EXTENDED TO NOVE Form 990-T Exempt Organization Bus (and proxy tax under	ines	s Income T	ax Retu	rn	OMB No 1545-0687
For calendar year 2018 or other tax year beginning		, and ending			2018
Department of the Treasury				<u>"</u>	Open to Public Inspection for 501(c)(3) Organizations Only
Internal Revenue Service Do not enter SSN numbers on this form as it may			ation is a builch		501(c)(3) Organizations Only over identification number
A Check box if vaddress changed Name of organization (Check box if name cl	nanged ar	ta see instructions.)		Emp (Emp	loyees' trust, see actions)
B Exempt under section Print THE SCAN FOUNDATION					45-0552845
X 501(c \(\text{\$\text{\$\text{\$\general}\}}\) or Number, street, and room or suite no. If a P.O. box	c. see inst	ructions.			ated business activity code instructions)
408(e) 220(e) Type 3800 KILROY AIRPORT WAY, NO. 400	,	,		(300)	isa uctions)
408A 530(a) City or town, state or province, country, and ZIP or	r foreign p	postal code			•
529(a) LONG BEACH, CA 90806-5616				52300	00 `
C Book value of all assets at end of year F Group exemption number (See instructions.)	<u> </u>				
207, 476, 064. G Check organization type X 501(c) corp		501(c) trust		I(a) trust	Other trust
H Enter the number of the organization's unrelated trades or businesses.	1		the only (or first)		
trade or business here INTEREST IN INVESTMENT PARTNERSHIPS			complete Parts I		
describe the first in the blank space at the end of the previous sentence, complete Pa	rts i and i	n, complete a Schedule	IVI IOI EACH AUGH	ionai traue	UI
business, then complete Parts III-V. I During the tax year, was the corporation a subsidiary in an affiliated group or a parer	nt-euheidi:	ary controlled group?		· Ye	es X No
If "Yes," enter the name and identifying number of the parent corporation.	,	ary controlled group			
J The books are in care of RENE SEIDEL		Teleph	one number 🕨	(562)	308-2862
Partill Unrelated Trade or Business Income		(A) income	(B) Expen	ses	(C) Net
1 a Gross receipts or sales		-			
b Less returns and allowances c Balance	1c				
2 Cost of goods sold (Schedule A, line 7)	2				
3 Gross profit. Subtract line 2 from line 1c	3	00. 554	1		01 754
4a Capital gain net income (attach Schedule D)	4a	81,754.			81,754.
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	. 4b		7 (A) A \$ \$ \$ \$	88-48-4 ()	
c Capital loss deduction for trusts	4c	-132,651.	STMT.1	902000	-132,651.
Income (loss) from a partnership or an S corporation (attach statement)	5 6	-132,031.	1 2 m 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Military 34	-152,051.
6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E)	7			-	—-
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)	8				
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)					,
10 Exploited exempt activity income (Schedule I)	10				
11 Advertising income (Schedule J)	11				
12 Other income (See instructions; attach schedule)	12				
13 Total. Combine lines 3 through 12	13	-50,897.			-50,897.
Part II Deductions Not Taken Elsewhere (See instructions for	r limitati	ons on deductions)	,		
(Except for contributions, deductions must be directly connected	with the	e unrelated business	income)		r
14 Compensation of officers, directors, and trustees (Schedule K)				14	<u>'</u>
15 Salaries and wages	•			15	
16 Repairs and maintenance			-	16	
17 Bad debts 18 Interest (attach schedule) (see instructions)		•		18	,
19 Taxes and licenses		• •	••	19	3,392.
20 Charitable contributions (See instructions for limitation rules) STATEMENT	4	SEE STATEMEN	T 2	20	0.
21 Depreciation (attach Form 4562)		21	.,, -		,
22 Less depreciation claimed on Schedule A and elsewhere on retire ECEIV	ED .	22a		22b	,
23 Depletion		ပ္က		23	
24 Contributions to deferred compensation plans 25 Employee benefit programs	019	SO		24	
25 Employee benefit programs		8		25	
26 Excess exempt expenses (Schedule I)				26	
27 Excess readership costs (Schedule J) OGDEN,	.UI	<u> </u>		27	
28 Other deductions (attach schedule)		SEE STATEMEN	NT 3	28	15,265.
29 Total deductions. Add lines 14 through 28				29	18,657.
Unrelated business taxable income before net operating loss deduction. Subtract				30	-69,554.
Deduction for net operating loss arising in tax years beginning on or after Janua	ry 1, 2018	o (see instructions)		31 32	-69 _. 554.
32 Unrelated business taxable income. Subtract line 31 from line 30		<u> </u>	· · · ·	1 32	Form 990-T (2018

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2018.04030 THE SCAN FOUNDATION

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Statements Hogarania Contain Nontrition and Caron Information (See Mediacione)		
y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority	Yes	No
		•
N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
		X
g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
s," see instructions for other forms the organization may have to file.	14	, ``````
the amount of tax-exempt interest received or accrued during the tax year >\$		۰,۰
	N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? "see instructions for other forms the organization may have to file."	Y time during the 2018 calendar year, did the organization have an interest in or a signature or other authority I financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file N Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? "see instructions for other forms the organization may have to file."

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, t, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign May the IRS discuss this return with Here PRESIDENT/CEO instructions)? X Yes Signature of office No Date PTIN Print/Type prepareks name Preparer's signature Check self- employed Paid Quarra O 4McCutchom 11-8-19 DIANA MCCUTCHEN P00545657 **Preparer** Firm's name DELOITTE TAX LLP 86-1065772 Firm's EIN **Use Only** 695 TOWN CENTER DRIVE, SUITE 1200 Firm's address > COSTA MESA, CA 92626 Phone no. (714) 436-7100

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Form 990-T (2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory valuation N/A				
1 Inventory at beginning of year	1		6 Inventory at end of year	ır		6	
2 Purchases	2		7 Cost of goods sold. St	ubtract	line 6		
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,		
4 a Additional section 263A costs			line 2			7	
(attach schedule)	4a		8 Do the rules of section	263A (with respect to	Yes	No
b Other costs (attach schedule)	4b		property produced or a				
5 Total. Add lines 1 through 4b	. 5	·	the organization?	•			
Schedule C - Rent Income	From Real I	Property and	l Personal Property L	.ease	d With Real Prop	erty)	
(see instructions)							
1. Description of property							
(1)							
(2)	- '						
(3)							
(4)							
	2. Rent receive	ed or accrued				· · · · · · · · · · · · · · · · · · ·	
(a) From personal property (if the per- rent for personal property is more 10% but not more than 50%)	and personal property (if the percentar personal property exceeds 50% or if nt is based on profit or income)	ntage if (a) Deductions directly connected with the income if columns 2(a) and 2(b) (attach schedule)					
(1)							
(2)							
(3)							
(4)		•					
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		er 🕨		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)				
		·	2 Gross income from		3 Deductions directly conn to debt-finance	ected with or allocable ed property	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation		(b) Other deductions	
					(attach schedule)	(attach schedule)	
(4)						1	
(1)			+				
(2)			+	ļ	·	+	
(3)			+				—
(4)					7.0	5	
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 					reportable (column 2 x column 6)	8 Allocable deduction (column 6 x total of column 3(a) and 3(b))	
(1)			%			i .	
(2)			%				
(3)			%				
(4)			%				
		-			Enter here and on page 1, Part I, line 7, column (A)	Enter here and on page Part I, line 7, column (B	
Totals					0.	.	0.
Total dividends-received deductions in	ncluded in column	8			•	1	0.
		_				Form 990-T (

Schedule F - Interest,	\nnuitie:	s, Royalt	ies, and	Rents	From Co	ntrolle	d Organiza	tions	see ins	structions)
,				Exempt (Controlled O	rganızatı	ons				
Name of controlled organizat	ion	2. Em identifi num	cation	3. Net um (foss) (see	elated income instructions)	4. To pay	tal of specified ments made	ınclud	t of column 4 led in the contration's gross i	rolling	6. Deductions directly connected with income in column 5
(1)								<u> </u>			
(2)					. ,						
(3)								1			
(4)											-
Nonexempt Controlled Organi	zations									,	
7. Taxable Income		rrelated incom		9. Total	of specified payr made	nents	10. Part of colui in the controlli gross	mn 9 tha ng orgar s income	nization's		uctions directly connected income in column 10
(1)											
(2)					(,		. -
(3)		•									
(4)		_									
		, ,		· /	-		Add colun Enter here and line 8, c		1, Part I, 4)	Enter he	I columns 6 and 11 re and on page 1, Part I, ine 8, column (B)
Totals					0 (0) 1	17) 0	<u>΄</u>		0.	L	0.
Schedule G - Investme (see insti		ne of a S	section 5	01(c)(7	'), (9), or ('	17) Org	ganization				'
1. Desc	ription of inco	me ,	•		2. Amount of	income	 Deduction directly connected (attach sched) 	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				_							
(2)											
(3)											
(4)			· ·						<u> </u>		
Totals	``	,		•	Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Schedule I - Exploited (see instru	-	Activity	Income,	Other	Than Adv	ertisir	g Income				•
			2		4 Net incom	e (loss)	_				7. Excess exempt
Description of exploited activity	unrelated	iross business le from business	3. Expe directly col with prod of unrel business i	nnected luction lated	from unrelated business (co minus colum gain, compute through	I trade or lumn 2 n 3) If a a cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6 Exp attribut colui		expenses (column 5, but not mare than column 4)
(1)											
(2)											
(3)											
(4)		` '	Enter here page 1, I line 10, c	Parti, ol (B)							Enter here and on page 1, -' Part II, line 26
Totals Schedule J - Advertision	na Irosa	0.	notes sotion :	0.	SEZHENNIK (F. S.	< 17 000000000000000000000000000000000000				menta?	<u>0.</u>
					colidated	Racie					
Part I Income From	Periodic	ais nept	orted on			Dasis)	· · · · · · · · · · · · · · · · · · ·	
1. Name of periodical	>	2. Gross advertising income		. Direct tising costs	4 Advert or (loss) (c col 3) If a g cols 5 th	ising gain ol 2 minus ain, comput arough 7	5. Circulat income		6. Read cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					2000				,		
(2)											
(3)											
(4)	-						(B) (c)				
Totals (carry to Part II, line (5))		-	0.).				_		0.
iotais (carry to rait ii, line (3))			7:1	·	··I				L		Form 990-T (2018

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Total. Enter here and on page 1, Part II, line 14

Page 5 Form 990-T (2018) THE SCAN FOUNDATION 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) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 4 Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7 2. Gross advertising income 5. Circulation income 6. Readership 3. Direct 1. Name of periodical advertising costs (1) (2) (3) (4) 0. 0. 0. **Totals from Part** Enter here and on page 1, Part I, line 11, col (B) Enter here and Enter here and on page 1, Part I, line 11, col (A) on page 1, Part II, line 27 0 (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2. Titte 1. Name % (1) (2) % (3) % (4) 0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION ,	NET INCOME OR (LOSS)
ABERDEEN GLOBAL PARTNERS LP - ORDINARY BUSINESS INCOME	
(LOSS)	-11,571
ABERDEEN GLOBAL PARTNERS LP - INTEREST INCOME	4
ABERDEEN GLOBAL PARTNERS LP - DIVIDEND INCOME	2,079
ABERDEEN REAL ESTATE PARTNERS II LP - ORDINARY BUSINESS	
INCOME (LOSS)	20,648
ABERDEEN REAL ESTATE PARTNERS II LP - NET RENTAL REAL	4 224
ESTATE INCOME	-4,394
ABERDEEN REAL ESTATE PARTNERS II LP - INTEREST INCOME	144
ABERDEEN REAL ESTATE PARTNERS II LP - OTHER INCOME (LOSS)	32
HRJ SPECIAL OPPORTUNITIES II (US) LP - ORDINARY BUSINESS	1 445
INCOME (LOSS)	1,445
HRJ SPECIAL OPPORTUNITIES II (US) LP - NET RENTAL REAL	-97
ESTATE INCOME OAKTREE PRIVATE INVESTMENT FUND 2012 LP - ORDINARY	-31
BUSINESS INCOME (LOSS)	-92
OAKTREE PRIVATE INVESTMENT FUND 2012 LP - INTEREST INCOME	3
PERENNIAL REAL ESTATE FUND II LP - ORDINARY BUSINESS	•
INCOME (LOSS)	-312
PERENNIAL REAL ESTATE FUND II LP - NET RENTAL REAL ESTATE	
INCOME ,	-5,814
PERENNIAL REAL ESTATE FUND II LP - OTHER NET RENTAL INCOME	•
(LOSS)	4
PERENNIAL REAL ESTATE FUND II LP - INTEREST INCOME	566
PERENNIAL REAL ESTATE FUND II LP - DIVIDEND INCOME	141
PERENNIAL REAL ESTATE FUND II LP - OTHER INCOME (LOSS)	-75
PERENNIAL REAL ESTATE FUND III LP - ORDINARY BUSINESS	
INCOME (LOSS)	-5,395
PERENNIAL REAL ESTATE FUND III LP - NET RENTAL REAL ESTATE	
INCOME	-27,595
PERENNIAL REAL ESTATE FUND III LP - INTEREST INCOME	394
PERENNIAL REAL ESTATE FUND III LP - OTHER INCOME (LOSS)	-155
ABERDEEN ENERGY & RESOURCES PARTNERS IV, L.P ORDINARY	07 411
BUSINESS INCOME (LO	-97,411
ABERDEEN ENERGY & RESOURCES PARTNERS IV, L.P NET RENTAL	1 4
REAL ESTATE INCOM	-14
ABERDEEN ENERGY & RESOURCES PARTNERS IV, L.P INTEREST	726
INCOME	720
HORSLEY BRIDGE XI GROWTH BUYOUT-A, L.P ORDINARY BUSINESS INCOME (LOSS)	-5,952
HORSLEY BRIDGE XI GROWTH BUYOUT-A, L.P INTEREST INCOME	. 8
HORSLEY BRIDGE XI GROWTH BUTOUT-A, L.P INTEREST INCOME HORSLEY BRIDGE XII VENTURE, L.P ORDINARY BUSINESS	Ū
INCOME (LOSS)	32
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-132,651

FORM 990-T	CONTRIBUTIONS	STATEMENT 2
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS PUBLIC CHARITIES - 2017	N/A	3,393,614.
PRIVATE EQUITY K-1S	N/A	49.
TOTAL TO FORM 990-T, PAGE 1,	LINE 20	3,393,663.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION	OTHER DEDUCTIONS	STATEMENT 3 AMOUNT
	OTHER DEDUCTIONS	<u> </u>

ORM 990-T	C	ONTRIBUTIONS SUMMARY		STATEMENT 4	Į.
QUALIFIED	CONTRIBUTIONS SUB-	JECT TO 100% LIMIT			
FOR TAX FOR TAX	OF PRIOR YEARS UNIVERS 2013 YEAR 2014 YEAR 2015				
	YEAR 2016 YEAR 2017	3,400,468 2,287,792			
TOTAL CAR	RYOVER RENT YEAR 10% CONTI	RIBUTIONS	5,688,260 3,393,663	-	
	TRIBUTIONS AVAILABI NCOME LIMITATION AS		9,081,923 0	_	
EXCESS 10	% CONTRIBUTIONS 0% CONTRIBUTIONS ESS CONTRIBUTIONS	_	9,081,923 0 9,081,923		
ALLOWABLE	CONTRIBUTIONS DEDU	UCTION —		_	0
TOTAL CON	TRIBUTION DEDUCTION	N			0

THES2841

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.

► Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

THE SCAN FOUNDATION	1			45-	0552845
ু Part∤l∰ Short-Term Capital Ga	ins and Losses (See	instructions.)	J		
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 gair or loss from Form(s) 894 Part I, line 2, column (g	າ 9.)	(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					379.
4 Short-term capital gain from installment sales	from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin	d exchanges from Form 8824			5	1
6 Unused capital loss carryover (attach comput			[6	(
7 Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h		7	379.
∰Părt⊞ Long-Term Capital Gai					
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 gair or loss from Form(s) 894 Part II, line 2, column (g	9. ~	(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		-			i
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				i	,
10 Totals for all transactions reported on		1			
Form(s) 8949 with Box F checked					7,663.
11 Enter gain from Form 4797, line 7 or 9				11	73,712.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 3	7		12	<u>'</u>
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin		n h		15	81,375.
Part III Summary of Parts I and	d II				,
16 Enter excess of net short-term capital gain (lii	ne 7) over net long-term capita	l loss (line 15)		16	379.
17 Net capital gain. Enter excess of net long-term	n capital gain (line 15) over net	short-term capital loss (line	e 7)	17	81,375.
18 Add lines 16 and 17. Enter here and on Form				18_	81,754.
Note: If losses exceed gains, see Capital loss	es in the instructions.				

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JWA

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

Schedule D (Form 1120) 2018

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information. File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D. OMB No 1545-0074

Name(s) shown on return	

Social security number or taxpayer identification no.

THE SCAN FOUNDATION						45-0	552845
Before you check Box A, B, or C belo statement will have the same informa-	ition as Form 109	you received any 99-B Either will s	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) from cost) was	n your broker. A su reported to the IF	bstitute S by your
Part Short-Term. Transacti	OOX TO CRECK ODS IDVOIVING CADIT	al assets you held	1 veer or less are ge	nerally short-term (see	instruction:	s). For long-term	
transactions, see page 2 Note: You may aggregate all codes are required. Enter the	short-term transac	tions reported on l	Form(s) 1099-B show	vina basis was reporte	d to the IRS	and for which no ac	ljustments or ections)
You must check Box A, B, or C below. (Check only one bo	x. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separat	e Form 8949, page 1, for	
If you have more short-term transactions than will (A) Short-term transactions rep							
(B) Short-term transactions rep	•	•	•	-	HOLE AD	546)	
X (C) Short-term transactions no	•	•	-	sported to the me			
1 (a)	(b)	(c)	(d)	(e)	Adjustmen	it, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss If yo	où enter an amount (g), enter a code in	Gain or (loss).
(Example 100 sh XYZ Co.)	(Mo , day, yr)	disposed of	(sales price)	basis. See the		(g), enter a code in . See instructions.	Subtract column (e)
		(Mo , day, yr)		Note below and see Column (e) in	(f)	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
PERENNIAL REAL ESTATE FUND							
II LP							362.
PERENNIAL REAL ESTATE FUND							
III LP							17.
<u> </u>							
							<u> </u>
			-				
				-			
-				-			
	<u> </u>						
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				ļ			
			-	ļ			
							<u> </u>
				-			<u> </u>
					-	_	. <u> </u>
							·
				†			
2 Totals. Add the amounts in colum	nns (d) (e) (a) a	nd (h) (subtract				"	
negative amounts) Enter each to		• • •					
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B	-						379.

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.

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

Form 8949 (2018)

negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 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 (2018)

7,663.

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract