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		& EXTE	NDED TO NOV	EMBI	R 16.	2020	#. #3		
Form 990-T	l E	xempt Orga	nization Bu	sine	ss Inco	me T	ax Return	ı L	OMB No 1545-0047
, a			nd proxy tax und				1010	,	0040
	For cale	andar year 2019 or other tax ye	ar beginning		, and er	nding	1911	_	2019
Department of the Treasury	ļ		.irs.gov/Form990T for i					Ļ	Inen to Bublic Inchestion for
Internal Revenue Service	>	Do not enter SSN numbe	rs on this form as it ma	y be ma	de public if yo	ur organiz	ation is a 501(c)(3).		open to Public Inspection for 01(c)(3) Organizations Only
A Check box if	1 1	Name of organization (Check box if name	changed	l and see instri	uctions.)		Emplo	yer identification number yees' trust, see
address changed	l i							instruc	,
B Exempt under section	I F	THE SCAN FOUNDAT				.			5-0552845 ted business activity code
X 501(c)(3)		Number, street, and room			nstructions.				structions)
408(e) 220(e)	``	3800 KILROY AIRPO	:_					1	
408A 530(a)		City or town, state or pro		or toreig	n postai code			52300	0
529(a) Book value of all assets		F Group exemption num		<u> </u>			-	F	
at end of year	-	G Check organization typ		rooration	1 50	1(c) trust	401(a)	trust	Other trust
H Enter the number of the			· · · · · · · · · · · · · · · · · · ·	<u>1</u>		<u>'</u>	the only (or first) ur		
		REST IN INVESTMEN					complete Parts I-V.		than one,
		ce at the end of the previo		arts I an			•		
business, then complete				_					<u>. </u>
I During the tax year, was	the corpo	oration a subsidiary in an	affiliated group or a pare	ent-subs	idiary controlle	ed group?	▶ [Yes	X No
		fying number of the parer	nt corporation.						
J The books are in care of	▶ RI	ENE SEIDEL							108-2862
Partil Unrelated		e or business inc	ione	T	(A) Inc	ome	(B) Expenses	14 (0000bus - 0.)	(C) Net
1a Gross receipts or sale			a Dalaman	1.					
b Less returns and allow		A (7)	c Balance	10					
2 Cost of goods sold (S				3		_			
3 Gross profit. Subtract4a Capital gain net incon	_			48	1	33,141.			133,141.
		art II, line 17) (attach Forn	n 4797)	4b					<u> </u>
c Capital loss deduction			,	4c	,		96 2/6		
•		hip or an S corporation (a	ttach statement)	5	-1	03,340.	STMT 1		-103,340.
6 Rent income (Schedu			•	6					
7 Unrelated debt-finance		ie (Schedule E)		7					
8 Interest, annuities, roy	yaltıes, an	nd rents from a controlled	organization (Schedule F	8				_	
9 Investment income of	f a section	n 501(c)(7), (9), or (17) o	rganization (Schedule G			- -			
10 Exploited exempt activities	•	•		10	/				
11 Advertising income (S		·	ATEMENT 2	1,1	ļ	239.	16.	at a second and the	239
12 Other income (See in:		s, attach schodule)	ATEMENT 2	12		30 040.		CARRED I	30 040.
13 Total. Combine lines	ns No	t Taken Elsewher	'e /See instructions				l		30,010.
(Deductions	must be	e directly connected w	th the unrelated busi	ness in	come.)		1		
14 Compensation of off	ficers, dire	ectors, and trustees (Sche	edule K	CF	INED			14	
15 Salaries and wages		,				12		15	<u> </u>
16 Repairs and mainten	nance		P NC	V (2 2	2020	300		16	
17 Bad debts			NC SEE	' ' ' ' '	, 2020	S		17	· · · · · · · · · · · · · · · · · · ·
18 Interest (attach sche	edule) (se	e instructions)	1	200	AL LIT	7=1	•	18	2 021
19 Taxes and licenses			0	JUE	N, UT	ا المحا		19	2,931.
20 Depreciation (attach		· /			· ·	20		7	
·	aimed on	Schedule A and elsewher	e on return		l	21a		21b 22	
22 Depletion23 Contributions to defe	01100 000	nnoncation plans						23	
23 Contributions to defe24 Employee benefit per	/	npensation plans						24	
25 Excess exempt expe		hedule i)						25	
26 Excess readership of								26	
27 Other deductions (at					SEE	STATEMEN	NT 3	27	22,672.
28 Total deductions. A								28	25,603.
29 Unrelated business t	taxable ın	come before net operating				`		29	4,437.
		oss arising in tax years be			018				
(see instructions)			(n.	./ 3	SEE	STATEME	NT 4	30	4,437.
		come, Subtract line 30 fro		ux +	+}-			31	0.
923701 01-27-20 LHA F	or Paperv	work Reduction Act Notic		65.			0	112	Form 990-T (2019)

Form 990		THE SCAN FOUNDATION		45~0552	845 Page 2
Part	jji:	Total Unrelated Business Taxable Income			
32	Total of	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	0.
` 33	Amoun	s paid for disallowed fringes		33	
34	Charital	ole contributions (see instructions for limitation rules) STMT 5 STMT 6		34	0.
35	Total ur	irelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and	33	35	
		on for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
		unrelated business taxable income before specific deduction. Subtract line 36 from line 35	,	37	
38		e deduction (Generally \$1,000, but see line 38 instructions for exceptions)	8	38	1,000.
		ed business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	2		
		e smaller of zero or line 37		39	0.
Part		Fax Computation			
		ations Taxable as Corporations. Multiply line 39 by 21% (0 21)		40	0.
41	_	Faxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:			
71		ex rate schedule or Schedule D (Form 1041)		41	
40		·		42	
	-	ax. See instructions		43	
43		ive minimum tax (trusts only)	}	44	
		Noncompliant Facility Income. See Instructions	ŀ	45	0.
45 Part		dd lines 42, 43, and 44 to line 40 or 41, whichever applies Tax and Payments		40	<u></u>
	<u> </u>		\neg	(220)	
	_	tax credit (corporations attach Form 1118; trusts attach Form 1116) deda 46a 46b 46c 46c 46d	-		
b		redits (see instructions)	\dashv		
C		business credit. Attach Form 3800			
-		or prior year minimum and (actaon to one of or one)	\longrightarrow		
е		edits. Add lines 46a through 46d		46e	
47		t line 46e from line 45		47	0.
48		ixes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sche	đule)	48	
49		x. Add lines 47 and 48 (see instructions)		49	0.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
51 a	Paymer	its: A 2018 overpayment credited to 2019	100.	A. Barri	
b	2019 es	stimated tax payments 51b			
C	Tax dep	osited with Form 8868 51c		in the state of th	`
ď	Foreign	organizations; Tax paid or withheld at source (see instructions) 51d			
е	Backup	withholding (see instructions) 51e			
f	Credit f	or small employer health insurance premiums (attach Form 8941) 51f			
g	Other c	redits, adjustments, and payments: Form 2439			
_	Fo	orm 4136 Other Total 51g		\$2.13	
52	Total p	ayments. Add lines 51a through 51g		52	7,100.
53	Estimat	ed tax penalty (see instructions). Check if Form 2220 is attached		53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶	54	
		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid		55	7,100.
		e amount of line 55 you want; Credited to 2020 estimated tax		56	7,100.
Part		Statements Regarding Certain Activities and Other Information (see instructions)		ł	
	_	ime during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
•		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			37 F 27
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
•	here	\			х
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			х
50		see instructions for other forms the organization may have to file.			3 10 1
59	,	e amount of tax-exempt interest received or accrued during the tax year			
	Uı	nder penalties of perury, I declare that have examined this return, including accompanying schedules and statements, and to the best of my	nowled	ge and belief, it is	true,
Sign	cc	rrect, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge			
Here		\$1/10/2070 PRESIDENT & CEO		y the IRS discuss	
		Signature of officer Date Title		preparer shown b tructions)?	Yes No
		organism of the contract of th	_		169 140
		Print/Type preparer's name Preparer's signature Date Check	ا است.	PTIN	
Paid		Self- empl	oyea	DOOFAEC	57
Prep	arer	DIANA MCCUTCHEN Diama o unc Cutchem 11-4-20		P005456	····
Use	Only	Firm's name ▶ DELOITTE TAX LLP G Firm's El	N P	86-106	00/12
	-	695 TOWN CENTER DRIVE, SUITE 1200			
		Firm's address ► COSTA MESA, CA 92626 Phone n	ე. (7	14) 436-71	
923711	01-27-20			Form	990-T (2019)

Schedule A - Cost of Goods	Sold. Enter	method of invent	tory v	aluation N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	r		6		
2 Purchases	2] 7	Cost of goods sold. Su	btract I	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,		_]	
4a Additional section 263A costs			1	line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		Yes	No
b Other costs (attach schedule)	4b]	property produced or a	cquired	for resale) apply to			
5 Total. Add lines 1 through 4b	5]	the organization?					
Schedule C - Rent Income (F (see instructions)	rom Real	Property and	Pers	sonal Property L	ease	d With Real Prop	erty	') 	
1. Description of property		·				_			
(1)						-			
(2)									
(3)									
(4)	• • •					·			
		ed or accrued		onal property (if the percentage		3(a) Deductions directly	y conne	cted with the income in	n
(a) From personal property (if the percer rent for personal property is more th 10% but not more than 50%)	ntage of nan	of rent for p	ersonal	property exceeds 50% or if ed on profit or income)	 Je	columns 2(a) a	nd 2(b)	(attach schedule)	
(1)									
(2)									
(3)									
(4)								·	
Total	0.	Total			٥.				
(c) Total income. Add totals of columns 2(here and on page 1, Part I, line 6, column (ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Debt	-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly con to debt-finance	nected ced pro	with or allocable perty	
1. Description of debt-finar	nced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	าร
(1)									
(2)	-								
(3)							İ		
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8, Altocable deduct (column 6 x total of cc 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
							- 1		_
Totals				▶		C	-ا، ۱		0.
Totals Total dividends-received deductions Incl	luded in columi	ı 8		•). •		0.

Schedule F - Interest,			I		Controlled O							_
1. Name of controlled organizat	ion	2. Emp identific numi	ation		elated income instructions)	4 . To pay	tal of specified ments made	includ	t of column 4 to ed in the contro ation's gross in	olling	6. Deductions directly connected with income in column 5	
(1)												
(2)					•							
(3)												
(4)												
Nonexempt Controlled Organi	zations											
7., Taxable Income		nrelated incom see instructions		9 _. Total o	of specified pays made	nents	10. Part of colur in the controlli gross	nn 9 thai ng organ s income	ization's	11. Dec with	ductions directly connect income in column 10	ed
(1)	 		-									_
(2)			1									
									i			
(3)	<u> </u>											
_(4)	Ų.						Add colum Enter here and line 8, c		1, Part I, 4).	Enter he	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals					` ' '	<u> </u>	<u> </u>		0.		-	0.
Schedule G - Investme		ne of a S	ection s	501(c)(7), (9), or (17) Or	ganization					
(see insti	ructions)	me		=	2. Amount of	ıncome	3. Deductio directly conne (attach sched	cted	4. Set-a		5. Total deduction and set-asides (col 3 plus col 4	
(1)						-	(attach school	uloj			(cor o pius cor -	''
(2)											 	
(3)		·										
(4)												
Totals			-	•	Enter here and Part I, line 9, co	lumn (A)					Enter here and on pag Part I, line 9, column (
Schedule I - Exploited (see instru	-	Activity	Income	, Other	Than Adv	ertisir/	ng Income		,			
Description of exploited activity	unrelated	e from	3. Export directly consumity produced of united business	nnected duction lated	4. Net incon from unrelated business (co minus colum gain, comput through	l trade or olumn 2 n 3) If a a cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attributa colum	ble to	7. Excess exemp expenses (column 6 minus column 5. but not more than column 4).) ,
(1)												
(2)												
(3)												
(4)				-								
Totals >		e and on , Part I, col (A)	Enter here page 1, line 10, c	Part I,							Enter here and on page 1, Part II, line 25	0.
Schedule J - Advertision	ng Incor	ne (see ii	nstructions	s)								
Partil Income From	Periodic	als Repo	orted on	a Cons	solidated	Basis						
1. Name of periodical		2. Gross advertising income		. Direct tising costs		tising gain of 2 minus ain, compu- trough 7			6. Reade		7. Excess readership costs (column 6 minu column 5, but not mor than column 4)	3
(1)					W 80 9		S					306
(2)							*					
(3)							**				grātiskai k	
(4)							灣				ě. kato is je	
Totals (carry to Part II, line (5))	•		0.	0).							٥.
		-			-						Form 990-T (20	119

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 then column 4)
(1)	Ì						
(2)			· · · · · · · · · · · · · · · · · · ·				
(3)							
(4)							
Totals from Part I	▶	0.	0.				0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.	Mount was said the	Acceptance of	Ada A A	0.

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

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		>	0.

Form 990-T (2019)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
ABERDEEN GLOBAL PARTNERS LP - ORDINARY BUSINESS INCOME	
(LOSS)	-4,931.
ABERDEEN GLOBAL PARTNERS LP - INTEREST INCOME	75.
ABENDEEN GLOBAL PARTNERS LP - DIVIDEND INCOME	2,803.
ABERDEEN GLOBAL PARTNERS LP - ROYALTIES	28.
ABERDEEN GLOBAL PARTNERS LP - OTHER PORTFOLIO INCOME	-2.
(LOSS) ABERDEEN GLOBAL PARTNERS LP - OTHER INCOME (LOSS)	-2. 2.
ABERDEEN GLOBAL PARTNERS LP - OTHER INCOME (LOSS) ABERDEEN REAL ESTATE PARTNERS II LP - ORDINARY BUSINESS	2.
INCOME (LOSS)	897.
ABERDEEN REAL ESTATE PARTNERS II LP - NET RENTAL REAL	••••
ESTATE INCOME	-516.
ABERDEEN REAL ESTATE PARTNERS II LP - INTEREST INCOME	2,709.
HRJ SPECIAL OPPORTUNITIES II (US) LP - ORDINARY BUSINESS	,
INCOME (LOSS)	-922.
HRJ SPECIAL OPPORTUNITIES II (US) LP - NET RENTAL REAL	
ESTATE INCOME	-692.
HRJ SPECIAL OPPORTUNITIES II (US) LP - OTHER NET RENTAL	
INCOME (LOSS)	199.
HRJ SPECIAL OPPORTUNITIES II (US) LP - INTEREST INCOME	355.
HRJ SPECIAL OPPORTUNITIES II (US) LP - DIVIDEND INCOME	30.
PERENNIAL REAL ESTATE FUND II LP - ORDINARY BUSINESS	_
INCOME (LOSS)	-8,073.
PERENNIAL REAL ESTATE FUND II LP - NET RENTAL REAL ESTATE	-11,277.
INCOME PERENNIAL REAL ESTATE FUND II LP - INTEREST INCOME	533.
PERENNIAL REAL ESTATE FUND II LP - INTEREST INCOME PERENNIAL REAL ESTATE FUND II LP - DIVIDEND INCOME	14.
PERENNIAL REAL ESTATE FUND II LP - OTHER PORTFOLIO INCOME	***
(LOSS)	-1.
PERENNIAL REAL ESTATE FUND II LP - OTHER INCOME (LOSS)	-247.
PERENNIAL REAL ESTATE FUND III LP - ORDINARY BUSINESS	
INCOME (LOSS)	-2,927.
PERENNIAL REAL ESTATE FUND III LP - NET RENTAL REAL ESTATE	
INCOME	-28,369.
PERENNIAL REAL ESTATE FUND III LP - INTEREST INCOME	6.
PERENNIAL REAL ESTATE FUND III LP - OTHER INCOME (LOSS)	450.
ABERDEEN ENERGY & RESOURCES PARTNERS IV, L.P ORDINARY	
BUSINESS INCOME (LO	-55,639.
ABERDEEN ENERGY & RESOURCES PARTNERS IV, L.P NET RENTAL	
REAL ESTATE INCOM	181.
ABERDEEN ENERGY & RESOURCES PARTNERS IV, L.P INTEREST INCOME	788.
HORSLEY BRIDGE XII VENTURE, L.P ORDINARY BUSINESS	/88.
INCOME (LOSS)	-22.
HORSLEY BRIDGE XI GROWTH BUYOUT-A, L.P OTHER INCOME	22,
(LOSS)	1,208.
·	
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-103,340.
· · · · ·	

FORM 990-T	OTHER	INCOME		STATEMENT	2
DESCRIPTION				AMOUNT	
STATE TAX REFUNDS					239
TOTAL TO FORM 990-T, PAGE 1,	LINE 12				239
FORM 990-T	OTHER	DEDUCTION	ONS	STATEMENT	3
DESCRIPTION				AMOUNT	
FORM 990-T PREPARATION FEES FOREIGN TAXES PAID					,8 44 2,828
TOTAL TO FORM 990-T, PAGE 1,	LINE 27			22	2,672
FORM 990-T NET	OPERATING	G LOSS DI	EDUCTION	STATEMENT	4
TAX YEAR LOSS SUSTAINED	LOS: PREVIO	USLY	LOSS REMAINING	AVAILABLE THIS YEAR	
12/31/18 69,554.		0.	69,554.	69,	554.
NOL CARRYOVER AVAILABLE THIS			69,554.		554.

FORM 990-T	CONTRIBUTIONS	STATEMENT 5
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
VARIOUS PUBLIC CHARITIES -	N/A	2,340,051.
2019 PRIVATE EQUITY K-1S	N/A	388.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	2,340,439.

FORM 990-T	CONTRIBUTIONS SUMMAR	Y	STATEMENT	6
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT	,		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2014 YEAR 2015 YEAR 2016 YEAR 2017 YEAR 2017 YEAR 2018 3,400,468 YEAR 2017 3,393,663			
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	9,081,923 2,340,439		
	PRIBUTIONS AVAILABLE NCOME LIMITATION AS ADJUSTED	11,422,362	_	
EXCESS 10	NTRIBUTIONS OF CONTRIBUTIONS ESS CONTRIBUTIONS	11,422,362 0 11,422,362	-	
ALLOWABLE	CONTRIBUTIONS DEDUCTION	-	_	0
TOTAL CON'	TRIBUTION DEDUCTION			0

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				Emp.	oyer rachanoation number
THE SCAN FOUNDATION				45-	0552845
Did the corporation dispose of any investmen	nt(s) in a qualified opportun	ity fund during the tax	year?		Yes X No
If "Yes," attach Form 8949 and see its instru-			ur gain or loss.		
ূ Part বি Short-Term Capital Ga	ns and Losses (See	instructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(() Adjustments to gail or loss from Form(s) 894	ո 9,	(h) Gain or (loss) Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column (g)	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	•				
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					2,890.
4 Short-term capital gain from installment sales		7		4	
5 Short-term capital gain or (loss) from like-kini				5	,
6 Unused capital loss carryover (attach computa	•	L		6	2,890.
7 Net short-term capital gain or (loss). Combin			·	_/	2,030.
See instructions for how to figure the amounts	is and Losses (See)	nstructions.)			1
This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	or loss from Form(s) 894	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, 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	, <u> </u>				-258.
11 Enter gain from Form 4797, line 7 or 9				11	130,509.
12 Long-term capital gain from installment sales	from Form 6252, line 26 or 33	7		12	
13 Long-term capital gain or (loss) from like-kind	d exchanges from Form 8824			13	. <u> </u>
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum	n h	· · · · · · · · · · · · · · · · · · ·	15	130,251.
Rartill Summary of Parts I and	i II				
16 Enter excess of net short-term capital gain (lin	ne 7) over net long-term capita	il loss (line 15)		16	2,890.
17 Net capital gain. Enter excess of net long-term			ne 7)	17	130,251.
18 Add lines 16 and 17. Enter here and on Form				٠	133,141.
•	1120, page 1, line 8, or the pro	oper line on other returns		18	133,141.

LHA

Schedule D (Form 1120) 2019

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

Form **8949**

Department of the Treasury Internal Revenue Service

Name(s) shown on return

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

2019

Attachment Sequence No. 12A

Social security number or taxpayer identification no.

						taxpayerit	zentineation no.
THE SCAN FOUNDATION						45-05	552845
Before you check Box A, B, or C below statement will have the same information broker and may even tell you which to	ation as Form 109	you received any 99-B Either will :	/ Form(s) 1099-B o show whether you	or substitute statem r basis (usually you	ent(s) from y r cost) was r	our broker A su eported to the IF	bstitute S by your
Part I Short-Term. Transactions, see page 2	ions involving capit I short-term transac	tions reported on I	Form(s) 1099-B show	ına basıs was reporte	d to the IRS a	and for which no ad	justments or
codes are required. Enter the	totals directly on S	Schedule D, line 18	i, you aren't required	to report these trans	actions on For	m 8949 (see instru	ctions)
You must check Box A, B, or C below. (If you have more short-term transactions than will	I fit on this page for on	e or more of the boxes	s, complete as many for	ns with the same box che	cked as you nee	d	each applicable box.
(A) Short-term transactions rep					Note abov	/e)	
(C) Short-term transactions rep	•	•	•	sported to the Ins			
1 (a)	(b)	(c)	(d)	(e)	Adjustment,	if any, to gain or	(h)
Description of property (Example 100 sh. XYZ Co)	Date acquired (Mo., day, yr)	Date sold or disposed of (Mo , day, yr.)	Proceeds (sales price)	Cost or other basis. See the Note below and see Column (e) in the instructions	l ın column (g	enter an amount)), enter a code in See instructions.	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
					(f) Code(s)	(g) Amount of adjustment	
HRJ SPECIAL OPPORTUNITIES						aujustinent	10,
II (US) LP							35.
PERENNIAL REAL ESTATE FUND							
III LP							2,855.
				-			
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	<u> </u>					-	
2 Totals. Add the amounts in colur	nns (d), (e), (g), a	nd (h) (subtract		1			
negative amounts). Enter each to							
Schedule D, line 1b (if Box A abo							
above is checked), or line 3 (if B	ox C above is ch	necked)					2,890.

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.

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Name(s) shown on return. Name and SSN or taxpaver identification no, not required if shown on page 1

Marie(5) Shown on return. Name and	OON OF TAXPAYE	i identinoation i	o not required in	Shown on page 1		taxpayer ide	ntification no.		
THE SCAN FOUNDATION						45-0!	45-0552845		
Before you check Box D, E, or F belo statement will have the same informa-	ow, see whether y	you received any 99-B Either will s	Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	ent(s) from y r cost) was r	our broker A sui eported to the IF	bstitute S by your		
Part II Long-Term. Transaction		al assets you held r	nore than 1 year are	generally long-term (s	ee instructions	s) For short-term to	ransactions,		
see page 1 Note: You may aggregate all codes are required. Enter the	long-term transact	tions reported on F Schedule D. line 8a	orm(s) 1099-B show	ring basis was reported I to report these trans	d to the IRS ar	nd for which no adj m 8949 (see instru	ustments or ctions)		
You must check Box D, E, or F below. O	check only one bo	x. If more than one b	ox applies for your long	-term transactions, compl	ete a separate Fo	orm 8949, page 2, for 6	each applicable box		
(D) Long-term transactions rep									
(E) Long-term transactions rep	•	•	-			-,			
X (F) Long-term transactions not	, ,		_	•					
1 (a)	(b)	(c)	(d)	(e)	Adjustment,	if any, to gain or enter an amount	(h)		
Description of property	Date acquired	Date sold or	Proceeds (sales price)	Cost or other	i ioss. It you I in column (g	Gain or (loss). Subtract column (e)			
(Example 100 sh XYZ Co.)	(Mo , day, yr)	disposed of	(Sales price)	basis. See the	column (f).	Sée instructions.	from column (d) &		
		(Mo., day, yr)		see Column (e) In the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)		
ABERDEEN GLOBAL PARTNERS LP			_				87.		
HRJ SPECIAL OPPORTUNITIES									
II (US) LP							1.		
PERENNIAL REAL ESTATE FUND									
II LP							43.		
PERENNIAL REAL ESTATE FUND							-		
III LP							<389.>		
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2 Totals. Add the amounts in colum	nns (d) (e) (d) a	nd (h) (subtract		 	 				
negative amounts). Enter each to									
Schedule D, line 8b (if Box D abo		-							
above is checked), or line 10 (if E	-	•		<u> </u>			<258.>		

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.

923012 12-11-19