

Form 990-T

EXTENDED TO NOVEMBER 15, 2018  
**Exempt Organization Business Income Tax Return**  
 (and proxy tax under section 6033(e))

OMB No. 1545-0047

2017

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

Department of the Treasury  
Internal Revenue Service

For calendar year 2017 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

▶ Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

|                                                                                                                                                                       |               |                                                                                                                                                                                         |                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| <b>A</b> Check box if address changed<br><br><b>B</b> Exempt under section<br><input checked="" type="checkbox"/> 501(c)(3)<br>408(e) 220(e)<br>408A 530(a)<br>529(a) | Print or Type | Name of organization (Check box if name changed and see instructions.)<br><br><b>THE ASLAN FOUNDATION</b>                                                                               | <b>D</b> Employer identification number (Employees trust see instructions)<br><br>62-1520208 |
|                                                                                                                                                                       |               | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>4823 OLD KINGSTON PIKE, NO. 140</b>                                                                        | <b>E</b> Unrelated business activity codes (See instructions)<br><br>525990                  |
|                                                                                                                                                                       |               | City or town, state or province, country, and ZIP or foreign postal code<br><b>KNOXVILLE, TN 37919</b>                                                                                  |                                                                                              |
|                                                                                                                                                                       |               | <b>F</b> Group exemption number (See instructions) ▶<br><b>G</b> Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation 501(c) trust 401(a) trust Other trust |                                                                                              |
| <b>C</b> Book value of all assets at end of year<br>115,246,941.                                                                                                      |               |                                                                                                                                                                                         |                                                                                              |

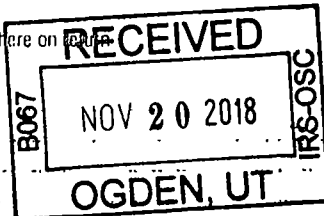
**H** Describe the organization's primary unrelated business activity ▶ **SEE STATEMENT 19**
**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes ☐ No ☒  
 If "Yes," enter the name and identifying number of the parent corporation ▶

**J** The books are in care of ▶ **NICHOLE MCCOY, OFFICE ADMINISTRATO** Telephone number ▶ (865) 524-6360

| Part I Unrelated Trade or Business Income |                                                                                  |    |        | (A) Income | (B) Expenses | (C) Net |
|-------------------------------------------|----------------------------------------------------------------------------------|----|--------|------------|--------------|---------|
| 1a                                        | 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  |        |            |              |         |
| 4a                                        | Capital gain net income (attach Schedule D)                                      | 4a |        |            |              |         |
| b                                         | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)                 | 4b |        |            |              |         |
| c                                         | Capital loss deduction for trusts                                                | 4c |        |            |              |         |
| 5                                         | Income (loss) from partnerships and S corporations (attach statement)            | 5  | 1,841. |            |              | 1,841.  |
| 6                                         | Rent income (Schedule C)                                                         | 6  |        |            |              |         |
| 7                                         | Unrelated debt-financed income (Schedule E)                                      | 7  |        |            |              |         |
| 8                                         | Interest, annuities, royalties, and rents from controlled organizations (Sch. F) | 8  |        |            |              |         |
| 9                                         | Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) | 9  |        |            |              |         |
| 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 | 1,841. |            |              | 1,841.  |

**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  |        |
| 15 | Salaries and wages                                                                                                                        | 15  |        |
| 16 | Repairs and maintenance                                                                                                                   | 16  |        |
| 17 | Bad debts                                                                                                                                 | 17  |        |
| 18 | Interest (attach schedule)                                                                                                                | 18  |        |
| 19 | Taxes and licenses                                                                                                                        | 19  |        |
| 20 | Charitable contributions (See instructions for limitation rules) STATEMENT 21 SEE STATEMENT 20                                            | 20  | 84.    |
| 21 | Depreciation (attach Form 4562)                                                                                                           | 21  |        |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return                                                                           | 22a |        |
| 23 | Depletion                                                                                                                                 | 23  |        |
| 24 | Contributions to deferred compensation plans                                                                                              | 24  |        |
| 25 | Employee benefit programs                                                                                                                 | 25  |        |
| 26 | Excess exempt expenses (Schedule I)                                                                                                       | 26  |        |
| 27 | Excess readership costs (Schedule J)                                                                                                      | 27  |        |
| 28 | Other deductions (attach schedule)                                                                                                        | 28  |        |
| 29 | Total deductions Add lines 14 through 28                                                                                                  | 29  | 84.    |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13                                      | 30  | 1,757. |
| 31 | Net operating loss deduction (limited to the amount on line 30)                                                                           | 31  |        |
| 32 | Unrelated business taxable income before specific deduction Subtract line 31 from line 30                                                 | 32  | 1,757. |
| 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  | 757.   |



**Part III Tax Computation****35 Organizations Taxable as Corporations** See instructions for tax computationControlled group members (sections 1561 and 1563) check here ☐ See instructions and:

a Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):

(1) \$ (2) \$ (3) \$

b Enter organization's share of (1) Additional 5% tax (not more than \$11,750) \$

(2) Additional 3% tax (not more than \$100,000) \$

c Income tax on the amount on line 34

35c 114.

**36 Trusts Taxable at Trust Rates** See instructions for tax computation Income tax on the amount on line 34 from

Tax rate schedule or Schedule D (Form 1041)

36

**37 Proxy tax** See instructions

37

**38 Alternative minimum tax**

38

**39 Tax on Non-Compliant Facility Income** See instructions

39

**40 Total.** Add lines 37, 38 and 39 to line 35c or 36, whichever applies

40 114.

**Part IV Tax and Payments****41a Foreign tax credit** (corporations attach Form 1118, trusts attach Form 1116)

41a

**b Other credits** (see instructions)

41b

**c General business credit** Attach Form 3800

41c 114.

**d Credit for prior year minimum tax** (attach Form 8801 or 8827)

41d

**e Total credits** Add lines 41a through 41d

41e 114.

**42 Subtract line 41e from line 40**

42 0.

**43 Other taxes** Check if from Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (attach schedule)

43

**44 Total tax** Add lines 42 and 43

44 0.

**45a Payments** A 2016 overpayment credited to 2017

45a

**b 2017 estimated tax payments**

45b 2,500.

**c Tax deposited with Form 8868**

45c

**d Foreign organizations.** Tax paid or withheld at source (see instructions)

45d

**e Backup withholding** (see instructions)

45e

**f Credit for small employer health insurance premiums** (Attach Form 8941)

45f

**g Other credits and payments:**

Form 2439

Form 4136

Other

Total

45g

**46 Total payments.** Add lines 45a through 45g

46 2,500.

**47 Estimated tax penalty** (see instructions) Check if Form 2220 is attached

47

**48 Tax due** If line 46 is less than the total of lines 44 and 47, enter amount owed

48

**49 Overpayment** If line 46 is larger than the total of lines 44 and 47, enter amount overpaid

49 2,500.

**50 Enter the amount of line 49 you want Credited to 2018 estimated tax**

Refunded

50 2,500.

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

**51** At any time during the 2017 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

X

**52** 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

X

**53** Enter the amount of tax-exempt interest received or accrued during the tax year \$

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 11/13/18

Title EXECUTIVE DIRECTOR

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

Paid Preparer Use Only

Print/Type preparer's name

DEBORAH O.

Preparer's signature

Deborah O. Emberger, CPA

Date

11/12/18

Check if self-employed

PTIN

P00364912

Firm's name PYA, P. C.

Firm's EIN 62-1517792

Firm's address 2220 SUTHERLAND AVE.

Phone no 865-673-0844

Firm's address KNOXVILLE, TN 37919

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**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

|                                  |    |  |                                                    |   |        |
|----------------------------------|----|--|----------------------------------------------------|---|--------|
| 1 Inventory at beginning of year | 1  |  | 6 Inventory at end of year                         | 6 |        |
| 2 Purchases                      | 2  |  | 7 Cost of goods sold Subtract line 6               |   |        |
| 3 Cost of labor                  | 3  |  | from line 5 Enter here and in Part I,              |   |        |
| 4a 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 acquired for resale) apply to |   |        |
| 5 Total Add lines 1 through 4b   | 5  |  | the organization?                                  |   |        |

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

(see instructions)

## 1 Description of property

|     |
|-----|
| (1) |
| (2) |
| (3) |
| (4) |

## 2 Rent received or accrued

| (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) | 3(a) Deductions directly connected with the income in columns 3(a) and 2(b) (attach schedule) |
|---------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (1)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (2)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (3)                                                                                                                 |                                                                                                                                               |                                                                                               |
| (4)                                                                                                                 |                                                                                                                                               |                                                                                               |
| Total 0.                                                                                                            | Total 0.                                                                                                                                      |                                                                                               |

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

(b) Total deductions Enter here and on page 1, Part I, line 6, column (B) 0.

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

| 1 Description of debt-financed property                                                          | 2 Gross income from or allocable to debt-financed property                           | 3 Deductions directly connected with or allocable to debt-financed property |                                                                    |
|--------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|-----------------------------------------------------------------------------|--------------------------------------------------------------------|
|                                                                                                  |                                                                                      | (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 6 x column 5)                    |
|                                                                                                  |                                                                                      |                                                                             | 8 Allocable deductions (column 6 x 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                                         |                                                                                      |                                                                             | 0.                                                                 |

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**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)              |                                                  |                                    |                                                                                     |                                                                               |
|                  |                                                  |                                    | Add columns 5 and 10<br>Enter here and on page 1, Part I, line 8, column (A)        | Add columns 6 and 11,<br>Enter here and on page 1, Part I, line 8, column (B) |
| <b>Totals</b>    |                                                  |                                    | 0.                                                                                  | 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)                     |                    |                                                       |                                                       |                                                      |
|                         |                    | Enter here and on page 1, Part I, line 9, column (A). | Enter here and on page 1, Part I, line 9, column (B). |                                                      |
| <b>Totals</b>           |                    | 0.                                                    | 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)                                 |                                                          |                                                                            |                                                                                                                      |                                                                    |                                     |                                                                                |
|                                     |                                                          | Enter here and on page 1, Part I, line 10, col. (A).                       | Enter here and on page 1, Part I, line 10, col. (B).                                                                 | Enter here and on page 1, Part II, line 28                         |                                     |                                                                                |
| <b>Totals</b>                       |                                                          | 0.                                                                         | 0.                                                                                                                   | 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)                                        |                            |                            |                                                                                        |                      |                    |                                                                                 |
| <b>Totals</b> (carry to Part II, line (5)) |                            | 0.                         | 0.                                                                                     |                      |                    | 0.                                                                              |

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**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)                                |                                                         |                                                          |                                                                                           |                      |                    |                                                                                 |
| <b>Totals from Part I</b>          | 0.                                                      | 0.                                                       |                                                                                           |                      |                    | 0.                                                                              |
| <b>Totals, Part II (lines 1-5)</b> | Enter here and on page 1, Part I, line 11 col (A)<br>0. | Enter here and on page 1, Part I, line 11 col (B).<br>0. |                                                                                           |                      |                    | Enter here and on page 1, Part II, line 27.<br>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)                                                      |         | %                                     |                                                   |
| (2)                                                      |         | %                                     |                                                   |
| (3)                                                      |         | %                                     |                                                   |
| (4)                                                      |         | %                                     |                                                   |
| <b>Total.</b> Enter here and on page 1, Part II, line 14 |         |                                       | 0.                                                |

Form 990-T (2017)

Form **3800**Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return**General Business Credit**

- Go to [www.irs.gov/Form3800](http://www.irs.gov/Form3800) for instructions and the latest information.  
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0045

**2017**Attachment  
Sequence No **22**

Identifying number

**62-1520208****THE ASLAN FOUNDATION****Part I** Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)  
(See instructions and complete Part(s) III before Parts I and II)

|   |                                                                                                                                                        |   |    |
|---|--------------------------------------------------------------------------------------------------------------------------------------------------------|---|----|
| 1 | General business credit from line 2 of all Parts III with box A checked                                                                                | 1 | 8. |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked                                                                               | 2 |    |
| 3 | Enter the applicable passive activity credits allowed for 2017. See instructions                                                                       | 3 |    |
| 4 | Carryforward of general business credit to 2017. Enter the amount from line 2 of Part III with box C checked. See instructions for statement to attach | 4 |    |
| 5 | Carryback of general business credit from 2018. Enter the amount from line 2 of Part III with box D checked                                            | 5 |    |
| 6 | Add lines 1, 3, 4, and 5                                                                                                                               | 6 | 8. |

**Part II** Allowable Credit

|     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |     |      |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------|
| 7   | Regular tax before credits                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 7   | 114. |
|     | <ul style="list-style-type: none"> <li>• Individuals Enter the sum of the amounts from Form 1040, lines 44 and 46, or the sum of the amounts from Form 1040NR, lines 42 and 44</li> <li>• Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2; or the applicable line of your return</li> <li>• Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return</li> </ul> |     |      |
| 8   | Alternative minimum tax                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 8   | 0.   |
|     | <ul style="list-style-type: none"> <li>• Individuals Enter the amount from Form 6251, line 35</li> <li>• Corporations Enter the amount from Form 4626, line 14</li> <li>• Estates and trusts Enter the amount from Schedule I (Form 1041), line 56</li> </ul>                                                                                                                                                                                                                      |     |      |
| 9   | Add lines 7 and 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | 9   | 114. |
| 10a | Foreign tax credit                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 10a |      |
| b   | Certain allowable credits (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10b |      |
| c   | Add lines 10a and 10b                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 10c |      |
| 11  | Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16                                                                                                                                                                                                                                                                                                                                                                          | 11  | 114. |
| 12  | Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                         | 12  | 114. |
| 13  | Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000 (see instructions)                                                                                                                                                                                                                                                                                                                                                                                                | 13  |      |
| 14  | Tentative minimum tax:                                                                                                                                                                                                                                                                                                                                                                                                                                                             | 14  |      |
|     | <ul style="list-style-type: none"> <li>• Individuals Enter the amount from Form 6251, line 33</li> <li>• Corporations Enter the amount from Form 4626, line 12</li> <li>• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54</li> </ul>                                                                                                                                                                                                                      |     |      |
| 15  | Enter the greater of line 13 or line 14                                                                                                                                                                                                                                                                                                                                                                                                                                            | 15  |      |
| 16  | Subtract line 15 from line 11. If zero or less, enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                          | 16  | 114. |
| 17  | Enter the smaller of line 6 or line 16                                                                                                                                                                                                                                                                                                                                                                                                                                             | 17  | 8.   |
|     | C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization                                                                                                                                                                                                                                                                                                                                                                 |     |      |

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2017)

**Part II** Allowable Credit (Continued)

Note. If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26

|    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |    |          |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|----------|
| 18 | Multiply line 14 by 75% (0.75). See instructions.                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18 |          |
| 19 | Enter the greater of line 13 or line 18.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 19 |          |
| 20 | Subtract line 19 from line 11. If zero or less, enter -0-.                                                                                                                                                                                                                                                                                                                                                                                                                                  | 20 |          |
| 21 | Subtract line 17 from line 20. If zero or less, enter -0-.                                                                                                                                                                                                                                                                                                                                                                                                                                  | 21 |          |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked.                                                                                                                                                                                                                                                                                                                                                                                                               | 22 |          |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked.                                                                                                                                                                                                                                                                                                                                                                                                                    | 23 |          |
| 24 | Enter the applicable passive activity credit allowed for 2017. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                            | 24 |          |
| 25 | Add lines 22 and 24.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 25 |          |
| 26 | Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25.                                                                                                                                                                                                                                                                                                                                                                                  | 26 |          |
| 27 | Subtract line 13 from line 11. If zero or less, enter -0-.                                                                                                                                                                                                                                                                                                                                                                                                                                  | 27 | 114.     |
| 28 | Add lines 17 and 26.                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 28 | 8.       |
| 29 | Subtract line 28 from line 27. If zero or less, enter -0-.                                                                                                                                                                                                                                                                                                                                                                                                                                  | 29 | 106.     |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked.                                                                                                                                                                                                                                                                                                                                                                                                          | 30 | 293,766. |
| 31 | Reserved.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 31 |          |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked.                                                                                                                                                                                                                                                                                                                                                                                                                   | 32 |          |
| 33 | Enter the applicable passive activity credits allowed for 2017. See instructions.                                                                                                                                                                                                                                                                                                                                                                                                           | 33 |          |
| 34 | Carryforward of business credit to 2017. Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked. See instructions for statement to attach.                                                                                                                                                                                                                                                                                                   | 34 | 221,751. |
| 35 | Carryback of business credit from 2018. Enter the amount from line 5 of Part III with box D checked. See instructions.                                                                                                                                                                                                                                                                                                                                                                      | 35 |          |
| 36 | Add lines 30, 33, 34, and 35.                                                                                                                                                                                                                                                                                                                                                                                                                                                               | 36 | 515,517. |
| 37 | Enter the smaller of line 29 or line 36.                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 37 | 106.     |
| 38 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.<br><ul style="list-style-type: none"> <li>• Individuals Form 1040, line 54, or Form 1040NR, line 51</li> <li>• Corporations Form 1120, Schedule J, Part I, line 5c</li> <li>• Estates and trusts Form 1041 Schedule G, line 2b</li> </ul> | 38 | 114.     |

Form 3800 (2017)

Name(s) shown on return

Identifying number

## THE ASLAN FOUNDATION

62-1520208

**Part III** General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions)

- A** General Business Credit From a Non-Passive Activity **E** ☐ Reserved  
**B** General Business Credit From a Passive Activity **F** ☐ Reserved  
**C** General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards  
**D** General Business Credit Carrybacks **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all

Parts III with box A or B checked Check here if this is the consolidated Part III

☒

**Note:** On any line where the credit is from more than one source, a separate Part III is needed for each pass through entity

| (a) Description of credit                                                                                           | (b) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|---------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------|
| <b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)                                                   |                                                                      |                                  |
| <b>b</b> Reserved                                                                                                   |                                                                      |                                  |
| <b>c</b> Increasing research activities (Form 6765)                                                                 |                                                                      | 8.                               |
| <b>d</b> Low-income housing (Form 8586, Part I only)                                                                |                                                                      |                                  |
| <b>e</b> Disabled access (Form 8826) (see instructions for limitation)                                              |                                                                      |                                  |
| <b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                                |                                                                      |                                  |
| <b>g</b> Indian employment (Form 8845)                                                                              |                                                                      |                                  |
| <b>h</b> Orphan drug (Form 8820)                                                                                    |                                                                      |                                  |
| <b>i</b> New markets (Form 8874)                                                                                    |                                                                      |                                  |
| <b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)                    |                                                                      |                                  |
| <b>k</b> Employer provided child care facilities and services (Form 8882) (see instructions for limitation)         |                                                                      |                                  |
| <b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)                                                    |                                                                      |                                  |
| <b>m</b> Low sulfur diesel fuel production (Form 8896)                                                              |                                                                      |                                  |
| <b>n</b> Distilled spirits (Form 8906)                                                                              |                                                                      |                                  |
| <b>o</b> Nonconventional source fuel (carryforward only)                                                            |                                                                      |                                  |
| <b>p</b> Energy efficient home (Form 8908)                                                                          |                                                                      |                                  |
| <b>q</b> Energy efficient appliance (carryforward only)                                                             |                                                                      |                                  |
| <b>r</b> Alternative motor vehicle (Form 8910)                                                                      |                                                                      |                                  |
| <b>s</b> Alternative fuel vehicle refueling property (Form 8911)                                                    |                                                                      |                                  |
| <b>t</b> Enhanced oil recovery credit (Form 8830)                                                                   |                                                                      |                                  |
| <b>u</b> Mine rescue team training (Form 8923)                                                                      |                                                                      |                                  |
| <b>v</b> Agricultural chemicals security (carryforward only)                                                        |                                                                      |                                  |
| <b>w</b> Employer differential wage payments (Form 8932)                                                            |                                                                      |                                  |
| <b>x</b> Carbon dioxide sequestration (Form 8933)                                                                   |                                                                      |                                  |
| <b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)                                                 |                                                                      |                                  |
| <b>z</b> Qualified plug-in electric vehicle (carryforward only)                                                     |                                                                      |                                  |
| <b>aa</b> Employee retention (Form 5884 A)                                                                          |                                                                      |                                  |
| <b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                           |                                                                      |                                  |
| <b>zz</b> Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) |                                                                      |                                  |
| <b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I                               |                                                                      | 8.                               |
| <b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II                                 |                                                                      |                                  |
| <b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)                                                       |                                                                      | 293,766.                         |
| <b>b</b> Work opportunity (Form 5884)                                                                               |                                                                      |                                  |
| <b>c</b> Biofuel producer (Form 6478)                                                                               |                                                                      |                                  |
| <b>d</b> Low-income housing (Form 8586, Part II)                                                                    |                                                                      |                                  |
| <b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                                |                                                                      |                                  |
| <b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      |                                                                      |                                  |
| <b>g</b> Qualified railroad track maintenance (Form 8900)                                                           |                                                                      |                                  |
| <b>h</b> Small employer health insurance premiums (Form 8941)                                                       |                                                                      |                                  |
| <b>i</b> Increasing research activities (Form 6765)                                                                 |                                                                      |                                  |
| <b>j</b> Reserved                                                                                                   |                                                                      |                                  |
| <b>z</b> Other                                                                                                      |                                                                      |                                  |
| <b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II                               |                                                                      | 293,766.                         |
| <b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 |                                                                      | 293,774.                         |

Name(s) shown on return

Identifying number

**THE ASLAN FOUNDATION****62-1520208****Part III General Business Credits or Eligible Small Business Credits** (see instructions)

Complete a separate Part III for each box checked below (see instructions)

- A** ☒ General Business Credit From a Non-Passive Activity **E** ☐ Reserved  
**B** General Business Credit From a Passive Activity **F** ☐ Reserved  
**C** General Business Credit Carryforwards **G** Eligible Small Business Credit Carryforwards  
**D** General Business Credit Carrybacks **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

| (a) Description of credit                                                                                                          |            | (b)<br>If claiming the credit from a pass-through entity, enter the EIN | (c)<br>Enter the appropriate amount |
|------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------|-------------------------------------|
| <b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity |            |                                                                         |                                     |
| <b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)                                                                  | <b>1a</b>  |                                                                         |                                     |
| <b>b</b> Reserved                                                                                                                  | <b>1b</b>  |                                                                         |                                     |
| <b>c</b> Increasing research activities (Form 6765)                                                                                | <b>1c</b>  | 20-8440143                                                              | 8.                                  |
| <b>d</b> Low income housing (Form 8586, Part I only)                                                                               | <b>1d</b>  |                                                                         |                                     |
| <b>e</b> Disabled access (Form 8826) (see instructions for limitation)                                                             | <b>1e</b>  |                                                                         |                                     |
| <b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                                               | <b>1f</b>  |                                                                         |                                     |
| <b>g</b> Indian employment (Form 8845)                                                                                             | <b>1g</b>  |                                                                         |                                     |
| <b>h</b> Orphan drug (Form 8820)                                                                                                   | <b>1h</b>  |                                                                         |                                     |
| <b>i</b> New markets (Form 8874)                                                                                                   | <b>1i</b>  |                                                                         |                                     |
| <b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)                                   | <b>1j</b>  |                                                                         |                                     |
| <b>k</b> Employer provided child care facilities and services (Form 8882) (see instructions for limitation)                        | <b>1k</b>  |                                                                         |                                     |
| <b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)                                                                   | <b>1l</b>  |                                                                         |                                     |
| <b>m</b> Low sulfur diesel fuel production (Form 8896)                                                                             | <b>1m</b>  |                                                                         |                                     |
| <b>n</b> Distilled spirits (Form 8906)                                                                                             | <b>1n</b>  |                                                                         |                                     |
| <b>o</b> Nonconventional source fuel (carryforward only)                                                                           | <b>1o</b>  |                                                                         |                                     |
| <b>p</b> Energy efficient home (Form 8908)                                                                                         | <b>1p</b>  |                                                                         |                                     |
| <b>q</b> Energy efficient appliance (carryforward only)                                                                            | <b>1q</b>  |                                                                         |                                     |
| <b>r</b> Alternative motor vehicle (Form 8910)                                                                                     | <b>1r</b>  |                                                                         |                                     |
| <b>s</b> Alternative fuel vehicle refueling property (Form 8911)                                                                   | <b>1s</b>  |                                                                         |                                     |
| <b>t</b> Enhanced oil recovery credit (Form 8830)                                                                                  | <b>1t</b>  |                                                                         |                                     |
| <b>u</b> Mine rescue team training (Form 8923)                                                                                     | <b>1u</b>  |                                                                         |                                     |
| <b>v</b> Agricultural chemicals security (carryforward only)                                                                       | <b>1v</b>  |                                                                         |                                     |
| <b>w</b> Employer differential wage payments (Form 8932)                                                                           | <b>1w</b>  |                                                                         |                                     |
| <b>x</b> Carbon dioxide sequestration (Form 8933)                                                                                  | <b>1x</b>  |                                                                         |                                     |
| <b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)                                                                | <b>1y</b>  |                                                                         |                                     |
| <b>z</b> Qualified plug-in electric vehicle (carryforward only)                                                                    | <b>1z</b>  |                                                                         |                                     |
| <b>aa</b> Employee retention (Form 5884 A)                                                                                         | <b>1aa</b> |                                                                         |                                     |
| <b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065 B))                                          | <b>1bb</b> |                                                                         |                                     |
| <b>zz</b> Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)                | <b>1zz</b> |                                                                         |                                     |
| <b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I                                              | <b>2</b>   |                                                                         | 8.                                  |
| <b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II                                                | <b>3</b>   |                                                                         |                                     |
| <b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)                                                                      | <b>4a</b>  |                                                                         |                                     |
| <b>b</b> Work opportunity (Form 5884)                                                                                              | <b>4b</b>  |                                                                         |                                     |
| <b>c</b> Biofuel producer (Form 6478)                                                                                              | <b>4c</b>  |                                                                         |                                     |
| <b>d</b> Low income housing (Form 8586, Part II)                                                                                   | <b>4d</b>  |                                                                         |                                     |
| <b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                                               | <b>4e</b>  |                                                                         |                                     |
| <b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                                     | <b>4f</b>  |                                                                         |                                     |
| <b>g</b> Qualified railroad track maintenance (Form 8900)                                                                          | <b>4g</b>  |                                                                         |                                     |
| <b>h</b> Small employer health insurance premiums (Form 8941)                                                                      | <b>4h</b>  |                                                                         |                                     |
| <b>i</b> Increasing research activities (Form 6765)                                                                                | <b>4i</b>  |                                                                         |                                     |
| <b>j</b> Reserved                                                                                                                  | <b>4j</b>  |                                                                         |                                     |
| <b>z</b> Other                                                                                                                     | <b>4z</b>  |                                                                         |                                     |
| <b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II                                              | <b>5</b>   |                                                                         |                                     |
| <b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                                | <b>6</b>   |                                                                         | 8.                                  |

Name(s) shown on return

Identifying number

## THE ASLAN FOUNDATION

62-1520208

**Part III** General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions)

- A** ☒ General Business Credit From a Non Passive Activity **E** ☐ Reserved  
**B** General Business Credit From a Passive Activity **F** ☐ Reserved  
**C** General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards  
**D** General Business Credit Carrybacks **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☒

**Note:** On any line where the credit is from more than one source, a separate Part III is needed for each pass through entity.

| (a) Description of credit | (b) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|---------------------------|----------------------------------------------------------------------|----------------------------------|
|---------------------------|----------------------------------------------------------------------|----------------------------------|

|                                                                                                                     |            |          |
|---------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)                                                   | <b>1a</b>  |          |
| <b>b</b> Reserved                                                                                                   | <b>1b</b>  |          |
| <b>c</b> Increasing research activities (Form 6765)                                                                 | <b>1c</b>  |          |
| <b>d</b> Low income housing (Form 8586, Part I only)                                                                | <b>1d</b>  |          |
| <b>e</b> Disabled access (Form 8826) (see instructions for limitation)                                              | <b>1e</b>  |          |
| <b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                                | <b>1f</b>  |          |
| <b>g</b> Indian employment (Form 8845)                                                                              | <b>1g</b>  |          |
| <b>h</b> Orphan drug (Form 8820)                                                                                    | <b>1h</b>  |          |
| <b>i</b> New markets (Form 8874)                                                                                    | <b>1i</b>  |          |
| <b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)                    | <b>1j</b>  |          |
| <b>k</b> Employer provided child care facilities and services (Form 8882) (see instructions for limitation)         | <b>1k</b>  |          |
| <b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)                                                    | <b>1l</b>  |          |
| <b>m</b> Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>  |          |
| <b>n</b> Distilled spirits (Form 8906)                                                                              | <b>1n</b>  |          |
| <b>o</b> Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>  |          |
| <b>p</b> Energy efficient home (Form 8908)                                                                          | <b>1p</b>  |          |
| <b>q</b> Energy efficient appliance (carryforward only)                                                             | <b>1q</b>  |          |
| <b>r</b> Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>  |          |
| <b>s</b> Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>  |          |
| <b>t</b> Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>  |          |
| <b>u</b> Mine rescue team training (Form 8923)                                                                      | <b>1u</b>  |          |
| <b>v</b> Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>  |          |
| <b>w</b> Employer differential wage payments (Form 8932)                                                            | <b>1w</b>  |          |
| <b>x</b> Carbon dioxide sequestration (Form 8933)                                                                   | <b>1x</b>  |          |
| <b>y</b> Qualified plug in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>  |          |
| <b>z</b> Qualified plug in electric vehicle (carryforward only)                                                     | <b>1z</b>  |          |
| <b>aa</b> Employee retention (Form 5884-A)                                                                          | <b>1aa</b> |          |
| <b>bb</b> General credits from an electing large partnership (Schedule K 1 (Form 1065 B))                           | <b>1bb</b> |          |
| <b>zz</b> Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b> |          |
| <b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>   |          |
| <b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>   |          |
| <b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)                                                       | <b>4a</b>  | 293,766. |
| <b>b</b> Work opportunity (Form 5884)                                                                               | <b>4b</b>  |          |
| <b>c</b> Biofuel producer (Form 6478)                                                                               | <b>4c</b>  |          |
| <b>d</b> Low-income housing (Form 8586, Part II)                                                                    | <b>4d</b>  |          |
| <b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                                | <b>4e</b>  |          |
| <b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>  |          |
| <b>g</b> Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>  |          |
| <b>h</b> Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>  |          |
| <b>i</b> Increasing research activities (Form 6765)                                                                 | <b>4i</b>  |          |
| <b>j</b> Reserved                                                                                                   | <b>4j</b>  |          |
| <b>z</b> Other                                                                                                      | <b>4z</b>  |          |
| <b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>   | 293,766. |
| <b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>   | 293,766. |

Name(s) shown on return

Identifying number

## THE ASLAN FOUNDATION

62-1520208

**Part III** General Business Credits or Eligible Small Business Credits (see instructions)

Complete a separate Part III for each box checked below (see instructions)

- A** General Business Credit From a Non-Passive Activity **E** ☐ Reserved  
**B** General Business Credit From a Passive Activity **F** ☐ Reserved  
**C** ☒ General Business Credit Carryforwards **G** ☐ Eligible Small Business Credit Carryforwards  
**D** General Business Credit Carrybacks **H** ☐ Reserved

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III ☐

**Note:** On any line where the credit is from more than one source, a separate Part III is needed for each pass through entity.

| (a) Description of credit | (b) If claiming the credit from a pass-through entity, enter the EIN | (c) Enter the appropriate amount |
|---------------------------|----------------------------------------------------------------------|----------------------------------|
|---------------------------|----------------------------------------------------------------------|----------------------------------|

|                                                                                                                     |            |          |
|---------------------------------------------------------------------------------------------------------------------|------------|----------|
| <b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)                                                   | <b>1a</b>  |          |
| <b>b</b> Reserved                                                                                                   | <b>1b</b>  |          |
| <b>c</b> Increasing research activities (Form 6765)                                                                 | <b>1c</b>  |          |
| <b>d</b> Low income housing (Form 8586, Part I only)                                                                | <b>1d</b>  |          |
| <b>e</b> Disabled access (Form 8826) (see instructions for limitation)                                              | <b>1e</b>  |          |
| <b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                                | <b>1f</b>  |          |
| <b>g</b> Indian employment (Form 8845)                                                                              | <b>1g</b>  |          |
| <b>h</b> Orphan drug (Form 8820)                                                                                    | <b>1h</b>  |          |
| <b>i</b> New markets (Form 8874)                                                                                    | <b>1i</b>  |          |
| <b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)                    | <b>1j</b>  |          |
| <b>k</b> Employer provided child care facilities and services (Form 8882) (see instructions for limitation)         | <b>1k</b>  |          |
| <b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)                                                    | <b>1l</b>  |          |
| <b>m</b> Low sulfur diesel fuel production (Form 8896)                                                              | <b>1m</b>  |          |
| <b>n</b> Distilled spirits (Form 8906)                                                                              | <b>1n</b>  |          |
| <b>o</b> Nonconventional source fuel (carryforward only)                                                            | <b>1o</b>  |          |
| <b>p</b> Energy efficient home (Form 8908)                                                                          | <b>1p</b>  |          |
| <b>q</b> Energy efficient appliance (carryforward only)                                                             | <b>1q</b>  |          |
| <b>r</b> Alternative motor vehicle (Form 8910)                                                                      | <b>1r</b>  |          |
| <b>s</b> Alternative fuel vehicle refueling property (Form 8911)                                                    | <b>1s</b>  |          |
| <b>t</b> Enhanced oil recovery credit (Form 8830)                                                                   | <b>1t</b>  |          |
| <b>u</b> Mine rescue team training (Form 8923)                                                                      | <b>1u</b>  |          |
| <b>v</b> Agricultural chemicals security (carryforward only)                                                        | <b>1v</b>  |          |
| <b>w</b> Employer differential wage payments (Form 8932)                                                            | <b>1w</b>  |          |
| <b>x</b> Carbon dioxide sequestration (Form 8933)                                                                   | <b>1x</b>  |          |
| <b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)                                                 | <b>1y</b>  |          |
| <b>z</b> Qualified plug-in electric vehicle (carryforward only)                                                     | <b>1z</b>  |          |
| <b>aa</b> Employee retention (Form 5884 A)                                                                          | <b>1aa</b> |          |
| <b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                           | <b>1bb</b> |          |
| <b>zz</b> Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions) | <b>1zz</b> |          |
| <b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I                               | <b>2</b>   |          |
| <b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II                                 | <b>3</b>   |          |
| <b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)                                                       | <b>4a</b>  | 221,751. |
| <b>b</b> Work opportunity (Form 5884)                                                                               | <b>4b</b>  |          |
| <b>c</b> Biofuel producer (Form 6478)                                                                               | <b>4c</b>  |          |
| <b>d</b> Low-income housing (Form 8586, Part II)                                                                    | <b>4d</b>  |          |
| <b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)                                | <b>4e</b>  |          |
| <b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                      | <b>4f</b>  |          |
| <b>g</b> Qualified railroad track maintenance (Form 8900)                                                           | <b>4g</b>  |          |
| <b>h</b> Small employer health insurance premiums (Form 8941)                                                       | <b>4h</b>  |          |
| <b>i</b> Increasing research activities (Form 6765)                                                                 | <b>4i</b>  |          |
| <b>j</b> Reserved                                                                                                   | <b>4j</b>  |          |
| <b>z</b> Other                                                                                                      | <b>4z</b>  |          |
| <b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II                               | <b>5</b>   | 221,751. |
| <b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II                                 | <b>6</b>   | 221,751. |

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|            |                                                                      |              |
|------------|----------------------------------------------------------------------|--------------|
| FORM 990-T | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED<br>BUSINESS ACTIVITY | STATEMENT 19 |
|------------|----------------------------------------------------------------------|--------------|

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INVESTMENTS IN PARTNERSHIPS AND PASSIVE FOREIGN INVESTMENT COMPANIES

TO FORM 990-T, PAGE 1

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|            |               |              |
|------------|---------------|--------------|
| FORM 990-T | CONTRIBUTIONS | STATEMENT 20 |
|------------|---------------|--------------|

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|                                      |                              |            |
|--------------------------------------|------------------------------|------------|
| DESCRIPTION/KIND OF PROPERTY         | METHOD USED TO DETERMINE FMV | AMOUNT     |
| VARIOUS                              | N/A                          | 1,682,788. |
| TOTAL TO FORM 990-T, PAGE 1, LINE 20 |                              | 1,682,788. |

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## FORM 990-T

## CONTRIBUTIONS SUMMARY

## STATEMENT 21

## QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

## CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

|                   |           |
|-------------------|-----------|
| FOR TAX YEAR 2012 |           |
| FOR TAX YEAR 2013 |           |
| FOR TAX YEAR 2014 |           |
| FOR TAX YEAR 2015 | 2,596,461 |
| FOR TAX YEAR 2016 | 2,148,564 |

|                 |           |
|-----------------|-----------|
| TOTAL CARRYOVER | 4,745,025 |
|-----------------|-----------|

|                                      |           |
|--------------------------------------|-----------|
| TOTAL CURRENT YEAR 10% CONTRIBUTIONS | 1,682,788 |
|--------------------------------------|-----------|

|                               |           |
|-------------------------------|-----------|
| TOTAL CONTRIBUTIONS AVAILABLE | 6,427,813 |
|-------------------------------|-----------|

|                                       |    |
|---------------------------------------|----|
| TAXABLE INCOME LIMITATION AS ADJUSTED | 84 |
|---------------------------------------|----|

|                          |           |
|--------------------------|-----------|
| EXCESS 10% CONTRIBUTIONS | 6,427,729 |
|--------------------------|-----------|

|                           |   |
|---------------------------|---|
| EXCESS 100% CONTRIBUTIONS | 0 |
|---------------------------|---|

|                            |           |
|----------------------------|-----------|
| TOTAL EXCESS CONTRIBUTIONS | 6,427,729 |
|----------------------------|-----------|

|                                   |    |
|-----------------------------------|----|
| ALLOWABLE CONTRIBUTIONS DEDUCTION | 84 |
|-----------------------------------|----|

|                              |    |
|------------------------------|----|
| TOTAL CONTRIBUTION DEDUCTION | 84 |
|------------------------------|----|

FORM 990-T

INCOME (LOSS) FROM PARTNERSHIPS

STATEMENT 22

| PARTNERSHIP NAME                    | GROSS INCOME | DEDUCTIONS | NET INCOME<br>OR (LOSS) |
|-------------------------------------|--------------|------------|-------------------------|
| FAIRWAY REAL ASSET FUND I L.P.      | 1,866.       | 0.         | 1,866.                  |
| ENERGY TRANSFER PARTNERS L.P.       | -25.         | 0.         | -25.                    |
| TOTAL TO FORM 990-T, PAGE 1, LINE 5 | 1,841.       | 0.         | 1,841.                  |