 Unrelated busin	ess taxat	ole income before ne	et operating l	oss	deduction Subtract line	₹8 from line	13 29	57,466.
30 Deduction for ne	t operatir	ng loss arising in tax ye	ears beginning	on c	or after January 1, 2018 (See	e instructions)	.1. 30	
31 Unrelated busine	ess taxabl	e income Subtract line	e 30 from line 2	<u>9</u> .	. <u>I. M. Y.</u> J.	<u>.1</u>	. 31	57,466.
		Notice, see instructions					1	Form 990-T (2019)

Form	99 0 -T (2019)				Page 2
	t III Total Unrelated Business Taxable Income				
32	t tal of unrelated business taxable income computed from all unrelated trades or businesses (s	ee			
,	Instructions)	. 32		57,	466.
33	Amounts paid for disallowed fringes	33			
4	Charitable contributions (see instructions for limitation rules)	34			
5	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract li	re l			
	34 from the sum of lines 32 and 33	35		57,	466.
6	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (s	ee			
	instructions)	1 1 1			
7	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37			466.
8	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	₹ 38		1,	000.
9	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than line	,,,,			
	enter the smaller of zero or line 37	. \ 39		56,	466.
Par	t IV Tax Computation				
0	organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	. ▶ 40			
1	Trusts Taxable at Trust Rates. See instructions for tax computation income tax	ଜ 📗 📗			
	the amount on line 39 from Tax rate schedule or X Schedule (Form 104)	15 41		19,	052.
2	Proxy tax. See instructions	. ▶ 42			
3	Alternative minimum tax (trusts only)	43			
	Tax pn Noncompliant Facility Income. See instructions	Ja 44			
5	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	. 45		19,	052.
	t V Tax and Payments				
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116).;. \ 46a				
b'	Other credits (see instructions)				
C	General business credit Attach Form 3800 (see instructions)				
d	General business credit Attach Form 3800 (see instructions)				
	Total credits. Add lines 46a through 46d	46e			
	Subtract line 46e from line 45	47		19,	052.
3	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedu	le). 48			
)	Total tax. Add lines 47 and 48 (see instructions)	49		19,	052.
0	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3				
1 a	Payments A 2018 overpayment credited to 2019	<u>,,, </u>			
b	2019 estimated tax payments				
С	Tax deposited with Form 8868				
d	Foreign organizations Tax paid or withheld at source (see instructions)				
е	Backup withholding (see instructions)				
f	Credit for small employer health insurance premiums (attach Form 8941)	_			
g	Other credits, adjustments, and payments Form 2439				
	Form 4136	_			
2	Total payments. Add lines 51a through 51g	= 12		10,	000.
}	Estimated tax penalty (see instructions) Check if Form 2220 is attached	1 \$3			
ļ	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	U T		9,	052.
5	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid				
6	Enter the amount of line 55 you want Credited to 2020 estimated tax Refunded				
² ar	t VI Statements Regarding Certain Activities and Other Information (see instruc		T		
7	At any time during the 2019 calendar year, did the organization have an interest in or a signature			Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization		1		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of	the foreign	i country		.,
	here		-		X
8	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	foreign trust	° · · · · [Х
	If "Yes," see instructions for other forms the organization may have to file				
9	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$				
	 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to true operect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge 	the best of m	y knowledge a	nd beli	ef, it is
igı		May the	IRS discuss	this r	eturn
ler		with the	preparer sho	own t	
	Signature of officer Date Title	(see instruction		8	No
اد: د	Print/Type preparer's name Preparer's signature Date	Check ıf	PTIN		
aid	SUSAN E LETINER CFA CHARACTER 117 097 2020	self-employed			
•	Only Firm's name NOCKEFELLER TRUST CO NA	ım's EIN 🕨	13-3321		
	Firm's address PO BOX 5016, NEW YORK, NY 10185-5016	Phone no 21	12-549-5		
JSA 41 1 0	00	1	Form 99	0-T	(2019)

Schedule A - Cost of G	oods Sold Fr	ter metho	d of inventor	valuation		.	_		3
1 Inventory at beginning of		iter method	6			ar	6		
2 Purchases	/					old. Subtract line			
3 Cost of labor			'		•	here and in Part			
4a Additional section 263A c	· · ·					·····	7		
			8			section 263A (w		to Yes	No
(attach schedule)	4a		°			or acquired for	•	``	+
b Other costs (attach schede5 Total. Add lines 1 through	4b 5					or acquired for			x
Schedule C - Rent Incom		ronerty a	nd Persona	I Property	Leased V	With Real Proper	tv)	•••	1
(see instructions)	o (1 1 o i i 1 t o a i 1						•31		
Description of property		****							
(1)			•						
(2)							-		
(2)					-				
(3) (4)						***************************************			
	2 Rent recei	ved or accru	ed						
(-) From a company (if the		1		monal amandu	//Libo	3(a) Deductions di	rectly connected	l with the inco	ome
(a) From personal property (if the for personal property is more the more than 50%	nan 10% but not	percent	rom real and pe age of rent for p r if the rent is ba	ersonal propert	y exceeds		a) and 2(b) (attac		
(1)									
(2)									
(3)									
(4)									
Total		Total				(b) Total daduction			
(c) Total income. Add totals of c	olumns 2(a) and 2(b) Enter				(b) Total deduction Enter here and on			
here and on page 1, Part I, line 6	6, column (A)	▶				Part I, line 6, colun	nn (B) 🕨		
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instruction	ıs)					
1 Description of de	bt-financed property		-	come from or debt-financed		Deductions directly con debt-finance	ed property		
·			prop	perty	(a) Straig	ht line depreciation ach schedule)	(attach	deductions schedule)	
(1)			1	·····					
(2)									
(3)									
(4)									
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju of or alloca debt-financed (attach scho	ble to property	4 di	olumn nded umn 5		income reportable n 2 x column 6)	(column 6 x	le deductions total of colum and 3(b))	
(1)				%			****		
(2)				%					
(3)				%					
(4)				%					
					Enter her Part I, lir	re and on page 1, ne 7, column (A)	Enter here a Part I, line	and on page 7, column (E	e 1, B)
					1				
Totals									

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Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)											
		Exe	mpt Co	ntrolled Org	ganızatı	ons					
Name of controlled organization	2. Employer identification numbe	FT		ated income nstructions)	4. Total payme	of specif ints mad	_ i	ıncluded	f column 4 to in the contr on's gross in	olling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)		_									
Nonexempt Controlled Organia	zations									,	
7 Taxable Income	8 Net unrelated ind (loss) (see instructi			Total of specific ayments made	ed	ıncl	luded	of column I in the cor ion's gross	ntrolling		Deductions directly inected with income in column 10
(1)											
(2)											
(3)	-										
(4)											
Totals		 tion 501	 (c)(7),		▶) Orga	Ent Pa	ter hei rt I, lir	lumns 5 ai re and on j ne 8, colur see inst	page 1, nn (A)	Ent	dd columns 6 and 11 ler here and on page 1, rt I, line 8, column (B)
1. Description of income	2. Amount of i	ncome		3 Deduc directly con (attach sch	nected				-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)											
Totals ▶	Enter here and o Part I, line 9, col	lumn (A)			· ·						Enter here and on page 1, Part I, line 9, column (B)
Schedule I-Exploited Exe	mpt Activity Inc	ome, Ot	her Th	<u>an Adverti</u>	sing In	come	(se	e instru	ctions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Experdirect connecte producti unrelate business i	ly d with on of ted	4. Net incomfrom unrelation business 2 minus column (column) fa gain, column (column) from 5 through (column) from unrelation (column) from unrela	ed trade (column umn 3) empute	from is no	activi ot unn	ncome ity that elated ncome	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)											
(3)											
(4)											
	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, F line 10, co	Part I,		Enter here and on page 1, Part II, line 25					on page 1,	
Totals	COMP (see instru	ictions)		I							
			`oncoli	idated Bac	ic						
Part I Income From Per	Todicais Reporte	eu on a C	UHSUH	luateu Das	15						
1 Name of periodical	2. Gross advertising income	3 Dire advertising		4 Advert gain or (los 2 minus co a gain, cor cols 5 thro	s) (col I 3) If npute		Circul	1	6 Reade		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))											
		·		·							Form 990-T (2019)

Page 5

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

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 ▶			•	-		
:	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5) ▶						

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)		%	
(2) ATCH 2		%	·
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)

ATTACHMENT 1

56,298.

FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

ROCKEFELLER ACCESS FUND '06-I, LLC	97,259.
PERENNIAL REAL ESTATE FUND III	25,313.
ROCKEFELLER ACCESS 2015	-63,566.
PERENNIAL REAL ESTATE FUND IV	-2,708.

INCOME (LOSS) FROM PARTNERSHIPS

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
GRAEME FREEMAN C/O FREEMAN FOUNDATION 1601 EAST WEST ROAD HONOLULU, HI 96848	TRUSTEE, PRESIDENT	0	0.
GEORGE S. TSANDIKOS C/O ROCK & CO 45 ROCKEFELLER PLZ 5TH FLOOR NEW YORK, NY 10111	TRUSTEE	0	0.
DAVID R. STACK 260 MADISON AVENUE NEW YORK, NY 10016	TRUSTEE	0	0.
TOTAL COMPENSATION			0.

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

► Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.
► Go to www irs gov/F1041 for instructions and the latest information.

OMB No 1545-0092

2019

Name of estate or trust Employer identification number THE FREEMAN FOUNDATION 13-2965090 Did you dispose of any investment(s) in a qualified opportunity fund during the tax year? X No If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss Note: Form 5227 filers need to complete only Parts I and II Part | Short-Term Capital Gains and Losses - Generally Assets Held One Year or Less (see instructions) See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) Adjustments Subtract column (e) the lines below to gain or loss from from column (d) and Proceeds Cost Form(s) 8949, Part I, combine the result with This form may be easier to complete if you round off cents (sales price) (or other basis) line 2. column (a) column (a) to whole dollars 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b. 1b Totals for all transactions reported on Form(s) 8949 2 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 2,333. 11,311. -8,978. Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824......... Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2018 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on -8,978. Long-Term Capital Gains and Losses - Generally Assets Held More Than One Year (see instructions) See instructions for how to figure the amounts to enter on (g) Adjustments (h) Gain or (loss) Subtract column (e) the lines below (d) Proceeds (e) Cost to gain or loss from Form(s) 8949, Part II, line 2, column (g) from column (d) and This form may be easier to complete if you round off cents (sales price) (or other basis) combine the result with column (g) to whole dollars 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b. 8b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 10 Totals for all transactions reported on Form(s) 8949 63,574. 69,414. 5,840. Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts....... 12 13 13 14 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2018 Capital Loss 53,4284 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h) Enter here and on 10/146. For Paperwork Reduction Act Notice, see the Instructions for Form 1041. Schedule D (Form 1041) 2019

Page 2 Schedule D (Form 1041) 2019

Pai	rt III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	(3) Total
	Caution: Read the instructions before completing this pa	rt	(see instr)	or trust's	(3) Total
17	Net short-term gain or (loss)	17		-8,978.	-8,978.
18	Net long-term gain or (loss):			11-	
а	Total for year	18a		10,146.	10,146.
b	Unrecaptured section 1250 gain (see line 18 of the worksheet).	18b			
С	28% rate gain	18c			
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19		1,168.	1,168.
			000 T D 1 I	(-) If have 40- and 40	

Note: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 18a and 19, column (2), are net gains, go to Part V, and don't complete Part IV If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary

D 4 IV/	C:4-1	1	l impitation
Part IV	Capitai	LOSS	Limitation

20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of		١,		
а	The loss on line 19, column (3) or b \$3,000	20	[()
Note	:: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, page 1, line 23 (or Form 990-T, line 39)	ıs a	loss,	complete the	Capita
Loss (Carryover Worksheet in the instructions to figure your capital loss carryover				

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 18a and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 23, is more than zero

Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if

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- Either line 18b, col (2) or line 18c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero

Form 990-T trusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 39, is more than zero. Skip this part and complete the Schedule D Tax Worksheet in the instructions if either line 18b, col (2) or line 18c, col (2) is more than zero

	Enter taxable income from Form 1041, line 23 (or Form 990-T, line 39) 21	56,466.		
21		30,400.		
22	Enter the smaller of line 18a or 19 in column (2)			
	54(110(155) (1141) 25(5)			
23	Enter the estate's or trust's qualified dividends			
	from Form 1041, line 2b(2) (or enter the qualified			
	dividends included in income in Part I of Form 990-T) 23			
24	Add lines 22 and 23			
25	If the estate or trust is filing Form 4952, enter the			
	amount from line 4g, otherwise, enter -0 ▶ 25			
26	Subtract line 25 from line 24 If zero or less, enter -0	1,168.		
27	Subtract line 26 from line 21 If zero or less, enter -0	55,298.		
28	Enter the smaller of the amount on line 21 or \$2,650	2,650.		
29	Enter the smaller of the amount on line 27 or line 28	2,650.		
30	Subtract line 29 from line 28 If zero or less, enter -0- This amount is taxed at 0%		30	
31	Enter the smaller of line 21 or line 26	1,168.		
32	Subtract line 30 from line 26	1,168.		
33	Enter the smaller of line 21 or \$12,950	12,950.		
34	Add lines 27 and 30	55,298.		
35	Subtract line 34 from line 33 If zero or less, enter -0			
36	Enter the smaller of line 32 or line 35			
37	Multiply line 36 by 15% (0 15)	▶	37_	
38	Enter the amount from line 31	1,168.		
39	Add lines 30 and 36			
40	Subtract line 39 from line 38 If zero or less, enter -0	1,168.		
41	Multiply line 40 by 20% (0 20)		41	234.
42	Figure the tax on the amount on line 27 Use the 2019 Tax Rate Schedule for Estates			
	and Trusts (see the Schedule G instructions in the instructions for Form 1041) 42	18,818.		
43	Add lines 37, 41, and 42	19,052.		
44	Figure the tax on the amount on line 21 Use the 2019 Tax Rate Schedule for Estates			
	and Trusts (see the Schedule G instructions in the instructions for Form 1041) 44	19,250.	<u></u> -	
45	Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on For	rm 1041, Schedule		
	G, Part I, line 1a (or Form 990-T, line 41)	<u></u>	45	19,052.
			Sche	dule D (Form 1041) 2019

Form 8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No 12A

Name(s) shown on return THE FREEMAN FOUNDATION Social security number or taxpayer identification number 13-2965090

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

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

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

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

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

x	(B) Short-term transactions (C) Short-term transactions			_	wasn't reporte	ed to the IRS		
1 (a	(a) Description of property	(b) Date acquired (Mo day, yr)	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales proce) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss if you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)
	(Example 100 sh XYZ Co)					(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
UBIT	ROCK ACCESS 06	VARIOUS	VARIOUS		4,406.			-4,406
UBIT	ROCK ACCESS 2015	VARIOUS	VARIOUS		6,905.			-6,905
UBIT	PERENNIAL R/E FUND III	VARIOUS	VARIOUS	2,284.				2,284
UBIT	PERENNIAL R/E FUND IV	VARIOUS	VARIOUS	49.				49
							_	
			*					
			-					
				_				
	otals. Add the amounts in columns egative amounts) Enter each tota						_	
s	chedule D, line 1b (if Box A above bove is checked), or line 3 (if Box C ab	is checked), lin	e 2 (ıf Box B	2,333.	11,311			-8,978

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

arm 8949 (2019)	Attachment Sequence No 12A Page				
ame(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number				
THE FREEMAN FOUNDATION	13-2965090				

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

Part II

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

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

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

	iore of the boxes, complete as many forms with the came box encoded as year need					
	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)					
	(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS					
X	(F) Long-term transactions not reported to you on Form 1099-B					

1 (a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired	(c) Date sold or disposed of (Mo , day, yr)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f) See the separate instructions		(h) Gain or (loss) Subtract column (e) from column (d) and
	(Mo , day, yr)				(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
UBIT ROCK ACCESS 06	VARIOUS	VARIOUS	69,414.				69,414.
UBIT ROCK ACCESS 2015	VARIOUS	VARIOUS		5,529.			-5,529
UBIT PERENNIAL R/E FUND III	VARIOUS	VARIOUS		311.			-311.
	_						
	_						
						·	
	 						
2 Totals Add the amounts in column negative amounts) Enter each tot	tal here and incl	ude on your					
Schedule D, line 8b (if Box D above above is checked), or line 10 (if B	ox F above is ch	ecked)	69,414	5,840		_	63,574.

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

Form 8949 (2019)