

Form **990-T****Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))

OMB No 1545-0687

2018Department of the Treasury
Internal Revenue Service

For calendar year 2018 or other tax year beginning SEP 1, 2018, and ending AUG 31, 2019

Go to 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)

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

A <input type="checkbox"/> Check box if address changed	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) LUCILE PACKARD FOUNDATION FOR CHILDREN'S	D Employer identification number (Employees' trust, see instructions) 77-0440090
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) 03 <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)		HEALTH	E Unrelated business activity code (See instructions) 525990
		Number, street, and room or suite no. If a P.O. box, see instructions. 400 HAMILTON AVENUE, NO. 340	
		City or town, state or province, country, and ZIP or foreign postal code PALO ALTO, CA 94301	
C Book value of all assets at end of year 331,716,034.		F Group exemption number (See instructions) <input type="checkbox"/>	
		G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Enter the number of the organization's unrelated trades or businesses ☐ 1 Describe the only (or first) unrelated trade or business here ☐ SEE STATEMENT 1. If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V.

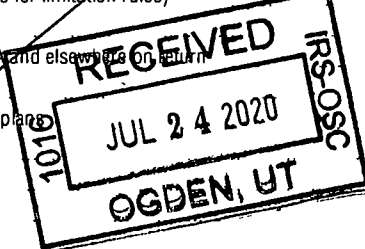
I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidary controlled group? ☐ Yes ☒ No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of ☐ KATHRYN COULBOURN Telephone number ☐ (650) 497-8365

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	151,269.	151,269.
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 a partnership or an S corporation (attach statement)		5	120,100. STMT 2	120,100.
6 Rent income (Schedule C)		6		
7 Unrelated debt-financed income (Schedule E)		7		
8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F)		8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		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	271,369.	271,369.

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) (see instructions)	18	5,473.
19 Taxes and licenses	19	119.
20 Charitable contributions (See instructions for limitation rules) SEE STATEMENT 6	20	25,118.
21 Depreciation (attach Form 4562)	21	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a	22b
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) SEE STATEMENT 5	28	13,593.
29 Total deductions. Add lines 14 through 28	29	44,303.
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	227,066.
31 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31	
32 Unrelated business taxable income. Subtract line 31 from line 30	32	227,066.



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Part III Total Unrelated Business Taxable Income

Part I

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	33	227,066.
34	Amounts paid for disallowed fringes		34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34		36	227,066.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	7	37	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	8	38	226,066.

Part IV Tax Computation

Part II

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	1	39	47,474.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)		40	
41	Proxy tax. See instructions		41	
42	Alternative minimum tax (trusts only)		42	
43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	7	44	47,474.

Part V Tax and Payments

Part III

45a	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		
b	Other credits (see instructions)	45b		
c	General business credit. Attach Form 3800	45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d		
e	Total credits. Add lines 45a through 45d	45e		
46	Subtract line 45e from line 44	46		47,474.
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	47		
48	Total tax. Add lines 46 and 47 (see instructions)	48		47,474.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49		0.
50a	Payments: A 2017 overpayment credited to 2018	50a		
b	2018 estimated tax payments	50b	35,500.	
c	Tax deposited with Form 8868	50c		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d		
e	Backup withholding (see instructions)	50e		
f	Credit for small employer health insurance premiums (attach Form 8941)	50f		
g	Other credits, adjustments, and payments. <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g		
51	Total payments. Add lines 50a through 50g	51		35,500.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53		11,974.
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	55		

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

56	At any time during the 2018 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
57	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.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year \$ 10,246.		

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

CFO Title

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

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

KATHRYN J. OKIMOTO

KATHRYN J. OKIMOTO

06/15/20

P00746598

Firm's name CLARK NUBER, PS

Firm's EIN 91-1194016

10900 NE 4TH STREET, SUITE 1400

Firm's address BELLEVUE, WA 98004

Phone no. 425-454-4919

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 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b Other costs (attach schedule)	4b				
5 Total. Add lines 1 through 4b	5				

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 2(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.

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 2 x column 6)	8 Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
		Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
		0.		0.
Totals				
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 Enter here and on page 1, Part I, line 8, column (A)	Add columns 6 and 11 Enter here and on page 1, Part I, line 8, column (B)
Totals			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)	
Totals		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 25		
Totals		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)						
Totals (carry to Part II, line (5))		0.	0.			0.

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

1 Name of periodical	2. Gross advertising income	3 Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A) 0.	Enter here and on page 1, Part I, line 11, col. (B) 0.				Enter here and on page 1, Part II, line 27 0.

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

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

Form 990-T (2018)

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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THE PRIMARY UNRELATED BUSINESS ACTIVITY IS CONDUCTED WITHIN PASS-THROUGH ENTITIES IN WHICH LUCILE PACKARD FOUNDATION FOR CHILDREN'S HEALTH HOLDS AN INTEREST.

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT	2
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DESCRIPTION	NET INCOME OR (LOSS)
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VI, LP - ORDINARY BUSINESS INCOME	97.
COMMONFUND CAPITAL INTERNATIONAL PARTNERS VII, L - ORDINARY BUSINESS INCOME	169.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS VI - ORDINARY BUSINESS INCOME	166,841.
COMMONFUND CAPITAL NATURAL RESOURCES PARTNERS IX - ORDINARY BUSINESS INCOME	-53,895.
COMMONFUND CAPITAL PRIVATE EQUITY PARTNERS V, LP - ORDINARY BUSINESS INCOME	74.
COMMONFUND CAP PRIVATE EQUITY PARTNERS VI, LP - ORDINARY BUSINESS INCOME (LO	9,464.
COMMONFUND CAP PRIVATE EQUITY PARTNERS VII, LP - ORDINARY BUSINESS INCOME (L	3,968.
COMMONFUND CAPITAL VENTURE PARTNERS VIII, LP - ORDINARY BUSINESS INCOME (LOS	-7.
COMMONFUND CAPITAL VENTURE PARTNERS XI, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,784.
ENDOWMENT VENTURE PARTNERS V, LP - ORDINARY BUSINESS INCOME (LOSS)	12.
ABERDEEN REAL ESTATE PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOSS)	12,322.
ADAMAS OPPORTUNITIES, LP - ORDINARY BUSINESS INCOME (LOSS)	2,049.
HIGHFIELDS CAPITAL IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-2,767.
LEGACY VENTURE III, LLC - ORDINARY BUSINESS INCOME (LOSS)	-185.
LEGACY VENTURE IV, LLC - ORDINARY BUSINESS INCOME (LOSS)	273.
LEGACY VENTURE VI (QP), LLC - ORDINARY BUSINESS INCOME (LOSS)	-189.
STRATEGIC PARTNERS FUND VI AIF I, L.P. - ORDINARY BUSINESS INCOME (LOSS)	234.
STRATEGIC PARTNERS FUND VI, L.P. - ORDINARY BUSINESS INCOME (LOSS)	203.
TIFF MODERN VENTURE PARTNERS 1.0, LLC - ORDINARY BUSINESS INCOME (LOSS)	-16.
TIFF REAL ESTATE PARTNERS I, LLC - ORDINARY BUSINESS INCOME (LOSS)	-612.

TIFF REALTY AND RESOURCES II, LLC - ORDINARY BUSINESS INCOME (LOSS)	-168.
VENTURE INVESTMENT ASSOCIATES IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-115.
VIA SEED TECH PARTNERS EXPLORER FUND LP - ORDINARY BUSINESS INCOME (LOSS)	-207.
ADAMAS PARTNERS LP (3 YR) - ORDINARY BUSINESS INCOME (LOSS)	1,367.
ADAMAS PARTNERS LP (1 YR) - ORDINARY BUSINESS INCOME (LOSS)	1,642.
VIA SEED TECH PARTNERS PLATFORM LP - ORDINARY BUSINESS INCOME (LOSS)	-128.
COMMONFUND CAP PRIVATE EQUITY PARTNERS VIII, LP - ORDINARY BUSINESS INCOME (-17,542.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	120,100.

FORM 990-T	INTEREST PAID	STATEMENT	3
DESCRIPTION		AMOUNT	
INVESTMENT INTEREST EXPENSE FROM PASS-THROUGH INVESTMENTS		5,473.	
TOTAL TO FORM 990-T, PAGE 1, LINE 18		5,473.	

FORM 990-T	CONTRIBUTIONS	STATEMENT	4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT	
GRANTS TO 501(C)(3) ORGANIZATIONS	N/A	116,821,422.	
PASS-THROUGH FROM SCHEDULE K-1	N/A	400.	
TOTAL TO FORM 990-T, PAGE 1, LINE 20		116,821,822.	

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	5
DESCRIPTION		AMOUNT	
TAX PREPARATION FEES		13,593.	
TOTAL TO FORM 990-T, PAGE 1, LINE 28		13,593.	

FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT

6

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2013	94,970,906
FOR TAX YEAR 2014	440,753,071
FOR TAX YEAR 2015	150,331,145
FOR TAX YEAR 2016	125,286,236
FOR TAX YEAR 2017	88,903,478

TOTAL CARRYOVER	900,244,836
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TOTAL CURRENT YEAR 10% CONTRIBUTIONS	116,821,822
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TOTAL CONTRIBUTIONS AVAILABLE	1,017,066,658
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TAXABLE INCOME LIMITATION AS ADJUSTED	25,118
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EXCESS 10% CONTRIBUTIONS	1,017,041,540
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EXCESS 100% CONTRIBUTIONS	0
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TOTAL EXCESS CONTRIBUTIONS	1,017,041,540
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ALLOWABLE CONTRIBUTIONS DEDUCTION	25,118
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TOTAL CONTRIBUTION DEDUCTION	25,118
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SCHEDULE D
(Form 1120)Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information

OMB No 1545-0123

2018

Name

LUCILE PACKARD FOUNDATION FOR CHILDREN'S
HEALTH

Employer identification number

77-0440090

Part I Short-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b

1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked

2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked

3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37

5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824

6 Unused capital loss carryover (attach computation)

7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h

(d)
Proceeds
(sales price)(e)
Cost
(or other basis)

(g) Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)

(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)

-12,726.

4

5

6

()

7

-12,726.

Part II Long-Term Capital Gains and Losses (See instructions)

See instructions for how to figure the amounts to enter on the lines below.

This form may be easier to complete if you round off cents to whole dollars.

8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b

8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked

9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked

10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked

11 Enter gain from Form 4797, line 7 or 9

12 Long-term capital gain from installment sales from Form 6252, line 26 or 37

13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824

14 Capital gain distributions

15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h

(d)
Proceeds
(sales price)(e)
Cost
(or other basis)

(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)

(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)

108,917.

11

12

13

14

15

163,995.

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)

17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)

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

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

16

17

18

151,269.

151,269.

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

Schedule D (Form 1120) 2018

Sales and Other Dispositions of Capital Assets

OMB No 1545-0074

2018

Attachment
Sequence No **12A**

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D

Name(s) shown on return

LUCILE PACKARD FOUNDATION FOR CHILDREN'S

HEALTH

Social security number or taxpayer identification no.

77-0440090

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

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

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

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

- ☐ (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (B) Short-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (C) Short-term transactions not reported to you on Form 1099-B

[illegible]

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

77-0440090

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

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

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 9849, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

- ☐ (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)
- ☐ (E) Long-term transactions reported on Form(s) 1099-B showing basis **wasn't** reported to the IRS
- ☒ (F) Long-term transactions not reported to you on Form 1099-B

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