OMB No 1545-0687

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

Other trust

D Employer identification number

94-2278431

X No

(C) Net

F Unrelated business activity code

(Employees' trust, see instructions)

523000

401(a) trust

Telephone number \triangleright 650-948-7658

(B) Expenses

Describe the only (or first) unrelated

. If only one, complete Parts I-V. If more than one,

Form 990-T

Department of the Treasury Internal Revenue Service

Check box if

Exempt under section

408(e) 220(e)

at end of year 7,423,383,781.

business, then complete Parts III-V.

1a Gross receipts or sales

b Less returns and allowances

530(a)

 $X = 501(c^4)(3_-)$

408A

529(a)
C Book value of all assets

address changed

Print

Type

H Enter the number of the organization's unrelated trades or businesses.

Part lo Unrelated Trade or Business Income

If "Yes," enter the name and identifying number of the parent corporation. ▶

J The books are in care of ▶ CRAIG NEYMAN, CFO

2	Cost of goods sold (Schedule A, line 7)	2		1、日本業別4万	y	YA GIRKETAN					
3	Gross profit. Subtract line 2 from line 1c	3		W. Talkania Ka							
4 a	Capital gain net income (attach Schedule D)	4a	6,288,168.	10		6,288,168.					
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			787						
С	Capital loss deduction for trusts	4c			~~~~						
5	Income (loss) from a partnership or an S corporation (attach statement)	5	-22502291.	STMT.	2.2.3	-22502291.					
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	-16214123.			-16214123.					
₽ã	Partill Deductions Not Taken Elsewhere (See instructions for limitations on deductions)										
	(Except for contributions, deductions must be directly connected	with t	the unrelated business	income.)							
14	Compensation of officers, directors, and trustees (Schedule K)				14						
15	Salaries and wages	FC	EIVED		15						
16	Repairs and maintenance		EIVED		16						
17	Bad debts		SC		17						
18	Interest (attach schedule) (see instructions)	۷0 ا	2 1 2019		18						
19	Taxes and licenses		S		19	519,752.					
20	Charitable contributions (See instructions for limitation rules)	3DI	EN, UT _[21]		20						
21	Depreciation (attach Form 4562)	וטפ	_IN, U 21								
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		22b	·					
23	Depletion				23						
24	Contributions to deferred compensation plans				24	<u> </u>					
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	510 850					
29	Total deductions. Add lines 14 through 28 *				29	519,752.					
30	Unrelated business taxable income before net operating loss deduction. Subtract				30	-16733875.					
31	Deduction for net operating loss arising in tax years beginning on or after Januar		31	4.600000							
32	Unrelated business taxable income. Subtract line 31 from line 30				32	-16733875.					
82370	1 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.					Form 990-T (2018)					

EXTENDED TO NOVEMBER 15, 2019 Exempt Organization Business Income Tax Return

For calendar year 2018 or other tax year beginning

343 SECOND STREET

G Check organization type

trade or business here > INVESTMENTS IN PARTNERSHIPS

(and proxy tax under section 6033(e))

► 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).

Name of organization (Check box if name changed and see instructions.)

Number, street, and room or suite no. If a P.O. box, see instructions.

City or town, state or province, country, and ZIP or foreign postal code

LOS ALTOS, CA 94022-3622

F Group exemption number (See instructions.)

During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?

THE DAVID AND LUCILE PACKARD FOUNDATION

X 501(c) corporation

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

c Balance

501(c) trust

(A) income

620 2

Form 990-T		IE DAVID AL		LE PACKARD	FOUNDATI	ON		94-22	7843	1		Page
				_	dee er businesses	/aca instru	otiono)		1 22	-167	338	75
33			-	ed from all unrelated trac	des or dusinesses	(see instru	ictions)		33		$\frac{330}{7,4}$	
34	•	for disallowed fringes							34		/ , 4	30.
35				beginning before Janua					35			
36			ncome before s	pecific deduction. Subtr	act line 35 from th	ne sum of			1	1	064	4 -
	lines 33 and 3								36	-166		
37	•	• • •	=	7 instructions for except	-				37		1,0	00.
38	Unrelated bu	siness taxable income	e. Subtract line	37 from line 36. If line 3	37 is greater than I	ine 36,				1.5		
Párt I		ller of zero or line 36 omputation						<u>-</u>	38	-166	964	45.
39		Taxable as Corporati	ione Multiply I	ine 38 by 21% (0.21)					39			0.
				tax computation. Incom	ne tay on the amor	int on line :	38 from:					
70			Schedule D (Foi		io tax on the annet			_	40			
41	Proxy tax. Se		Ocheanie D (i oi	111 1041)					41			
	•	nimum tax (trusts only	A.				r		42			
42		mpliant Facility Incon	•	tione					43			
43		es 41, 42, and 43 to lir							44			0.
Part V		nd Payments	16 35 01 40, WIII	ichever applies								
	-		oh Form 1110:	tructo attach Form 1116	· · · · · · · · · · · · · · · · · · ·	45a			# V			
	-	· ·	cii rumii 1110,	trusts attach Form 1116	,	45a 45b						
b		(see instructions)	m 2000						\dashv			
G .		ess credit. Attach Forn		1 ** 0007)		45c						
		r year minimum tax (a		1 Or 6027)		45d	L		45.0			
		Add lines 45a through	1 450						45e			0.
46		45e from line 44	4055	Form 8611 Form	0007 -		. میلین		46			<u> </u>
47		Sheck if from: For		Form 8611 Form	8697 F0111	1 0000	Other (a	ttach schedule)				0.
48		d lines 46 and 47 (see	•		42.10				48			0.
49		• .		Form 965-B, Part II, colu	ımn (K), line 2	1 1	ا ت ا	52 OFE	49			0.
	-	2017 overpayment cre	edited to 2018			50a		53,96 <u>5</u>				
		ed tax payments				50b	1,8	50, <u>000</u>	-			
	•	with Form 8868				50c	-					
		izations: Tax paid or w		ce (see instructions)		50d						
		olding (see instruction				50e			-			
f		all employer health ins				50f			-			
9		adjustments, and payr	· —	orm 2439								
	Form 41		X 0	ther <u>2,169,83</u>		► <u>50g</u>		<u> 59,837</u>	—	4 77	2 0	^ ^
		ts. Add lines 50a throi				TATEM	IENT	4	51	4,77	3,8	02.
			•	orm 2220 is attached 🕨					52			
53				49, and 52, enter amour					53	4 22	2 0	^^
54				nes 48, 49, and 52, ente			1		54	4,77	3,8	
55		unt of line 54 you wan				3,802		inded 🕨	55			0.
Part V	~ 1			Activities and Ot							Т	.
56	-	-		organization have an inte				•			Yes	No
		, ,		in a foreign country? If '							<u> </u>	~\dis
			_	ncial Accounts. If "Yes," (enter the name of	the foreign	country				عقنكنته	مُعَنَّدُهُمُ
		SEE STATEM										X
57	During the tax	year, did the organiza	ition receive a d	istribution from, or was	it the grantor of, o	or transfero	r to, a fore	ign trust?				X
				ation may have to file.							· · · · ·	\$7.80°
58				accrued during the tax							₹~, ¥	(1)
0	Under penal correct, and	ties of perjury. I declare the complete Declaration of p	t I have examined separes other than	this return, including accomp taxpayer) is based on all info	anying schedules and ormation of which prej	d statements, parer has any	and to the b knowledge	est of my know	ledge and b	elief, it is tru	θ,	
Sign		h M	//	واصلية أنسب			_	ſ	May the IRS	discuss this	s return v	with
Here				11113119	CFO				the prepare	shown belo		_
	Signati	ire or officer		Date	Title			<u>_</u> _i	instructions	s)? X Y	es	No
	Print/f	ype preparer's name		Preparer's signature		Date	(Check 🔲	ıf PTI	N		
Paid	10	•		7-1	701 1	11/7/10	, <u>s</u>	self- employe				
Prepa	rer JOAN	S. MCMAHO	ON	Joan Mu	Mahon	11/7/19	<u>' </u>			<u>00966</u>		
Use C		name DELOI		I /L P				Firm's EIN	8	6-106	577	2
	,	555	MISSIO	n st			I					_
	Firm's	address > SAN	FRANCI	SCO, CA 941	.05			Phone no.	415-	<u>738-4</u>	000	

Page 3

04 0050431

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A						
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6			
2 Purchases	2		7	Cost of goods sold. Su	btract	line 6	ŀ			
3 Cost of labor	3		4	from line 5. Enter here	and in I	Part I,				
4a Additional section 263A costs				line 2			_7_	<u> </u>		
(attach schedule)	4a	·	_ 8	Do the rules of section	263A (with respect to		Yes	No ,	
b Other costs (attach schedule)	4b		4	property produced or a	cquirec	for resale) apply to		ļ <u>. </u>	<u>. </u>	
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?		Lucit D. I.D.				
Schedule C - Rent Income (see instructions)	(From Real	Property and	Per	sonal Property L	ease	a with Real Prop	erτy)	<u></u> .		
1. Description of property										
(1)										
(2)										
(3)										
(4)				<u></u>						
		ed or accrued				3/a) Deductions directly	connec	ted with the income i	n	
	rent for personal property is more than of rent for p 10% but not more than 50%) the ren				and personal property (if the percentage sersonal property exceeds 50% or if at its based on profit or income) 3(a) Deductions directly connected with the columns 2(a) and 2(b) (attach scheduler) and the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected with the columns 2(a) and 2(b) (attach scheduler) are seriously connected					
(1)										
(2)								•		
(3)							•			
(4)										
Total	0.	Totel			0.					
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.	
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)						
			2	. Gross income from or allocable to debt-		3. Deductions directly con to debt-finance				
1. Description of debt-fi	nanced property			financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)		
(1)			+-				+			
(2)			\dagger				+			
(3)		··-·	1				+			
(4)			1				1			
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis illocable to nced property n schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8. Allocable deduct column 6 x total of co 3(a) and 3(b))		
(1)	<u></u>			%						
(2)				%		<u></u>				
(3)				%						
(4)				%						
						inter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column		
Totals				▶		0			0.	
Total dividends-received deductions		. 0		- 1			1		$\overline{}$	

Form 990-T (2018) THE DA	VID AND	LUCILE	PACKA	RD FOUN	DATI	ON		94-22	<u>78431</u>	Page 4		
Schedule F - Interest,	Annuities, R	oyalties, a					tions	(see ins	tructions)		
Name of controlled organizat	tion	2. Employer identification number	3. Net unr	Controlled O	4 . Tot	al of specified nents made	include	t of column 4 to ad in the contration's gross i	olling	6. Deductions directly connected with income in column 5		
										·		
(2)						<u> </u>						
			- 									
(3)			_									
(4)												
Nonexempt Controlled Organi	zations			_								
7. Taxable Income	8. Net unrelate (see ins	ed income (loss) tructions)	9. Total	 Total of specified payments made 			nn 9 that ng organ i income	is included ization's		Deductions directly connected with income in column 10		
(1)												
			1		.							
(2)	 		-									
_(3)			_									
_(4)												
					:	Add colum Enter here and line 8, c		1, Part I,	Enter her	l columns 6 and 11 re and on page 1, Part I, ne 8, column (B)		
Totals					>			0.		0.		
Schedule G - Investme	nt Income o	of a Sectio	n 501(c)(7	'), (9), or (17) Orc	anization						
(see insti			(-)(-	,, (-), -: (,	,						
	1. Description of income				ıncome	3. Deductions directly connected (attach schedule)		4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)		
(1)										<u> </u>		
(2)							- I					
							-					
(3)			-	\vdash			<u></u>					
(4)							<u>,,</u> l					
				Enter here and o Part I, line 9, col						Enter here and on page 1, Part I, line 9, column (B)		
Totals				ļ	0.					0.		
Schedule I - Exploited (see instru	-	ivity Incor	ne, Other	Than Adv	ertisin	g Income				<u>,</u>		
		3	Expenses	4. Net incom						7. Excess exempt		
Description of exploited activity	2. Gross unrelated busing income from trade or busine	ess direct with	ly connected production unrelated less income	from unrelated business (co minus cotumi gain, compute through	lumn 2 n 3) If a n cols 5	 Gross inco from activity the is not unrelated business income 	hat ed	6. Exp attribute colum	able to	expenses (column 6 minus column 5, but not more than column 4)		
(1)								_				
(2)		1		1		··· -·· ·						
(3)	 	- 					1			<u> </u>		
				-								
(4) Totals	Enter here and page 1, Part I line 10, col (A	, pag	here and on e 1, Part I, 10, col (B)							Enter here and on page 1, Part II, line 26		
Schedule J - Advertising	na Income	(see instructi		outominiones de la constante d	ursanies v CV	······································	**********	acaaaaa aa Cinks Vi	1.000 Military 7° 7° 19° 19			
				alidatad	Doois					<u> </u>		
Rartil Income From I	Periodicais	neported	on a Cons	Solidated	Dasis				· · · · · · · · · · · · · · · · · · ·			
1. Name of periodical	adve	iross rtising ome a	3. Direct dvertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus iin, compute	5. Circulati income		6. Reade costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)	i	i					İ		\$	22 200		
(2)									7			
(3)						ä			g)			
(4)	1						-	<u> </u>				
<u> </u>	 -			734Q400Q00Q4E28463880	A. A. GORDON ON THE STREET, ST. T. S.	w				romone (1200 table 1804 1800 1800 1800 1800 1800 1800 1800		
Totals (carry to Part II, line (5))	•	0.	0							0. Form 990-T (2018)		
										Form 990-T (2018)		

Page 5

Form 990-T (2018) THE DAVID AND LUCILE PACKARD FOUNDATION 94-22784

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	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
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (8)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	▶ 0.	٥.				0

Schedule K - 0	Compensation of Officers,	Directors, and Trustees	(see instructions)

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

Form **990-T** (2018)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

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

OMB No 1545-0123

Name

Employer identification number

THE DAV	ID AND LUCI		94-2278431				
Part I Short-	Term Capital Ga	ins and Losses (See	instructions.)				
See instructions for how to enter on the lines below. This form may be easier to	w.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gail or loss from Form(s) 894 Part I, line 2, column (g	า 9,	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)	
round off cents to whole	dollars.	(sales price)	(di Otridi Basis)	1 at 1, 1110 2, coldini (g	, ,	GOTTO IN O TOTAL WILL TO COLUMN (g)	
1a Totals for all short-te reported on Form 10 was reported to the I have no adjustments However, if you choo transactions on Form blank and go to line	99-B for which basis RS and for which you (see instructions). se to report all these i 8949, leave this line						
1b Totals for all transact	ions reported on						
Form(s) 8949 with B	ox A checked						
2 Totals for all transact	ions reported on						
Form(s) 8949 with B	ox B checked						
3 Totals for all transact	ions reported on						
Form(s) 8949 with B						-38,874.	
4 Short-term capital ga	in from installment sales	from Form 6252, line 26 or 37	7		4		
5 Short-term capital ga	in or (loss) from like-kin	d exchanges from Form 8824		1	5		
6 Unjused capital loss of	arryover (attach comput	ation)			6	()	
		e lines 1a through 6 in column			7	-38,874.	
		ns and Losses (See i	nstructions.)	- 			
See instructions for how to enter on the lines belo	to figure the amounts W.	_ (d)	(e) Cost	(g) Adjustments to gail or loss from Form(s) 894	1	(h) Gain or (loss) Subtract	
This form may be easier t	o complete if you dollars.	Proceéds (sales price)	Cost (or other basis)	or loss from Form(s) 894 Part II, line 2, column (g	9,	column (e) from column (d) and combine the result with column (g)	
no adjustments (see if you choose to repo							
8b Totals for all transact	ions reported on					•	
Form(s) 8949 with B	ox D checked						
9 Totals for all transact	ions reported on						
Form(s) 8949 with B	ox E checked						
10 Totals for all transact	•	,		ı		200 000	
Form(s) 8949 with B	-					399,088. 5,927,954.	
11 Enter gain from Forn	•		_		11	5,927,954.	
		from Form 6252, line 26 or 3	7		12		
	` '	d exchanges from Form 8824			13		
14 Capital gain distribut				,	14	6 207 042	
		e lines 8a through 14 in colum	n h		15	6,327,042.	
	ary of Parts I and	· · · · · · · · · · · · · · · · · · ·		 -	40		
		ne 7) over net long-term capita		7\	16	6 200 160	
	•	n capital gain (line 15) over net	•	ne /)	17	6,288,168.	
		1120, page 1, line 8, or the pro	oper line on other returns.	l	18	6,288,168.	
Note: If losses excee	d gains, see Capital loss	es in the instructions.					

JWA



Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

Attachment Sequence No 12A

Social security number or

Name(s) shown on return

taxpayer identification no.

THE DAVID AND							Z/0431
Before you check Box A, B, or C bel statement will have the same informa broker and may even tell you which i	ow, see whether ation as Form 10: how to check	you received any 99-B Either will	/ Form(s) 1099-B o show whether you	or substitute statem ir basis (usually you	nent(s) from r cost) was	n your broker A su s reported to the IF	ibstitute RS by your
[Partil Short-Term. Transact	ions involving capit	al assets you held	1 year or less are ge	enerally short-term (see	Instruction	s) For long-term	
transactions, see page 2 Note: You may aggregate al	-						fuletments or
codes are required Enter the	i snort-term transac a totals directly on t	stions reported on i Schedule D, line 1a	i, you aren't required	i to report these trans	actions on F	Form 8949 (see instru	ictions)
You must check Box A. B. or C below.	Check only one bo	X. If more than one b	ox applies for your shor	t-term transactions, comp	lete a separa	te Form 8949, page 1, for	each applicable box.
If you have more short-term transactions than will (A) Short-term transactions re							
· ·					Note an	ove,	
(B) Short-term transactions re	•	•	-	eported to trie ind			
X (C) Short-term transactions no				T	Adjustma	nt, if any, to gain or	1 (5)
1 (a)	(b)	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If y	où enter an amount	(h) Gain or (loss).
Description of property (Example 100 sh XYZ Co.)	(Mo, day, yr)	disposed of	(sales price)	basis See the		(g), enter a code in). See instructions.	Subtract column (e)
(Example 100 St X12 Co.)	(IVIO, day, yr)	(Mo, day, yr)		Note below and	`	<u> </u>	from column (d) &
		(, 64), ,. ,		see Column (e) In	(f) Code(s)	(g) Amount of	combine the result with column (g)
				the instructions	0000(0)	adjustment	1 107
FROM PARTNERSHIP							<38,874.
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		L		 			
2 Totals. Add the amounts in colur					+		1
negative amounts) Enter each to							
Schedule D. line 1b (if Box A abo	ove is checked)	line 2 (if Box B	l			I	1

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

above is checked), or line 3 (if Box C above is checked)

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

Social security number or taxpayer identification no.

94-2278431

THE DAVID AND	TOCTOR PA	ACVWYD L	JONDALION				7/0#2T
Before you check Box D, E, or F below statement will have the same inform broker and may even tell you which	ow, see whether ation as Form 10: box to check	you received any 99-B Either will	r Form(s) 1099-B c show whether you	r substitute statem r basis (usually you	ent(s) fron r cost) wa:	n your broker A su s reported to the IF	bstitute RS by your
Part II Long-Term. Transacti	ons involving capita	al assets you held i	more than 1 year are	generally long-term (s	ee instructi	ons) For short-term to	ransactions,
see page 1 Note: You may aggregate a codes are required. Enter th	li long-term transact	tions reported on F Schedule D. line 88	form(s) 1099-B showi	ng basis was reported to report these trans	d to the IRS	and for which no adj	ustments or
You must check Box D, E, or F below. If you have more long-term transactions than will	Check only one bo	X. If more than one h	ox applies for your long-	term transactions, compl	ete a separate	a Form 8949, page 2, for 6	each applicable box
(D) Long-term transactions re							
(E) Long-term transactions re			_		Note ab	0,00	
X (F) Long-term transactions no				ported to the mo			
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property	Date acquired	Date sold or	Proceeds	Cost or other	loss. If y	ou enter an amount	Gain or (loss).
(Example 100 sh XYZ Co)	(Mo , day, yr)	disposed of	(sales price)	basis See the	column (f	(g), enter a code in). See instructions.	Subtract column (e)
, ,		(Mo , day, yr)	ĺ	Note below and see Column (e) In	16	(g)	from column (d) & combine the result
				the instructions	Code(s)	Amount of adjustment	with column (g)
FROM PARTNERSHIP						a a ja a a a a a a a a a a a a a a a a	399,088.
	 						
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2 Totals. Add the amounts in colui					1		
negative amounts) Enter each to							
Schedule D, line 8b (if Box D ab			1		l		399 088.
above is absolved) or line 10 (if I	Hay Eabour to al	accided)		1		•	

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

General Business Credit

► Go to www.irs.gov/Form3800 for instructions and the latest information.

OMB No 1545-0895

Department of the Treasury Internal Revenue Service (99)

▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22 Identifying number

THE		94-2278431		
Par	Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T	MT)		
	(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	19	
2	Passive activity credits from line 2 of all Parts III with box B checked 2 0			
3	Enter the applicable passive activity credits allowed for 2018 See instructions	3	0	
4	Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with			
	box C checked See instructions for statement to attach	4	0	
5	Carryback of general business credit from 2019. Enter the amount from line 2 of Part III with			
	box D checked See instructions	5	0	
6	Add lines 1, 3, 4, and 5	6	19	00
Par	II Allowable Credit			
7	Regular tax before credits			
	• Individuals. Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2			
	(Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44			ł
	Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the	<u>\$</u>		
	applicable line of your return .	7	0	
	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 .		/	
8	Alternative minimum tax			ĺ
	Individuals Enter the amount from Form 6251, line 11			
	• Corporations Enter -0-	8	0	
	Estates and trusts			1
_			•	
9	Add lines 7 and 8	9	0	00
10-	Foreign tax credit 0			
10a	Totalgrida ordan	- #		
b	Certain allowable credits (see instructions)	10c	Λ	00
С		100		00
11	Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16	11	0	00
• •	The three man cast as the form more than a second man to the second seco	2.00 kg		-
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-			ļ
_		[]		
13	Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000 See	2		
	instructions			
14	Tentative minimum tax			
	• Individuals. Enter the amount from Form 6251, line 9			
	• Corporations Enter -0-	1		}
	Estates and trusts. Enter the amount from Schedule 1			
	(Form 1041), line 54		•	
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	0	00
17	Enter the smaller of line 6 or line 16	17		
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition,			
	or reorganization			l

Part				
Note:	If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and e	nter -	0- on line 26	
18	Multiply line 14 by 75% (0 75). See instructions	18	Ō	
19	Enter the greater of line 13 or line 18	19	0	00
20	Subtract line 19 from line 11. If zero or less, enter -0	20	0	00
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	0	00
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 2018. See instructions	24		
25	Add lines 22 and 24	25	. 0	00
26	Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25	26	0	00
27	Subtract line 13 from line 11 If zero or less, enter -0-	27	0	00
28	Add lines 17 and 26	28	0	00
29	Subtract line 28 from line 27 If zero or less, enter -0-	29	0	00
30	Enter the general business credit from line 5 of all Parts III with box A checked .	30	411,007	
31	Reserved	31		<i>5</i>
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 2018. See instructions	33		
34	Carryforward of business credit to 2018 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		
35	Carryback of business credit from 2019 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	411,007	00
37	Enter the smaller of line 29 or line 36	37	0	00_
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 Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c Estates and trusts Form 1041, Schedule G, line 2b	38	0	00

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Nam	ne(s) s	hown on return			Identify	ing number	
TH	E D	AVID AND LUCILE PACKARD FOUNDATION		9	94-22	278431	
Pa	irt II	General Business Credits or Eligible Small Business Credits (see	ınst	ructions)			
Coi	mple	te a separate Part III for each box checked below. See instructions		-			
Α	$\dot{\Box}$ (General Business Credit From a Non-Passive Activity E 🖭 Reserved					
В		General Business Credit From a Passive Activity F 🔟 Reserved					
	_	General Business Credit Carryforwards General Business Credit Carryforwards G Eligible Small	Rusin	ess Credit C	amyfo	nwards	
		·	Dusiii	iess Credit C	arryio	, ,	
! 		u are filing more than one Part III with box A or B checked, complete and attach firs arts III with box A or B checked. Check here if this is the consolidated Part III	t an a	additional Par	t III co		trom ► 🛛
		(a) Description of credit		(b) If claiming the	orodit.	(c)	_
		n any line where the credit is from more than one source, a separate Part III is needed for e ough entity	ach	from a pass-th entity, enter th	roughi	Enter the appropr amount	riate
1	a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				<u> </u>
	b	Reserved	1b		\$ X	4 (1)	
	С	Increasing research activities (Form 6765)	1c				1
	d	Low-income housing (Form 8586, Part I only)	1d			19	1
		Disabled access (Form 8826) (see instructions for limitation)	1e				
	e		1f	<u> </u>			\vdash
	•	Renewable electricity, refined coal, and Indian coal production (Form 8835)					\vdash
	g	Indian employment (Form 8845)	1g				├
	h	Orphan drug (Form 8820)	1h				
	i	New markets (Form 8874)	1i				Ь
	j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				↓
	k	Employer-provided child care facilities and services (Form 8882) (see					
		instructions for limitation)	1k		i		
	ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
	m	Low sulfur diesel fuel production (Form 8896)	1m				
	n	Distilled spirits (Form 8906)	1n	•			
		Nonconventional source fuel (carryforward only)	10				_
	0	· · · · · · · · · · · · · · · · · · ·					
	p	Energy efficient home (Form 8908)	1p				├
	q	Energy efficient appliance (carryforward only)	1q				
	r	Alternative motor vehicle (Form 8910)	1r				├ ──
	S	Alternative fuel vehicle refueling property (Form 8911) .	1s				ļ
	t	Enhanced oil recovery credit (Form 8830)	1t				
	u	Mine rescue team training (Form 8923)	1u				<u> </u>
	V	Agricultural chemicals security (carryforward only) .	1v				
	w	Employer differential wage payments (Form 8932)	1w				
	x	Carbon oxide sequestration (Form 8933)	1x				
	у	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
	z	Qualified plug-in electric vehicle (carryforward only)	1z				
		Employee retention (Form 5884-A)	1aa				
	aa		1bb	-			
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	100				
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain		, ,			
		other credits (see instructions)	1zz	70-4 -X''' YXXXXXXXXXXXXXXXXXXX	NO. 100 P. 100 P		<u> </u>
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	建全型规则		19	00
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4	a	Investment (Form 3468, Part III) (attach Form 3468)	4a				L
	b	Work opportunity (Form 5884)	4b				
	С	Biofuel producer (Form 6478)	4c			-	
	d	Low-income housing (Form 8586, Part II)	4d			356	
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		1		<u> </u>
	o - f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	1	1	320,938	
		Qualified railroad track maintenance (Form 8900)	4g	-		320,330	+-
	g	·		-			\vdash
	h	Small employer health insurance premiums (Form 8941)	4h			00 511	├──
	i	Increasing research activities (Form 6765)	4i_			89 , 713	—
	j	Employer credit for paid family and medical leave (Form 8994)	4j	ļ			Ь—
	Z	Other	4z	and Maria and American			<u> </u>
5		Add lines 4a through 4z and enter here and on the applicable line of Part II	5			411,007	00
6		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			411,026	
		•				Form 3800	

Name(s) s	hown on return		Ī	identıfyi	ng number	
THE D	AVID AND LUCILE PACKARD FOUNDATION		2	94-22	78431	
Part II		e inst	ructions)			
	Complete a separate Part III for each box checked below. See instructions					
	General Business Credit From a Non-Passive Activity E Reserved					
	General Business Credit From a Passive Activity F Reserved					
	General Business Credit Carryforwards G G Eligible Small	Busin	ess Credit C	arryfor	wards	
	General Business Credit Carrybacks H 🔲 Reserved			,		
	u are filing more than one Part III with box A or B checked, complete and attach firs	tana	additional Par	t III coi	mhining amounts	from
	arts III with box A or B checked. Check here if this is the consolidated Part III.					▶ □
	(a) Description of credit		(b)	T	(=)	
			If claiming the	credit	(c) Enter the appropi	riate
	n any line where the credit is from more than one source, a separate Part III is needed for e ough entity	acn	from a pass-th entity, enter th		amount	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	entity, enter ti	IIE LIIV		$\overline{}$
	Reserved	1b		 †		\vdash
b						 '
C	Increasing research activities (Form 6765)	1c	04 24550	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	5	┿
d	Low-income housing (Form 8586, Part I only)	1d	04-34550	123		
e	Disabled access (Form 8826) (see instructions for limitation)	1e				├
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820)	1h				-
!	New markets (Form 8874)	1i				├──
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				├
k	Employer-provided child care facilities and services (Form 8882) (see					
_	instructions for limitation)	1k				
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
m	Low sulfur diesel fuel production (Form 8896)	1m				ļ
n	Distilled spirits (Form 8906)	1n				<u> </u>
0	Nonconventional source fuel (carryforward only)	10				<u> </u>
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only) .	1q				
r	Alternative motor vehicle (Form 8910)	1r				
s	Alternative fuel vehicle refueling property (Form 8911)	1s				<u> </u>
t	Enhanced oil recovery credit (Form 8830) .	1t				
u	Mine rescue team training (Form 8923)	1u				
V	Agricultural chemicals security (carryforward only)	1v				
w	Employer differential wage payments (Form 8932) .	1w				
x	Carbon oxide sequestration (Form 8933)	1x				
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
Z	Qualified plug-in electric vehicle (carryforward only) .	1z				
aa	Employee retention (Form 5884-A)	1aa				
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				<u> </u>
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain			ĺ		
	other credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			5	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				<u> </u>
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				<u></u>
b	Work opportunity (Form 5884)	4b				<u> </u>
C	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d	04-34550	23	117	
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
g	Qualified railroad track maintenance (Form 8900) .	4g				
ĥ	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765)	4i				
j	Employer credit for paid family and medical leave (Form 8994).	4j				
z	Other	4z				
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			117	00
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			122	
				· · · · ·	Form 3800	

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Form 3800 (2018)

Form 3800 (2018)

Na	me(s)	shown on return			Identify	ing number	
TF	THE DAVID AND LUCILE PACKARD FOUNDATION 94-2278431						
P	Part III General Business Credits or Eligible Small Business Credits (see instructions)						
C	Complete a separate Part III for each box checked below. See instructions						
Α	\boxtimes	General Business Credit From a Non-Passive Activity E 🔳 Reserved					
В		General Business Credit From a Passive Activity F 🔳 Reserved					
С		General Business Credit Carryforwards G 🔲 Eligible Small	Busin	ess Credit (Carryfo	rwards	
		General Business Credit Carrybacks H 🔳 Reserved					
1		ou are filing more than one Part III with box A or B checked, complete and attach fire	st an a	additional Pa	rt III co	mbining amounts	from
-		Parts III with box A or B checked Check here if this is the consolidated Part III			•		ightharpoons
		(a) Description of credit		(b)		(c)	
N	sta: (On any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the from a pass-t		Enter the appropr	riate
		irough entity		entity, enter	he EIN	amount	
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
	b	Reserved	1b				
	С	Increasing research activities (Form 6765)	1c				
	d	Low-income housing (Form 8586, Part I only)	1d				
	е	Disabled access (Form 8826) (see instructions for limitation)	1e				
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
	g	Indian employment (Form 8845)	1g			-	
	h	Orphan drug (Form 8820) .	1h			-	
	i	New markets (Form 8874)	1i	-			
	i	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j				
	k	Employer-provided child care facilities and services (Form 8882) (see					
		instructions for limitation) .	1k				
	1	Biodiesel and renewable diesel fuels (attach Form 8864)	11	-			
	m	Low sulfur diesel fuel production (Form 8896)	1m				
	n	Distilled spirits (Form 8906)	1n				
	0	Nonconventional source fuel (carryforward only)	10				
	р	Energy efficient home (Form 8908)	1p				<u> </u>
	q	Energy efficient appliance (carryforward only)	1q				
	4	Alternative motor vehicle (Form 8910)	1r				
	s	Alternative fuel vehicle refueling property (Form 8911)	1s				
	t	Enhanced oil recovery credit (Form 8830)	1t				
	u	Mine rescue team training (Form 8923)	1u				
	v	Agricultural chemicals security (carryforward only)	1v				
	w	Employer differential wage payments (Form 8932)	1w				\vdash
	X	Carbon oxide sequestration (Form 8933)	1x	-		-	
	v	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
	y Z	Qualified plug-in electric vehicle (carryforward only)	1z				\vdash
•	aa	Employee retention (Form 5884-A)	1aa	-			
	bb	· · · · · · · · · · · · · · · · · · ·	1bb				
		Other Oil and gas production from marginal wells (Form 8904) and certain	1.55				
	ZZ	other credits (see instructions)	1zz				1
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			0	00
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	makonomina den districtivo de la constanta de			"
	4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
	b	Work opportunity (Form 5884)	4b	 			
	C	Biofuel producer (Form 6478)	4c	-			\vdash
		Low-income housing (Form 8586, Part II)	4d	-			\vdash
	d	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
	e f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	98-0546	998	320,938	\vdash
		Qualified railroad track maintenance (Form 8900)	4g	70 0340.	,,,,	320,330	$\vdash \neg$
	g h	Small employer health insurance premiums (Form 8941)	4h				\vdash
	h i	Increasing research activities (Form 6765)	411 4i	98-0546	998	2,093	\vdash
	:	Employer credit for paid family and medical leave (Form 8994)	4j	00 00 00		2,093	
	1		4 <u>j</u>	 	_		
	Z	Other Add lines 4a through 4z and enter here and on the applicable line of Part II	5	th 2		323,031	00
,	5 c	Add lines 4 a through 42 and enter here and on the applicable line of Part II	-		WWW. 11112	323,031	_
	a	- Accountes 7 at any franciscoper Determination for ADDIRAGUE III E OFFAIL II .		I SOCIETATION OF THE SECOND	CALL DESIGNATION OF THE PERSON	1 1/1.01	

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Form 3800 (2018)

Form 3800 (2018)

Name(s)	shown on return		31	aentnyi	ng number	
THE D	DAVID AND LUCILE PACKARD FOUNDATION		9	4-22	78431	
Part		ınst				
	ete a separate Part III for each box checked below See instructions.					
A X	General Business Credit From a Non-Passive Activity E Reserved					
в□	General Business Credit From a Passive Activity F Reserved					
	General Business Credit Carryforwards G 🔲 Eligible Small	Busin	ess Credit C	arryfo	wards	
	General Business Credit Carrybacks H Reserved			•		
	ou are filing more than one Part III with box A or B checked, complete and attach firs	t an a	additional Part	t III co	mbining amounts t	from
	Parts III with box A or B checked. Check here if this is the consolidated Part III					▶ □
<u> </u>	(a) Description of credit		(b)			
	• • • •		If claiming the	credit	(c) Enter the appropr	rate
	on any line where the credit is from more than one source, a separate Part III is needed for e rough entity.	acn	from a pass-th entity, enter th	rough e FIN	amount	
	Investment (Form 3468, Part II only) (attach Form 3468) .	1a	Chility, Chiler th			
1a	•	1b				
b	Reserved			-		
C	Increasing research activities (Form 6765)	1c				-
d	Low-income housing (Form 8586, Part I only)	1d				-
е	Disabled access (Form 8826) (see instructions for limitation)	1e				-
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				
g	Indian employment (Form 8845)	1g				
h	Orphan drug (Form 8820) .	1h	ļ .			
i	New markets (Form 8874)	<u> 1i</u>				
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1j</u>				
k	Employer-provided child care facilities and services (Form 8882) (see					
	instructions for limitation)	1k				
ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11				
m	Low sulfur diesel fuel production (Form 8896)	1m				
n	Distilled spirits (Form 8906)	1 <u>n</u>				
0	Nonconventional source fuel (carryforward only)	10				
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only)	1q				
r	Alternative motor vehicle (Form 8910) .	1r				
s	Alternative fuel vehicle refueling property (Form 8911)	1s	-	1		
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923) .	1u				-
v	Agricultural chemicals security (carryforward only)	1v				
w	Employer differential wage payments (Form 8932)	1w				
×	Carbon oxide sequestration (Form 8933)	1x				<u> </u>
	Qualified plug-in electric drive motor vehicle (Form 8936)	1y	-			
y	Qualified plug-in electric vehicle (carryforward only)	1z	-	- 1		
z	Employee retention (Form 5884-A)	1aa				
aa	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				-
bb		100	<u> </u>			
ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain	1zz				
•	other credits (see instructions) .	2				00
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	3				100
3	Enter the amount from Form 8844 here and on the applicable line of Part II					-
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
b	Work opportunity (Form 5884)	4b				 -
C	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586, Part II)	4d				<u> </u>
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	ļ			
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
g	Qualified railroad track maintenance (Form 8900)	4g				<u> </u>
h	Small employer health insurance premiums (Form 8941)	4h				<u> </u>
i	Increasing research activities (Form 6765)	4i	47-38993	27	57,579	<u> </u>
j	Employer credit for paid family and medical leave (Form 8994)	<u>4j</u>				<u> </u>
Z	Other	4z				
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			57,579	00
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II .	6			57,579	00

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Name(s) s	hown on return		Id	dentıfyin	g number	
THE D	AVID AND LUCILE PACKARD FOUNDATION		.و	4-22	78431	
Part II	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)			
Comple	te a separate Part III for each box checked below. See instructions					
	General Business Credit From a Non-Passive Activity E Reserved					
в □ (General Business Credit From a Passive Activity F Reserved					
	General Business Credit Carryforwards G ☐ Eligible Small	Busin	ess Credit Ca	arryfor	wards	
	General Business Credit Carrybacks H 🔲 Reserved			-		
	u are filing more than one Part III with box A or B checked, complete and attach firs	t an a	dditional Part	III com	nbining amounts i	from
	arts III with box A or B checked Check here if this is the consolidated Part III.					
	(a) Description of credit		(b)		(c)	
Note: O	n any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the of	credit	Enter the appropr	riate
pass-thr	ough entity	4011	entity, enter the		amount	
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
b	Reserved	1b				1
c	Increasing research activities (Form 6765)	1c				╁
d	Low-income housing (Form 8586, Part I only)	1d	45-156410	02	14	
e	Disabled access (Form 8826) (see instructions for limitation)	1e	10 100110	<u> </u>		\vdash
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				\vdash
-	Indian employment (Form 8845)	1g				\vdash
g	Orphan drug (Form 8820)	1h				
h :	New markets (Form 8874) .	1i				
!		1 <u>j</u>				├
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>''</u>				-
k	Employer-provided child care facilities and services (Form 8882) (see	41.				i
	instructions for limitation)	1k				
1	Biodiesel and renewable diesel fuels (attach Form 8864) .	11		<u> </u>		-
m	Low sulfur diesel fuel production (Form 8896)	1m				-
n	Distilled spirits (Form 8906)	1n				
0	Nonconventional source fuel (carryforward only)	10	_		•	├─
р	Energy efficient home (Form 8908)	1p				
q	Energy efficient appliance (carryforward only) .	1q				
r	Alternative motor vehicle (Form 8910) .	1r				<u> </u>
S	Alternative fuel vehicle refueling property (Form 8911)	1s				<u> </u>
t	Enhanced oil recovery credit (Form 8830)	1t				
u	Mine rescue team training (Form 8923)	1u			_	
V	Agricultural chemicals security (carryforward only)	1v				<u> </u>
w	Employer differential wage payments (Form 8932)	1w				
X	Carbon oxide sequestration (Form 8933)	1x				<u> </u>
У	Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>				<u> </u>
z	Qualified plug-in electric vehicle (carryforward only)	1z				
aa	Employee retention (Form 5884-A)	1aa				
bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb				
zz	Other Oil and gas production from marginal wells (Form 8904) and certain					
	other credits (see instructions)	1zz				<u> </u>
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			14	00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3				
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a				
b	Work opportunity (Form 5884)	4b				
С	Biofuel producer (Form 6478)	4c	-			
d	Low-income housing (Form 8586, Part II)	4d	45-156410	02	232	
е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e		Î		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h				
i	Increasing research activities (Form 6765)	4i				I^-
i	Employer credit for paid family and medical leave (Form 8994)	4j				
z	Other	4z				†
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5			232	00
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		-+	246	
	7.00 miles 2, o, and o and enter here and on the applicable line of fall if		I		Form 3800	

Form	3800 (2018)		t				Page 3
Nam	e(s) shown on return			Identify	ing numb	er	-
THE	DAVID AND LUCILE PACKARD FOUNDATION			94-22	278431		
	t III General Business Credits or Eligible Small Business Credits (see	inst	ructions)				
Cor	plete a separate Part III for each box checked below See instructions						
A	☐ General Business Credit From a Non-Passive Activity ☐ Reserved						
В	☐ General Business Credit From a Passive Activity F☐ Reserved						
С	☐ General Business Credit Carryforwards G☐ Eligible Small E	Busin	ess Credit	Carryfo	rwards		
	☐ General Business Credit Carrybacks H ☐ Reserved						
	f you are filing more than one Part III with box A or B checked, complete and attach first	t an a	additional P	art III co	mbining	amounts	from
	all Parts III with box A or B checked. Check here if this is the consolidated Part III.	<u>. </u>					<u>▶ ⊔</u>
	(a) Description of credit		(b) If claiming ti	ne credit	Entert	(c) he approp	riot o
	e: On any line where the credit is from more than one source, a separate Part III is needed for each	ach	from a pass	through		amount	iiale
_	-through entity.	4.	entity, enter	the EIN			
1	, , , , , , , , , , , , , , , , , , , ,	1a	う 50 00 000万.	>>282264.5	5.2/2/8/6/4		2000/1
	Reserved	1b 1c			35,564	3200	X-\$500
	Increasing research activities (Form 6765)	1d					1
	d Low-income housing (Form 8586, Part I only) Disabled access (Form 8826) (see instructions for limitation)	1e				_	
	Disabled access (Form 8826) (see instructions for limitation) Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f		_			
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1g			-		
	n Orphan drug (Form 8820)	1h				•	_
	New markets (Form 8874)	1i					<u> </u>
	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1j					
•	Employer-provided child care facilities and services (Form 8882) (see		_				
	instructions for limitation) .	1k					
	Biodiesel and renewable diesel fuels (attach Form 8864)	11					
	n Low sulfur diesel fuel production (Form 8896)	1m					
	n Distilled spirits (Form 8906)	1n					
	Nonconventional source fuel (carryforward only)	10					
	Energy efficient home (Form 8908)	1p					
	Energy efficient appliance (carryforward only)	1q					
	Alternative motor vehicle (Form 8910)	1r					
	Alternative fuel vehicle refueling property (Form 8911)	1s					
	Enhanced oil recovery credit (Form 8830)	1t					ļ
	Mine rescue team training (Form 8923)	1u					<u> </u>
•	Agricultural chemicals security (carryforward only) .	1۷					.
,	w Employer differential wage payments (Form 8932)	1w					ļ
	Carbon oxide sequestration (Form 8933)	1x					<u> </u>
	Qualified plug-in electric drive motor vehicle (Form 8936)	<u>1y</u>	_				<u> </u>
	Qualified plug-in electric vehicle (carryforward only)	1z					├
	Employee retention (Form 5884-A)	1aa	<u> </u>				├
	, , , , , , , , , , , , , , , , , , ,	1bb					 -
	Other Oil and gas production from marginal wells (Form 8904) and certain other credits (see instructions)	1					
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	1zz 2	15.00 y				00
2 3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	Sx.	8,38030.			-
4	· · · · · · · · · · · · · · · · · · ·	4a					
	Work opportunity (Form 5884)	4b					<u> </u>
	Biofuel producer (Form 6478)	4c					
	Low-income housing (Form 8586, Part II)	4d	36-48	04829		7	
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e	30 .0	0,1023			T
	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f					
	Qualified railroad track maintenance (Form 8900)	4g					
	Small employer health insurance premiums (Form 8941)	4h					
i		4i					
	Employer credit for paid family and medical leave (Form 8994)	4j					
_	: Other	4z					
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5	77.77			7	
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6				7	00

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II

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Page	_ 1

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THE DAVID AND LUCILE PACKARD FOUNDATION Part IIII General Business Credits or Endits or End	Name(s) shown on return . Identifying number					
Complete a separate Part III for each box checked below. See instructions A (a) General Business Credit From a Non-Passive Activity B General Business Credit Carrybracks C General Business Credit Carrybracks C General Business Credit Carrybracks C General Business Credit Carrybracks H C Reserved I flyou are filling more than one Part III with box A or B checked, complete and stach 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 ii needed for each for such pass-through credit in the pass-t	THE !	DAVID AND LUCILE PACKARD FOUNDATION				
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B ☐ General Business Credit Carryforwards G ☐ Eligible Small Business Credit Carryforwards G ☐ Eligible Small Business Credit Carryforwards G ☐ Eligible Small Business Credit Carryforwards 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. Complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete and attach first an additional Part III comprising First III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete and attach first an additional Part III comprising First III with box A or B checked. Complete and attach first an additional Part III with box A or B checked. Complete III with box A or B checked. Complete III iii with part III with box A or B checked. Complete III iii with part III with box A or B checked. Complete III iii with a checked III iii with part III with part III with box A or B checked. Complete III with box A or B checked. Complete III iii with a checked III iii with a c						
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D ☐ General Business Credit Carrybacks H ☐ Reserved 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 (b) (a) Description of credit (a) Description of credit (b) Claiming the credit is from more than one source, a separate Part III is needed for each pass-through entity pass-through entity If claiming the credit is from more than one source, a separate Part III is needed for each pass-through entity pass-through entity B Reserved I		· · · · · · · · · · · · · · · · · · ·	Busin	ess Credit Carry	forwards	
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ali 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 entity, enter the EN pass-through entit			t an a	idditional Part III	combining amounts	from
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Form 3800 (2018)

Form 3800 (2018)

Nam	e(s) sl	nown on return		/ Ident	tifyi	ng number	
THE	E DA	AVID AND LUCILE PACKARD FOUNDATION		94-	22	78431	
Pa	rt III	General Business Credits or Eligible Small Business Credits (see	e inst	ructions)			
Cor	nplet	te a separate Part III for each box checked below See instructions.					
	-	General Business Credit From a Non-Passive Activity E 💆 Reserved					
В		General Business Credit From a Passive Activity F 📓 Reserved					
	_	<u>. </u>	Busın	ess Credit Carry	/foi	rwards	
		General Business Credit Carrybacks H 🔳 Reserved		•			
		u are filing more than one Part III with box A or B checked, complete and attach firs	t an a	additional Part III	co	mbining amounts t	from
		arts III with box A or B checked Check here if this is the consolidated Part III.				, j	
		(a) Description of credit	_	(b)		(c)	
Mat	On	any line where the credit is from more than one source, a separate Part III is needed for e	ach	If claiming the cred		Enter the appropr	ate
		any line where the cledit is from more than one source, a separate Part in is needed for e ough entity	acii	from a pass-through		amount	
	а	Investment (Form 3468, Part II only) (attach Form 3468)	1a	7,			
	b	Reserved	1b	20		A. Salar	7.
	c	Increasing research activities (Form 6765)	1c	39-76-1/3-12000/			0000000000
	d	Low-income housing (Form 8586, Part I only)	1d		T		
	e e	Disabled access (Form 8826) (see instructions for limitation)	1e		T		
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			•	
	-	Indian employment (Form 8845)	1g	-	\dashv		
	g h	Orphan drug (Form 8820)	1h				
	;;	New markets (Form 8874)	1i		_		
	:	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>		_	<u>.</u>	
•) 		<u>''</u>	-	\dashv		,
	k	Employer-provided child care facilities and services (Form 8882) (see	1 k				
		Instructions for limitation) Reduced and renewable discal fuels (attach Form 9964)	11				
	l 	Biodiesel and renewable diesel fuels (attach Form 8864)				-	
	m	Low sulfur diesel fuel production (Form 8896) .	1m		\dashv		
	n	Distilled spirits (Form 8906)	<u>1n</u>				
	0	Nonconventional source fuel (carryforward only)	10	 	_	·	
	р	Energy efficient home (Form 8908)	1p	ļ	-		-
	q	Energy efficient appliance (carryforward only)	1q		-		
	r	Alternative motor vehicle (Form 8910)	1r		-+	·	_
;	S	Alternative fuel vehicle refueling property (Form 8911)	1s		_		_
	t	Enhanced oil recovery credit (Form 8830)	1t		{		-
	u ´	Mine rescue team training (Form 8923)	1u		_		
•	V	Agricultural chemicals security (carryforward only)	10		_		
1	w	Employer differential wage payments (Form 8932)	1w			_	-
:	X	Carbon oxide sequestration (Form 8933)	1x		-		
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1 <u>y</u>		_		-
	Z	Qualified plug-in electric vehicle (carryforward only)	1z				
	aa	Employee retention (Form 5884-A)	1aa				
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb		_		
;	ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain					
		other credits (see instructions)	1zz	Daniel Company	6450		
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			0	00
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3_				
4	а	Investment (Form 3468, Part III) (attach Form 3468)	4a		_		
	b	Work opportunity (Form 5884)	4b		_		-
•	С	Biofuel producer (Form 6478)	4c		_		
•	d	Low-income housing (Form 8586, Part II)	4d				
_ (е	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				
_ 1	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		_		
,	g	Qualified railroad track maintenance (Form 8900)	4g			·	<u> </u>
	h	Small employer health insurance premiums (Form 8941)	4h			<u> </u>	
i	i	Increasing research activities (Form 6765)	4i	45-5304559		19,977	
j	j	Employer credit for paid family and medical leave (Form 8994)	4j		_]		
;	z	Other	4z				
5		Add lines 4a through 4z and enter here and on the applicable line of Part II	5	7		19,977	00
_		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6	# 200		19 977	100

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THE DAVID AND LUCILE PACKARD FOUNDATION			وا	94-22	78431		
_	art II		e inst	ructions)			
Co	mple	te a separate Part III for each box checked below See instructions.					
	•	General Business Credit From a Non-Passive Activity E Reserved					
В		General Business Credit From a Passive Activity F Reserved					
		General Business Credit Carryforwards G Eligible Small	Busin	ess Credit C	arrvfoi	rwards	
		General Business Credit Carrybacks H 🔲 Reserved			.,		
		u are filing more than one Part III with box A or B checked, complete and attach firs	t an a	dditional Par	t III co	mbining amounts	from
•		arts III with box A or B checked. Check here if this is the consolidated Part III		· ·			<u> </u>
		(a) Description of credit		(b)		(c)	
		n any line where the credit is from more than one source, a separate Part III is needed for e ough entity	ach	If claiming the from a pass-th entity, enter th	nrough	Enter the appropriamount	riate
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a				
	b	Reserved	1b	13 mm / 15	\$10°		38.7
	С	Increasing research activities (Form 6765)	1c		i		
	d	Low-income housing (Form 8586, Part I only)	1d				
	e	Disabled access (Form 8826) (see instructions for limitation)	1e			_	
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f				\vdash
	-	Indian employment (Form 8845)	1g	-			
	g	Orphan drug (Form 8820)	1h				
	h :		1i				
	! :	New markets (Form 8874)	1j	-	+		\vdash
	1	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	-'' -				
	k	Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	1k				ļ
		Biodiesel and renewable diesel fuels (attach Form 8864)	11				
	m	Low sulfur diesel fuel production (Form 8896)	1m		i		
	m	· · · · · · · · · · · · · · · · · · ·	1n		-		
	n -	Distilled spirits (Form 8906)					
	0	Nonconventional source fuel (carryforward only)	10				├─
	р	Energy efficient home (Form 8908)	1p				
	q	Energy efficient appliance (carryforward only)	1q				├
	r	Alternative motor vehicle (Form 8910)	1r				
	S	Alternative fuel vehicle refueling property (Form 8911)	<u>1s</u>				├
	t	Enhanced oil recovery credit (Form 8830)	1t				<u> </u>
	u	Mine rescue team training (Form 8923)	1u	ļ			ــــــ
	V	Agricultural chemicals security (carryforward only)	1۷				
	w	Employer differential wage payments (Form 8932)	1w				
	x	Carbon oxide sequestration (Form 8933)	1x				
	У	Qualified plug-in electric drive motor vehicle (Form 8936)	1y				
	z	Qualified plug-in electric vehicle (carryforward only)	1z	-	İ		
	aa	Employee retention (Form 5884-A)	1aa				
	bb	General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	1bb			_	
	ZZ	Other Oil and gas production from marginal wells (Form 8904) and certain		-			\vdash
	22	other credits (see instructions)	1zz				
	2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2	^ / ***	. 2333.	<u> </u>	00
	3	Enter the amount from Form 8844 here and on the applicable line of Part II	3	253,672	,^\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		100
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	b	Work opportunity (Form 5884)	4b				├─
	C	Biofuel producer (Form 6478)	4c			<u> </u>	├
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	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e				<u> </u>
-	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f				<u> </u>
	g	Qualified railroad track maintenance (Form 8900)	4g_				<u> </u>
	h	Small employer health insurance premiums (Form 8941)	4h				<u> </u>
	i	Increasing research activities (Form 6765)	4i	82-27128	71	9,839	
	j	Employer credit for paid family and medical leave (Form 8994)	4j				
	z	Other	4z				
Ę	5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5	1.18.67.7.19.8	Marie Const	9,839	00
	5	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		A STORY	9,839	
_			_			Form 3800	