Form	990-T		xempt Organization Business Income Tax Return (and proxy tax under section 6033(e))	-	OMB No. 1545-0047
		For cal	endar year 2021 or other tax year beginning, and ending, and the latest information.		ZUZ I
Depar Interna	tment of the Treasury al Revenue Service	•	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
Α	Check box if address changed.		Name of organization (D Empl	oyer identification number
B Ex	xempt under section	Print	THE DAVID AND LUCILE PACKARD FOUNDATION	9	4-2278431
X	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions. 343 SECOND STREET	EGroup (see i	o exemption number nstructions)
	408A 530(a) 529A		City or town, state or province, country, and ZIP or foreign postal code LOS ALTOS, CA 94022-3622	F \square	Check box if
			ok value of all assets at end of year > 10,012,901,349.		an amended return.
G (Check organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust		
<u>H</u> (Check if filing only to	>	Claim credit from Form 8941 Claim a refund shown on Form 2439		
<u>l</u> (Check if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		>
			ed Schedules A (Form 990-T)		1
			e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? d identifying number of the parent corporation.	>	Yes X No
<u>L</u>			CRAIG NEYMAN, CFO Telephone number ▶ 6	50-	948-7658
Pa	rt I Total Unr	elate	d Business Taxable Income		
1	Total of unrelated	busines	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	94,030,563.
2	Reserved			2	
3	Add lines 1 and 2			-	94,030,563.
4	Charitable contrib	utions (see instructions for limitation rules) STMT 10 STMT 11	4	9,402,956.
5	Total unrelated bu	siness	axable income before net operating losses. Subtract line 4 from line 3	5	84,627,607.
6	Deduction for net	operatii	ng loss. See instructions	6	
7	Total of unrelated	busines	ss taxable income before specific deduction and section 199A deduction.		
	Subtract line 6 from			7	84,627,607.
8	Specific deduction	n (gener	ally \$1,000, but see instructions for exceptions)	8_	1,000.
9	Trusts. Section 19	99A dec	duction. See instructions	9	
10	Total deductions.	. Add lii	nes 8 and 9	10	1,000.
11	Unrelated busine	ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		
	enter zero	······································		11	84,626,607.
Ра	rt II Tax Com				40 004 000
1			s corporations. Multiply Part I, line 11 by 21% (0.21)	1	17,771,587.
2			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from		Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See ins			3	
4	Other tax amounts			4	
5	Alternative minimu			5	
6	•		cility income. See instructions	6	17 771 507
7			n 6 to line 1 or 2, whichever applies	7	17,771,587.
LHA	For Paperwork F	⊀educti	on Act Notice, see instructions.		Form 990-T (2021)

Form 990-T (2021) Page 2

Part		Tax and Payments								age 2		
1a		gn tax credit (corporations attach Form 11	118: truete attach Form 111	6)	1a							
b			SEE STATEM			90						
c		ral business credit. Attach Form 3800 (se				1,150,563						
d		t for prior year minimum tax (attach Form				_,,						
e		credits. Add lines 1a through 1d					1e	1,15	0,6	53.		
2		and the state of t						16,62	0,9	34.		
3												
		Other	(attach statement)				3					
4	Total	tax. Add lines 2 and 3 (see instructions).	Check if includ	es tax previ	ously de	ferred under						
	section	on 1294. Enter tax amount here			▶		4	16,62	0,9	<u>34.</u>		
5		nt net 965 tax liability paid from Form 965			1	····	5			0.		
6a												
b		estimated tax payments. Check if section	n 643(g) election applies	▶ ∟	6b	5,000,000	<u>-</u>					
С							4					
d		gn organizations: Tax paid or withheld at					_					
e	Back	up withholding (see instructions)	(attack Farms 00.44)		6e							
f		t for small employer health insurance prer r credits, adjustments, and payments:			6f		\dashv					
g			Other		6g							
7	Total	payments. Add lines 6a through 6g	· · · · · · · · · · · · · · · · · · ·	_			7	13,42	7.5	69.		
8		ated tax penalty (see instructions). Check							.,.			
9		lue. If line 7 is smaller than the total of line					9	3,19	3,3	65.		
10		payment. If line 7 is larger than the total o					10					
11	Enter	the amount of line 10 you want: Credited	d to 2022 estimated tax	-		Refunded >	11					
Part	IV S	Statements Regarding Certain <i>i</i>	Activities and Other I	nformati	on (se	e instructions)						
1	At an	y time during the 2021 calendar year, did	the organization have an in	terest in or	a signatı	ure or other authority	•		Yes	No		
		a financial account (bank, securities, or ot										
		EN Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes	s," enter the	name o	f the foreign country						
	here	·							<u> </u>			
2		g the tax year, did the organization receiv		-						х		
		in trust? s," see instructions for other forms the or										
3		the amount of tax-exempt interest receive				> \$						
4		available pre-2018 NOL carryovers here					arryove	r				
•		n on Schedule A (Form 990-T). Don't redu				• •	-					
5		2017 NOL carryovers. Enter available Bus					,					
		mounts shown below by any NOL claimed			-		S.					
		Business Activit				able post-2017 NOL		⁄er				
		523	000	\$;	10,	878,	181.				
				\$;							
6a		ne organization change its method of acco	,							X		
b		s "Yes," has the organization described the	he change on Form 990, 99	0-EZ, 990-P	F, or Fo	rm 1128? If "No,"						
Dout		in in Part V								<u> </u>		
Part		• • • • • • • • • • • • • • • • • • • •										
Provide	e the ex	xplanation required by Part IV, line 6b. Als	so, provide any other addition	onal informa	ition. Se	e instructions.						
		nder penalties of perjury, I declare that I have examined					edge and	belief, it is tru	э,			
Sign	cc	prrect, and complete. Declaration of preparer (other than	taxpayer) is based on all information	of which prepar	er has any							
Here				CFO			-	RS discuss this er shown belo		vith		
		Signature of officer	Date	CFO tle				s)? X Y		No		
		Print/Type preparer's name	Preparer's signature	D	ate	Check	if PT	IN				
Paid				,		self- employed						
Prepa	arer	SARAH REDDEN	Sarah Redd	en 1	1/10/2			00898				
Use C		Firm's name ▶ DELOITTE TAX				Firm's EIN	<u>8</u>	6-106	577	2		
	_		IXTH STREET				c1	205 -				
		Firm's address MINNEAPOLI	S, MN 55402			Phone no.	612-	397-4				
123711 0	1-31-22							Form 9	yu-T	(2021)		

FORM 990-T	L	ATE PAYMEN	T INTE	REST		STATEMENT 8		
DESCRIPTION	DATE	AMOUNT	В	ALANCE	RATE	DAYS	INTEREST	
TAX DUE INTEREST RATE CHANGE	05/16/22 06/30/22	8,193,36		,193,365. ,233,868.	.0400	45 68	40,503.	
PAYMENT INTEREST RATE CHANGE DATE FILED	09/06/22 09/30/22 11/15/22	-5,000,00	0. 3	,310,920. ,321,822. ,347,033.	.0500	24 46	10,902. 25,211.	
TOTAL LATE PAYMENT IN	TEREST						153,668.	
FORM 990-T	LA	TE PAYMENT	PENAL	TY		STA	TEMENT 9	
DESCRIPTION	DAT	E AMO	UNT	BALANCE	MOI	NTHS	PENALTY	
TAX DUE PAYMENT DATE FILED	05/16 09/06 11/15	/22 -5,00	3,365. 0,000.		65.	4 2	163,867. 31,934.	
TOTAL LATE PAYMENT PE	NALTY					=	195,801.	
FORM 990-T		CONTRIBUT	IONS			STA	TEMENT 10	
DESCRIPTION/KIND OF P	ROPERTY	METHOD US	ED TO	DETERMINE	FMV	ī	AMOUNT	
FROM PARTNERSHIPS OTHER CONTRIBUTIONS		N/A N/A				35'	27,107 7,421,354	
TOTAL TO FORM 990-T,							7,448,461	

HODM 000 H	COMMUNICATION CO		CONTRACTOR 11
FORM 990-T	CONTRIBUTIONS SUMMARY		STATEMENT 11
	CONTRIBUTIONS SUBJECT TO 100% LIMIT CONTRIBUTIONS SUBJECT TO 25% LIMIT		
FOR TAX FOR TAX FOR TAX FOR TAX	OF PRIOR YEARS UNUSED CONTRIBUTIONS YEAR 2016 YEAR 2017 YEAR 2018 YEAR 2019 YEAR 2020		
TOTAL CARI	RYOVER RENT YEAR 10% CONTRIBUTIONS	357,448,461	
	RIBUTIONS AVAILABLE ICOME LIMITATION AS ADJUSTED	357,448,461 9,402,956	_
EXCESS 100	TTRIBUTIONS OF CONTRIBUTIONS CSS CONTRIBUTIONS	348,045,505 0 348,045,505	_
ALLOWABLE	CONTRIBUTIONS DEDUCTION		9,402,956
TOTAL CONT	RIBUTION DEDUCTION	▼	9,402,956

FORM 990-T NAME OF FOREIGN COUNTRY IN WHICH STATEMENT 12
ORGANIZATION HAS FINANCIAL INTEREST

NAME OF COUNTRY

UNITED KINGDOM
IRELAND
NETHERLANDS
INDIA
MAURITIUS
POLAND
JERSEY
CAYMAN ISLANDS
BRITISH VIRGIN ISLANDS
HONG KONG

FORM 990-T	OTHER CREDITS	STATEMENT 13
DESCRIPTION		AMOUNT
FROM FORM 8978		90.
TOTAL TO FORM 990-T	, PAGE 2, PART III, LINE 1B	90.
FORM 990-T	INTEREST AND PENALTIES	STATEMENT 14
TAX FROM FORM 990- LATE PAYMENT INT LATE PAYMENT PEN	EREST	3,193,365. 153,668. 195,801.
TOTAL AMOUNT DUE		3,542,834.

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

THE DAVID AND LUCILE PACKARD FOUNDATION

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

501(c)(3) Organizations Only

B Employer identification number

94-2278431

c u	nrelated business activity code (see instructions) > 52300	D Sequen	ice:	1 of 1		
E D	escribe the unrelated trade or business INVESTMENTS	IN 1	PARTNERSHIPS			
Par			(A) Income	(B) Expens	ses	(C) Net
1a	Gross receipts or sales					
	Less returns and allowances c Balance	1c				
2	Cost of goods sold (Part III, line 8)	2				
3	Gross profit. Subtract line 2 from line 1c	3				
4 a	Capital gain net income (attach Sch D (Form 1041 or Form					
	1120)). See instructions	4a	32,824,037.			32,824,037.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b				
С	Capital loss deduction for trusts	4c				
	Income (loss) from a partnership or an S corporation (attach	,	72,086,306.			72,086,306.
_	statement) STATEMENT 15	5	12,000,500.			12,000,500.
	Rent income (Part IV)	6 7				
7	Unrelated debt-financed income (Part V)					
8	Interest, annuities, royalties, and rents from a controlled	8				
9	organization (Part VI) Investment income of section 501(c)(7), (9), or (17)	•				
9	organizations (Part VII)	9				
10	Exploited exempt activity income (Part VIII)	10				
	Advertising income (Part IX)	11				
12	Other income (see instructions; attach statement)	12				
	Total. Combine lines 3 through 12	13	104910343.			104910343.
Par	Deductions Not Taken Elsewhere See instruction directly connected with the unrelated business income	come)			s must be
1	Compensation of officers, directors, and trustees (Part X)					
2	Salaries and wages					
3	Repairs and maintenance					
4	Bad debts					
5	Interest (attach statement). See instructions					1 500
6	Taxes and licenses				6	1,599.
7	Depreciation (attach Form 4562). See instructions				- 01-	
8	Less depreciation claimed in Part III and elsewhere on return		8a		8b 9	
9	Depletion Contributions to deferred componentian plans					
10 11	Contributions to deferred compensation plans					
12	Employee benefit programs Excess exempt expenses (Part VIII)					
13	Excess exempt expenses (Part VIII) Excess readership costs (Part IX)					
14	Other deductions (attach statement)					
15						1,599.
16	Unrelated business income before net operating loss deduction. Su					_,
	column (C)				16	104908744.
17	Deduction for net operating loss. See instructions		STATEM	ENT 16	17	10,878,181.
18	Unrelated business taxable income. Subtract line 17 from line 16				18	94,030,563.
_HA	For Paperwork Reduction Act Notice, see instructions.				Schedu	le A (Form 990-T) 2021

	1
Page	2

Part	III Cost of Goods Sold Enter method	d of inventory valuatio	n 🕨		Page 2
1	Inventory at beginning of year	-		1	
2	Purchases			2	
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)			4	
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter her	e and in Part I, line 2		8	
9	Do the rules of section 263A (with respect to property pro				Yes No
Part	IV Rent Income (From Real Property and P	ersonal Property	y Leased with Re	al Property)	
1	Description of property (property street address, city, state	e, ZIP code). Check if	a dual-use. See instru	ctions.	
	A				
	В				
	c				
	D				
		Α	В	С	D
2	Rent received or accrued				
а	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)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
4 5 Part 1	Total deductions. Add line 4 columns A through D. Enter V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	instructions)			0.
	В				
	c 🗆				
	D				
		Α	В	С	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
	financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				,-
8	Total gross income (add line 7, columns A through D). El	nter here and on Part	I, line 7, column (A)	>	0.
	_ , , ,				
9	Allocable deductions. Multiply line 3c by line 6				
10	Total allocable deductions. Add line 9, columns A through				0.
11	Total dividends-received deductions included in line 10			>	0.

1 Page **3**

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fron	n Control	led Or	ganization	S (se	ee instruct	ions)	Page	
						E	Exempt Contro					
	Name of controlled organization		identification inco				al of specified ments made	5. Part of column 4 that is included in the controlling organization's gross income		in the aniza-	income in column 5	
(1)												
(2)												
(3)												
(4)				L		<u> </u>						
	Tarrelate to a cons			1	Controlled O	-		-61		- 44	Dada di ana di anata	
,	. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	cluded	in the zation's		Deductions directly connected with come in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here line 8, c	and or	n Part I,	Ente	d columns 6 and 11. er here and on Part I, ine 8, column (B)	
Totals						.			0.		0 .	
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee inst	ructions)			
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach state)	ected	4. Set- (attach st	asides atemer	5. Total deduction and set-asides (add cols 3 and 4)	
(1)												
(2)												
(3)												
(4) Totals					Add amor column 2 here and o line 9, colu	. Enter n Part I,					Add amounts in column 5. Enter here and on Part I line 9, column (B)	
Part	VIII Exploited E	xempt /	Activity Income,	Other T	han Adve		gIncome	(see in:	structions)			
1	Description of exploite	•						(====	,			
2	Gross unrelated busin	•		ness. Enter	r here and o	n Part I,	line 10, colum	n (A)		2		
3	Expenses directly con	nected wit	h production of unre	elated busi	ness income	e. Enter l	here and on Pa	art I,				
	line 10, column (B)									3		
4	Net income (loss) from	n unrelated		Subtract lir	ne 3 from line	e 2. If a 🤉	gain, complete	;		4		
5	Gross income from ac									5		
6	Expenses attributable									6		
7	Excess exempt expen											
	4. Enter here and on F	Part II. line	12							7		

Schedule A (Form 990-T) 2021

Part	ΙX	Advertising Income					
1	Nar	ne(s) of periodical(s). Check box if reporting	two or n	nore periodicals on a	consolidated basis		
	A [
	в						
	c [
	D [
Enter a	amou	nts for each periodical listed above in the c	orrespon	ding column.			
		·	· [A	В	С	D
2	Gro	ss advertising income	Ī				
		d columns A through D. Enter here and on F	_	e 11, column (A)		•	0.
а		9	,	, , , , , , , , , , , , , , , , , , , ,			
3	Dire	ect advertising costs by periodical	ſ				
а		d columns A through D. Enter here and on F		e 11, column (B)		•	0.
		-					
4	Adv	rertising gain (loss). Subtract line 3 from line	• [
	2. F	or any column in line 4 showing a gain,					
	con	nplete lines 5 through 8. For any column in					
	line	4 showing a loss or zero, do not complete					
		s 5 through 7, and enter zero on line 8					
5		dership costs					
6		culation income					
7		ess readership costs. If line 6 is less than		4			
	line	5, subtract line 6 from line 5. If line 5 is less	s				
	tha	n line 6, enter zero					
8	Exc	ess readership costs allowed as a					
	ded	luction. For each column showing a gain or	ո				
	line	4, enter the lesser of line 4 or line 7	<u>[</u>				
а	Add	l line 8, columns A through D. Enter the gre	eater of th	ne line 8a, columns tot	al or zero here and	d on	
_		t II, line 13				>	0.
Part	<u>X</u>	Compensation of Officers, Dire	ectors,	and Trustees (s	ee instructions)	Г	
						3. Percentage	4. Compensation
		1. Name		2. Title		of time devoted	attributable to
						to business	unrelated business
(1)						%	
(2)				\		%	
(3)						%	
(4)						%	
							0
Part		er here and on Part II, line 1Supplemental Information (see					0.
Part	ΛI	Supplemental information (see	instructi	ons)			

THE DAVID AND LU	CILE PACKARD FOUNDATION	<u>-</u>	94-22/8431
FORM 990-T (A)	INCOME (LOSS) F	ROM PARTNERSHIPS	STATEMENT 15
DESCRIPTION			NET INCOME OR (LOSS)
	- ORDINARY BUSINESS IN - OTHER INCOME (LOSS)	ICOME (LOSS)	72,115,986. -29,680.
FOTAL INCLUDED (N SCHEDULE A, PART I, L	INE 5	72,086,306.
FORM 990-T (A)	POST 2017 N	OL SCHEDULE	STATEMENT 16
PRIOR YEAR POST 2017 NOL	NOL DEDUCT		FORWARD OF 2017 NOL
10,878,181	10,878,1	.81.	0.
990-T SCH A	DOGT_2017 NET ODER	ATING LOSS DEDUCTION	STATEMENT 17
	LOSS		
TAX YEAR LOSS	SUSTAINED PREVIOUS APPLIE		AVAILABLE THIS YEAR
12/31/20 12/31/19 12/31/18	2,433,965. 4,648,424. 3,795,792.	0. 2,433,965. 0. 4,648,424. 0. 3,795,792.	4,648,424.
NOL CARRYOVER AV	AILABLE THIS YEAR	10,878,181.	10,878,181.

SCHEDULE D (Form 1120)

Name

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.

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?

OMB No. 1545-0123

Yes X No

THE DAVID AND LUCILE PACKARD FOUNDATION

94-2278431

Employer identification number

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss. Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain (d) (e) to enter on the lines below. Subtract column (e) from or loss from Form(s) 8949, Proceeds Cost column (d) and combine the This form may be easier to complete if you round off cents to whole dollars. (or other basis) Part I, line 2, column (g) (sales price) result with column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on 465,838. Form(s) 8949 with Box C checked 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 4 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 Unused capital loss carryover (attach computation) 6 465,838. 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h 7 Long-Term Capital Gains and Losses - Assets Held More Than One Year Part II See instructions for how to figure the amounts (h) Gain or (loss) (g) Adjustments to gain to enter on the lines below. Subtract column (e) from **Proceeds** or loss from Form(s) 8949, column (d) and combine the This form may be easier to complete if you (sales price) (or other basis) Part II, line 2, column (g) result with column (a) 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 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 23,093,319. Form(s) 8949 with Box F checked 9,264,880. 11 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 12 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 Capital gain distributions 14 32,358,199. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 465,838. 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16

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

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

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 applicable line on other returns

Schedule D (Form 1120) 2021

32,358,199. 32,824,037.

17

Department of the Treasury Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074

Name(s) shown on return

Social security number or taxpayer identification no.

94-2278431

THE DAVID AND LUCILE PACKARD FOUNDATION 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.

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

1 (a) Description of property (Example: 100 sh. XYZ Co.) Date acquired (Example: 100 sh. XYZ Co.) Date acquired (Mo., day, yr.) (Mo., day, yr.	(B) Short-term transactions r				ported to the IRS			
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds	Cost or other basis. See the Note below and see <i>Column (e)</i> in	loss. If you in column column (f)	ou enter an amount (g), enter a code in . See instructions. (g) Amount of	Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	FROM PARTNERSHIP						•	465,838.
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B		_						
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
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negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	-							
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B		-						
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B		_						
negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B	2 Totals Add the amounts in sale		nd (b) (cubtract					
Schedule D, line 1b (if Box A above is checked), line 2 (if Box B								
	•		-					
	,	• •	•					465,838.

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.

123011 12-14-21 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2021)

Form 8949 (2021) Attachment Sequence No. 12A Page 2

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.

THE DAVID AND LUCILE PACKARD FOUNDATION

94-2278431

broker i	you check Box D, E, or F belo ent will have the same informa and may even tell you which b	oox to check.						
Part	Long-Term. Transaction see page 1.	ons involving capita						
	Note: You may aggregate all codes are required. Enter the	totals directly on S	Schedule D, line 8a	; yoù aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).
	st check Box D, E, or F below. (e more long-term transactions than will							each applicable box.
	O) Long-term transactions rep	orted on Form(s) 1099-B showin	g basis was report	ed to the IRS (see	Note abo	ove)	
`	E) Long-term transactions rep	٠,			ported to the IRS			
<u>X</u> (I	E) Long-term transactions not	reported to you	on Form 1099-E		Т			r
	(a) Description of property cample: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in	loss. If you	out, if any, to gain or out enter an amount (g), enter a code in See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result
					the instructions	Code(s)	Amount of adjustment	with column (g)
FROM	I PARTNERSHIP						,	23,093,319.
					`			
	To Addition 1997	(-D) (-) (-)	1 /1-> /					
nega	als. Add the amounts in colur ative amounts). Enter each to edule D, line 8b (if Box D abo	tal here and inclu	ıde on your					
abo	ve is checked), or line 10 (if E	Box F above is ch	necked)	<u> </u>				23,093,319.

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

Form **8949** (2021)

Department of the Treasury Internal Revenue Service

Name(s) shown on return

Sales of Business Property
(Also Involuntary Conversions and Recapture Amounts
Under Sections 179 and 280F(b)(2))

► Attach to your tax return.

► Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Identifying number

тΗ	THE DAVID AND LUCILE PACKARD FOUNDATION							
	Enter the gross proceeds from sales	_	94-2278431					
·u	(or substitute statement) that you are	• .	•	• •			1a	
b	Enter the total amount of gain that y	· ·	••			f		
_		· ·			·	·	1b	
С	Enter the total amount of loss that ye					CRS		
	assets						1c	
Pa						y Convers	ions	From Other
	Than Casualty or Thef	t-Most Prope	rty Held Moi	re Than 1 Year	(see instruction	s)		
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements a expense of sa	and	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
FR	OM PARTNERSHIP				4			9,264,880.
								, , , , , , , , , , , , , , , , , , , ,
3	Gain, if any, from Form 4684, line 39)					3	
4	Section 1231 gain from installment s	sales from Form 62	252, line 26 or 3	7			4	
5	Section 1231 gain or (loss) from like-						5	
6	Gain, if any, from line 32, from other						6	
7	Combine lines 2 through 6. Enter the	e gain or (loss) her	e and on the ap	propriate line as fo	llows		7	9,264,880.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule K		` '		r Form 1065, Sche	edule K,		
8	from line 7 on line 11 below and skip 1231 losses, or they were recaptured the Schedule D filed with your return Nonrecaptured net section 1231 loss Subtract line 8 from line 7. If zero or line 9 is more than zero, enter the an	d in an earlier year n and skip lines 8, ses from prior yea less, enter -0 If li	r, enter the gain 9, 11, and 12 be rs. See instructi ne 9 is zero, ent	from line 7 as a lor elow. ons er the gain from lin	ng-term capital gain	n on w. If	8	
	capital gain on the Schedule D filed			and enter the gair	i iioiii iiiie 5 as a id	Jing-term	9	9,264,880.
D-							3	3,201,000.
Pa	rt II Ordinary Gains and	LOSSES (see ins	structions)					
10	Ordinary gains and losses not inclu	ded on lines 11 th	rough 16 (includ	de property held 1	year or less):			
							11	(
12	Gain, if any, from line 7 or amount from						12	
13	· · · · · · · · · · · · · · · · · · ·						13	
14	• • • • • • • • • • • • • • • • • • • •						14 15	
	,							
							16	
17							17	
18	For all except individual returns, enter			appropriate line of	your return and sr	ip lines		
•	a and b below. For individual returns, complete lines a and b below. a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the							
а	loss from income-producing property	•	•					
	as an employee.) Identify as from "Fo						18a	
b	Redetermine the gain or (loss) on line							
	(Form 1040), Part I, line 4						18b	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **4797** (2021)

Pa	Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions)							
19	(a) Description of section 1245, 1250, 1252, 1254, o	or 125	5 property:			(b) Date acqui (mo., day, yr		(c) Date sold (mo., day, yr.)
A								
<u>B</u>								
<u></u> C								
_ <u>D</u>			Г	Γ				
	These columns relate to the properties on lines 19A through 19D.	•	Property A	Property I	В	Property	С	Property D
20	Gross sales price (Note: See line 1a before completing.)	20						
21	Cost or other basis plus expense of sale	21						
22	Depreciation (or depletion) allowed or allowable \dots	22						
23	Adjusted basis. Subtract line 22 from line 21	23						
<u>24</u>	Total gain. Subtract line 23 from line 20	24						
	If section 1245 property:							
	Depreciation allowed or allowable from line 22	25a						
	Enter the smaller of line 24 or 25a	25b		4				
	If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
а	Additional depreciation after 1975. See instructions	26a	4					
b	Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
С	Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d	Additional depreciation after 1969 and before 1976	26d						
е	Enter the smaller of line 26c or 26d	26e						
f	Section 291 amount (corporations only)	26f						
	Add lines 26b, 26e, and 26f	26g						
	If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
	Soil, water, and land clearing expenses	27a						
	Line 27a multiplied by applicable percentage	27b						
	Enter the smaller of line 24 or 27b	27c						
	If section 1254 property: Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
	Enter the smaller of line 24 or 28a	28b						
	If section 1255 property: Applicable percentage of payments excluded from income under section 126. See instructions	29a						
b	Enter the smaller of line 24 or 29a. See instructions	29b						
Sui	mmary of Part III Gains. Complete property of	olumn	s A through D through	line 29b before (going	to line 30.		
30	Total gains for all properties. Add property columns	A thro	ough D, line 24				30	
31	Add property columns A through D, lines 25b, 26g,	27c. 2	8b, and 29b. Enter her	e and on line 13			31	
	Subtract line 31 from line 30. Enter the portion from	,	·					
from other than according to the first on Form 4707. Find C								
Pa	rt IV Recapture Amounts Under Section	ns 1	79 and 280F(b)(2)	When Busine	ess l	Jse Drops to	50%	or Less
	(see instructions)							
						(a) Sectior 179	1	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allo	wable	in prior years	ſ	33			
34			m phot years		34			
35	Recapture amount. Subtract line 34 from line 33. Se			Г	35			

118012 12-17-21

Form **4797** (2021)

Form **3800**

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

General Business Credit

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

OMB No. 1545-0895

2021
Attachment
Sequence No. 22

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

Identifying number

TH	E DAVID AND LUCILE PACKARD FOUNDATION		94-2278431
Pa	ort I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(See instructions and complete Part(s) III before Parts I and II.)		
1	General business credit from line 2 of all Parts III with box A checked	1	
2	Passive activity credits from line 2 of all Parts III with box B checked		
3	Enter the applicable passive activity credits allowed for 2021. See instructions	3	
4	Carryforward of general business credit to 2021. Enter the amount from line 2 of Part III with box C		
	checked. See instructions for statement to attach	4	27.
	Check this box if the carryforward was changed or revised from the original reported amount		
5	Carryback of general business credit from 2022. Enter the amount from line 2 of Part III with box D		
•	checked	5	
6	Add lines 1, 3, 4, and 5	6	27.
	rrt II Allowable Credit		270
	Regular tax before credits:		
'	● Individuals. Enter the sum of the amounts from Form 1040, 1040-SR, or 1040-NR,		
	line 16, and Schedule 2 (Form 1040), line 2		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2; or the	7	17,771,587.
	applicable line of your return • Estates and trusts. Enter the sum of the amounts from Form 1041, Schedule G.		11,111,501.
	lines 1a and 1b, plus any Form 8978 amount included on line 1d; or the amount from		
_	the applicable line of your return		
8	Alternative minimum tax:		
	• Individuals. Enter the amount from Form 6251, line 11		0.
	• Corporations. Enter -0-	8	<u> </u>
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54		
			17 771 507
9	Add lines 7 and 8	9	17,771,587.
	Foreign tax credit 10a	-	
	Certain allowable credits (see instructions)		
C	Add lines 10a and 10b	10c	
			17 771 507
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	17,771,587.
	10 000		
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0-		
13	Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See		
	instructions 13 4,436,647.		
14	Tentative minimum tax:		
	Individuals. Enter the amount from Form 6251, line 9		
	Corporations. Enter -0- 14		
	Estates and trusts. Enter the amount from Schedule I (Form 1041),		
	line 52		
15	Enter the greater of line 13 or line 14	15	4,436,647.
16	Subtract line 15 from line 11. If zero or less, enter -0-	16	13,334,940.
17	Enter the smaller of line 6 or line 16	17	27.
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or		
	reorganization.		
LHA	For Paperwork Reduction Act Notice, see separate instructions.		Form 3800 (2021)

Form 3800 (2021) Page **2**

Pa	art II Allowable Credit (continued)		
Not	te: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -0- on I	ne 26.	
18	Multiply line 14 by 75% (0.75). See instructions	18	
19	Enter the greater of line 13 or line 18	19	
20	Subtract line 19 from line 11. If zero or less, enter -0-	20	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked	22	
23	Passive activity credit from line 3 of all Parts III with box B checked		
24	Enter the applicable passive activity credit allowed for 2021. See instructions	24	
25	Add lines 22 and 24	25	
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25	26	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	13,334,940.
28	Add lines 17 and 26	28	27.
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	13,334,913.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	181,637.
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked		
33	Enter the applicable passive activity credits allowed for 2021. See instructions	33	
34	Carryforward of business credit to 2021. 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 Check this box if the carryforward was changed or revised from the original reported amount		968,899.
35	Carryback of business credit from 2022. 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	1,150,536.
37	Enter the smaller of line 29 or line 36	37	1,150,536.
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 6 Corporations. Form 1120, Schedule J, Part I, line 5c		1.150.563.
	▼ Estates and injets Form 10/11 Schedule to line 20	1 3X I	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1

Form **3800** (2021)

	3800 (2021)			Page :
,	s) shown on return			Identifying number
	E DAVID AND LUCILE PACKARD FOUNDATION			94-2278431
Pa	t III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
Com	plete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity E Reserv	/ed		
В	General Business Credit From a Passive Activity F Reserv	/ed		
С	General Business Credit Carryforwards G Eligible	e Smal	I Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv	/ed		
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an	additional Part III combini	•
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note	(a) Description of credit: On any line where the credit is from more than one source, a separate Part III is need	led	(b) Enter EIN if claiming the credit from a pass-through entity.	(c)
for e	ach pass-through entity.	1	from a pass-through entity.	Enter the appropriate 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 (carryforward only) (see instructions)	1d		
е	Disabled access (Form 8826)*	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)			
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	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)	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		
S	Alternative fuel vehicle refueling property (Form 8911)	1s		
t 	Enhanced oil recovery credit Mino recovery team training (Form 2003)	1t		
u	Mine rescue team training (Form 8923)	1u 1v		
v 	Agricultural chemicals security (carryforward only) Employer differential wage payments (Form 8932)	1w		
W	Carbon oxide sequestration (Form 8933)	1x		
· ·	Qualified plug-in electric drive motor vehicle (Form 8936)	1y		
y z	Qualified plug-in electric vehicle (carryforward only)	1z		
aa		1aa		
bb		1bb		
ZZ		100		
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
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		16,312.
c	Biofuel producer (Form 6478)	4c		, , , , , , ,
d	Low-income housing (Form 8586)	4d		193.
e	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		39,816.
g	Qualified railroad track maintenance (Form 8900)	4g		

Small employer health insurance premiums (Form 8941)

Increasing research activities (Form 6765)

Employer credit for paid family and medical leave (Form 8994)

Other

Add lines 4a through 4z and enter here and on the applicable line of Part II

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

125,316.

181,637.

4h

4i

4j 4z

 $[\]ensuremath{^{\star}}$ See instructions for limitation on this credit.

Page 3 Name(s) shown on return Identifying number

	E DAVID AND LUCILE PACKARD FOUNDATION	94-2278431		
Pa	t III General Business Credits or Eligible Small Business Credit			
Com	plete a separate Part III for each box checked below. See instructions.			
Α	X General Business Credit From a Non-Passive Activity E Reserv	/ed		
В	General Business Credit From a Passive Activity F Reserv	/ed		
С	General Business Credit Carryforwards G Eligible	e Small	Business Credit Carryford	wards
D	General Business Credit Carrybacks H Reserv	/ed		
I	If you are filing more than one Part III with box A or B checked, complete and attach fi	rst an a	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is need	led	(b) Enter EIN if claiming the credit from a pass-through entity.	(c) Enter the appropriate amount.
	ach pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	nom a pass-unough entity.	Litter the appropriate amount.
1a b		1b		
	Reserved	1c		
c d	Low-income housing (carryforward only) (see instructions)	1d		
u e	D: 11 1 (F 0000)*	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 and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	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)	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		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit	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		1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
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	27-5270108	2.
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d	04-3455023	89.
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	04-3455023	66.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		1
i	Increasing research activities (Form 6765)	4i	61-1830732	1,500.
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		1,657.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		1,657.

 $[\]ensuremath{^{\star}}$ See instructions for limitation on this credit.

FOITH 3600 (2021)	Page .
Name(s) shown on return	Identifying number

	DAVID AND LUCILE PACKARD FOUNDATION	94-2278431		
	t III General Business Credits or Eligible Small Business Credit	S (see	instructions)	
	plete a separate Part III for each box checked below. See instructions.			
Α _	General Business Credit From a Non-Passive Activity			
В	General Business Credit From a Passive Activity F Reserv			
C			Business Credit Carryfon	wards
D .	General Business Credit Carrybacks H Reserv			
	If you are filing more than one Part III with box A or B checked, complete and attach fi			
	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit		(b)	(c)
Note	(a) Description of credit On any line where the credit is from more than one source, a separate Part III is need the credit part that the credit is from more than one source, a separate Part III is need to be	led	Enter EIN if claiming the credit from a pass-through entity.	Enter the appropriate amount.
10r ea	ach pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	1a	nom a pass-unough entity.	Litter the appropriate amount.
ia b	• • • • • • • • • • • • • • • • • • • •	1b		
C	Reserved	1c		
d	Low-income housing (carryforward only) (see instructions)	1d		
u e	D: 11 1 /F 0000/#	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	<u> </u>	
	Indian employment (Form 8845)	1g		
g h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
÷	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
, k	Employer-provided child care facilities and services (Form 8882)*	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)	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		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit	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		
v	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		1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
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	98-0546998	7,569.
С	Biofuel producer (Form 6478)	4c		
d	Low-income housing (Form 8586)	4d	45-1564102	3.
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	98-0546998	18,420.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	82-2344815	83,728.
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		109,720.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		109,720.

^{*} See instructions for limitation on this credit.

	Name(s) shown on return					
THE	E DAVID AND LUCILE PACKARD FOUNDATION 94-2278431					
	t III General Business Credits or Eligible Small Business Credits	S (see	e instructions)			
Comi	olete a separate Part III for each box checked below. See instructions.	(555				
	X General Business Credit From a Non-Passive Activity E Reserv	ed				
В	General Business Credit From a Passive Activity F Reserv					
c			I Business Credit Carryfo	rwards		
D	General Business Credit Carrybacks H Reserv		i Basiness Great Carrylo	Wards		
	If you are filing more than one Part III with box A or B checked, complete and attach fi		additional Part III combin	ing amounts from all		
				. —		
	(a) Description of credit		(b)	(c)		
	: On any line where the credit is from more than one source, a separate Part III is need ich pass-through entity.	ed	(b) Enter EIN if claiming the credit from a pass-through entity.	Enter the appropriate amount.		
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	, ,			
b	Reserved	1b				
c	Increasing research activities (Form 6765)	1c				
d	Low-income housing (carryforward only) (see instructions)	1d				
e	Disabled access (Form 8826)*	1e				
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	4			
g 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 and auto-enrollment (Form 8881)	1j				
, k	Employer-provided child care facilities and services (Form 8882)*	1k				
ï	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				
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	1t				
u	Mine rescue team training (Form 8923)	1u				
v	Agricultural chemicals security (carryforward only)	1v				
w	Employer differential wage payments (Form 8932)	1w				
х	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 (carryforward only)	1bb				
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other					
	credits (see instructions)	1zz				
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2				
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	98-0546998	8,741.		
С	Biofuel producer (Form 6478)	4c				
d	Low-income housing (Form 8586)	4d	36-4804829	101.		
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	98-0546998	21,273.		
g	Qualified railroad track maintenance (Form 8900)	4g				
h	Small employer health insurance premiums (Form 8941)	4h	10			
i	Increasing research activities (Form 6765)	4i	46-5728474	1,647.		
j	Employer credit for paid family and medical leave (Form 8994)	4j				
Z	Other	4z		24 760		
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		31,762.		
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		31,762.		

 $[\]ensuremath{^{\star}}$ See instructions for limitation on this credit.

Form 3800 (2021)	Page 3
Name(s) shown on return	Identifying number

T LT	E DAVID AND LUCILE PACKARD FOUNDATION			34-22/043I
Pa	rt III General Business Credits or Eligible Small Business Credit	S (see	instructions)	
Com	plete a separate Part III for each box checked below. See instructions.	,	•	
A	X General Business Credit From a Non-Passive Activity E Reserv	/ed		
В	General Business Credit From a Passive Activity F Reserv	/ed		
С	General Business Credit Carryforwards G Eligible	e Small	Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv		·	
ı	If you are filing more than one Part III with box A or B checked, complete and attach fi	irst an a	additional Part III combinir	ng amounts from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			<u> </u>
	(a) Description of credit : On any line where the credit is from more than one source, a separate Part III is neec	dod.	(b) Enter EIN if claiming the credit from a pass-through entity.	(c)
or e	ach pass-through entity.	ieu	from a pass-through entity.	Enter the appropriate 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 (carryforward only) (see instructions)	1d		
е	Disabled access (Form 8826)*	1e		
f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f	4	
g	Indian employment (Form 8845)	1g		
h	Orphan drug (Form 8820)	1h		
i	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
I	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)	1 p		
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	1t		
u	Mine rescue team training (Form 8923)	1u		
V	Agricultural chemicals security (carryforward only)	1v		
w	Employer differential wage payments (Form 8932)	1w		
Х	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) Employee retention (Form 5884-A)	1z 1aa		
	General credits from an electing large partnership (carryforward only)	1bb		
	Other. Oil and gas production from marginal wells (Form 8904) and certain other	וטט		
~~	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
о 4а	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)	4d		
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	36-4804829	57.
g	Qualified railroad track maintenance (Form 8900)	4g		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	84-4550787	37,623.
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		37,680.
6	Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6		37,680.

^{*} See instructions for limitation on this credit.

Page 3

Name(s	shown on return			Identifying number
THE	DAVID AND LUCILE PACKARD FOUNDATION			94-2278431
	t III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
	olete a separate Part III for each box checked below. See instructions.	(
Δ	X General Business Credit From a Non-Passive Activity E Reserv	ed		
В	General Business Credit From a Passive Activity F Reserv			
C	·		Business Credit Carryfor	warde
D	General Business Credit Carrybacks H Reserv		Dusiness Orean Carrylor	waids
	f you are filing more than one Part III with box A or B checked, complete and attach fi		additional Dort III combini	ng amounto from all
	Parts III with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(h)	(c)
	On any line where the credit is from more than one source, a separate Part III is need	ed	(b) Enter EIN if claiming the credit from a pass-through entity.	Enter the appropriate amount.
	ch pass-through entity. Investment (Form 3468, Part II only) (attach Form 3468)	10	nom a pass-unough entity.	Enter the appropriate amount.
1a		1a		
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		
d	Low-income housing (carryforward only) (see instructions)	1d		_
e	Disabled access (Form 8826)*	1e	4	_
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		
j	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k		
ı	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		
s	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit	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 (carryforward only)	1bb		
ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other			
	credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		
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)	4d		
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		
h	Small employer health insurance premiums (Form 8941)	4h		
i	Increasing research activities (Form 6765)	4i	84-2134622	818.
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		818.

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

818.

 $[\]ensuremath{^{\star}}$ See instructions for limitation on this credit.

Forr	n 3800 (2021)			Page 3
Name	(s) shown on return			Identifying number
	E DAVID AND LUCILE PACKARD FOUNDATION			94-2278431
	rt III General Business Credits or Eligible Small Business Credit	S (see	e instructions)	
_	plete a separate Part III for each box checked below. See instructions.			
Α	General Business Credit From a Non-Passive Activity E Reserv			
В	General Business Credit From a Passive Activity F Reserv			
С			Business Credit Carryfor	wards
D	General Business Credit Carrybacks H Reserv			
ı	If you are filing more than one Part III with box A or B checked, complete and attach fi			
	Parts III with box A or B checked. Check here if this is the consolidated Part III (a) Description of credit		(b)	
Note	e: On any line where the credit is from more than one source, a separate Part III is need	led	Enter EIN if claiming the credit from a pass-through entity.	(c)
	ach pass through entity.		from a pass-through entity.	Enter the appropriate amount.
1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
C	Increasing research activities (Form 6765)	1c		27.
d	Low-income housing (carryforward only) (see instructions)	1d		27.
e	Disabled access (Form 8826)*	1e	4	
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		
J	Small employer pension plan startup costs and auto-enrollment (Form 8881)	1j		
k	Employer-provided child care facilities and services (Form 8882)*	1k 1l		
I 	Biodiesel and renewable diesel fuels (attach Form 8864)			
m	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
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		
t 	Enhanced oil recovery credit Mine recover temptaging (Form 2002)	1t		
u	Mine rescue team training (Form 8923)	1u		
۷	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
X	Carbon oxide sequestration (Form 8933)	1x 1y		
у _	Qualified plug-in electric drive motor vehicle (Form 8936) Qualified plug-in electric vehicle (carryforward only)			
z		1z		
aa		1aa		
bk zz	au au	1bb		
22		1		
2	Add Page 4 - Norwall 4 - and only been and an March 18 - at Park 1	1zz 2		27.
3	5 · · · · · · · · · · · · · · · · · · ·	3		27.
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
_		4b		
b	Work opportunity (Form 5884)			
c d	Biofuel producer (Form 6478) Low-income housing (Form 8586)	4c 4d		726.
	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4u 4e		720•
e f	Employer social security and Medicare taxes paid on certain employee	10		
'		4f		663,121.
~	tips (Form 8846) Qualified railroad track maintenance (Form 8900)			003,121.
g h	Small employer health insurance premiums (Form 8941)	4g 4h		
i	Increasing research activities (Form 6765)	4ii		305,052.
i	Employer credit for paid family and medical leave (Form 8994)	4j		303,032.
J Z	Other	4z		
_		<u> </u>		

Add lines 4a through 4z and enter here and on the applicable line of Part II

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

968,899.

 $[\]ensuremath{^{\star}}$ See instructions for limitation on this credit.

Form **2220**

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

2021

ame

Employer identification number 94 - 2278431

THE DAVID A	ND LUCILE	PACKARD	FOUNDATION	94-2278431
Note: Generally, the corporati	on is not required to	o file Form 2220	(see Part II below for exceptions) because the IF	S will figure any penalty owed and
bill the corporation. However,	the corporation ma	y still use Form	2220 to figure the penalty. If so, enter the amoun	t from page 2, line 38, on the

13 8,427,569 8,427,569 8,427,569 8,427,569 14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10	Part I Required Annual Payment							
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 2 a 2								
b Look-back interest included on line 1 under section 460(h)(c) for completed long-term contracts or section 167(g) for depreciation under the income forecast method c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2 at through 22 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not ove the penalty 4 Lettler the ashown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is using the amount from line 3 or line 4. If the corporation is using the manualized income installment method. That II Reasons for Filling - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. The corporation is using the adjusted seasonal installment method. The corporation is a 'large corporation' flugring its first required installment based on the prior year's tax. Part III Reguring the Underpayment	1 Total tax (see instructions)						1	16,620,934.
b Look-back interest included on line 1 under section 460(h)(c) for completed long-term contracts or section 167(g) for depreciation under the income forecast method c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2 at through 22 3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not ove the penalty 4 Lettler the ashown on the corporation's 2020 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is using the amount from line 3 or line 4. If the corporation is using the manualized income installment method. That II Reasons for Filling - Check the boxes below that apply. If any boxes are checked, the corporation must file Form 2220 even if it does not owe a penalty. See instructions. The corporation is using the adjusted seasonal installment method. The corporation is a 'large corporation' flugring its first required installment based on the prior year's tax. Part III Reguring the Underpayment	On Demand helding any any toy (Cahadula DII (Farra 1100) lin	- 00\	included on line 4	1	ا ء			
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10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions 12 Complete lines 12 through 18 of one column before going to the next column. 13 Add lines 11 and 12 14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0-life if the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-life If the amount on line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 10. Subtract line 10 is less than line 15, subtract line 10 is less than line 10 ine			05/15/21	06/1	15/21	09/15/	21	12/15/21
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the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column 11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 31 Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column 5 Subtract line 14 from line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10 18 Overpayment. If line 10 is less than line 15, subtract line 10								
for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- Tunderpayment. If line 15 is less than or equal to line 10, subtract line 18 Overpayment. If line 10 is less than line 15, subtract line 10 Tunderpayment. If line 10 is less than line 15, subtract line 10								
enter 25% (0.25) of line 5 above in each column Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10		4						
Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 Overpayment. If line 10 is less than line 15, subtract line 10 Vorpayment. If line 10 is less than line 15, subtract line 10		10						
column (a) only, enter the amount from line 11 on line 15. See instructions Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column 13 Add lines 11 and 12 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10								
11 8 , 427 , 569								
Complete lines 12 through 18 of one column before going to the next column. 12 Enter amount, if any, from line 18 of the preceding column Add lines 11 and 12 13 Add amounts on lines 16 and 17 of the preceding column Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10 19 Subtract line 19 from line 10 is less than line 15, subtract line 10 10 Overpayment. If line 10 is less than line 15, subtract line 10		11	8,427,569.					
12 Enter amount, if any, from line 18 of the preceding column 13 Add lines 11 and 12								
13 Add lines 11 and 12	before going to the next column.							
14 Add amounts on lines 16 and 17 of the preceding column 15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 16 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 Overpayment. If line 10 is less than line 15, subtract line 10 18 Overpayment. If line 10 is less than line 15, subtract line 10	12 Enter amount, if any, from line 18 of the preceding column	12						
15 Subtract line 14 from line 13. If zero or less, enter -0- 16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 16 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 Overpayment. If line 10 is less than line 15, subtract line 10 18 Overpayment. If line 10 is less than line 15, subtract line 10	13 Add lines 11 and 12	13		8,427	7,569.	8,427,5	<u>69.</u>	8,427,569.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- 16 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 Overpayment. If line 10 is less than line 15, subtract line 10	14 Add amounts on lines 16 and 17 of the preceding column	14						
14. Otherwise, enter -0- 17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 18 Overpayment. If line 10 is less than line 15, subtract line 10	15 Subtract line 14 from line 13. If zero or less, enter -0-	15	8,427,569.	8,427	7,569.	8,427,5	<u>69.</u>	8,427,569.
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	· · · · · · · · · · · · · · · · · · ·							
subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18 17 18 Overpayment. If line 10 is less than line 15, subtract line 10		16						
column. Otherwise, go to line 18						1		
18 Overpayment. If line 10 is less than line 15, subtract line 10								
		17				+		
Trom line 15 Linen do to line 12 of the next collimn LINE O. 47/. 307. To. 47/. 307. To. 47/. 307.			0 127 560	0 425	7 560	0 427 5	60	
Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.	from line 15. Then go to line 12 of the next column						03.	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

Part IV Figuring the Penalty

		(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th mo after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th mon Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	ith.				
20 Number of days from due date of installment on line 9 to the date shown on line 19	20				
21 Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
Transfer of days on line 25 area 1/10/2521 and before 17 1/2521					
Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$	\$
23 Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
24 Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$	\$
25 Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
26 Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$
27 Number of days on line 20 after 12/31/2021 and before 4/1/2022	27				
Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$
29 Number of days on line 20 after 3/31/2022 and before 7/1/2022	29	X			
30 Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31 Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
32 Underpayment on line 17 x Number of days on line 31 x %	32	\$	\$	\$	\$
33 Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
Underpayment on line 17 x Number of days on line 33 x %	34	\$	\$	\$	\$
35 Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36 Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter	the total h	ere and on Form 1120, lir	ne 34; or the comparable		
line for other income tax returns				38	\$ 0

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

Form 2220 (2021) FORM 990-T Page 3

Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

See instructions.

Form 1120-S filers: For lines 1, 2, 3, and 21, "taxable income" refers to excess net passive income or the amount on which tax is imposed under section 1374(a), whichever applies.

Part I Adjusted Seasonal Installment Method

Caution: Use this method only if the base period percentage for any 6 consecutive months is at least 70%. See instructions.

See instructions.			, , , , , , , , , , , , , , , , , , ,		
		(a)	(b)	(c)	(d)
1 Enter taxable income for the following periods.		First 3 months	First 5 months	First 8 months	First 11 months
a Tax year beginning in 2018	1a				
b Tax year beginning in 2019	1b				
c Tax year beginning in 2020	1c				
2 Enter taxable income for each period for the tax year beginning in					
2021. See the instructions for the treatment of extraordinary items	2				
2021. Occ the mandedona for the acathem of extraordinary terms					
3 Enter taxable income for the following periods.		First 4 months	First 6 months	First 9 months	Entire year
a Tax year beginning in 2018	3a				
b Tax year beginning in 2019	3b				
		4			
c Tax year beginning in 2020	3c				
4 Divide the amount in each column on line 1a by the					
amount in column (d) on line 3a	4		· ·		
5 Divide the amount in each column on line 1b by the					
amount in column (d) on line 3b	5				
6 Divide the amount in each column on line 1c by the					
amount in column (d) on line 3c	6				
7 Add lines 4 through 6	7				
8 Divide line 7 by 3.0	8				
9a Divide line 2 by line 8	9a				
b Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
0 Figure the tax on the amt on In 9c using the instr for Form					
1120, Sch J, line 2, or comparable line of corp's return	10				
1a Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
b Divide the amount in columns (a) through (c) on line 3b					
by the amount in column (d) on line 3b	11b				
c Divide the amount in columns (a) through (c) on line 3c					
by the amount in column (d) on line 3c	11c				
2 Add lines 11a through 11c	12				
3 Divide line 12 by 3.0	13				
4 Multiply the amount in columns (a) through (c) of line 10					
by columns (a) through (c) of line 13. In column (d), enter					
the amount from line 10, column (d)	14				
5 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
16 Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
8 For each period, enter the same type of credits as allowed	"				
on Form 2220, lines 1 and 2c. See instructions	18				
19 Total tax after credits. Subtract line 18 from line 17. If	"				
zero or less, enter -0-	19				
2010 01 1000, 011101 U	וטו				Form 2000 (20

Form **2220** (2021)

Page 4

THE DAVID AND LUCILE PACKARD FOUNDATION 94-22 Form 2220 (2021) FORM 990-T

* * Part II Annualized Income Installment Method

			(a)	(b)	(c)	(d)
			First <u>2</u>	First 3	First 6	First 9
20	Annualization periods (see instructions)	20	months	months	months	months
21	Enter taxable income for each annualization period. See					
	instructions for the treatment of extraordinary items \hdots	21				
22	Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
•	According to the charge of the first of the					
	a Annualized taxable income. Multiply line 21 by line 22	23a				
	b Extraordinary items (see instructions)	23b				
	c Add lines 23a and 23b	23c				
24	Figure the tax on the amount on line 23c using the					
	instructions for Form 1120, Schedule J, line 2,	24				
25	or comparable line of corporation's return Enter any alternative minimum tax (trusts only) for each					
20	, , , , , , , , , , , , , , , , , , , ,	25		4		
	payment period (see instructions)	20		4		
26	Enter any other taxes for each nayment period. Con instr	26				
20	Enter any other taxes for each payment period. See instr.	20				
97	Total tax. Add lines 24 through 26	27				
	For each period, enter the same type of credits as allowed	21				
20	on Form 2220, lines 1 and 2c. See instructions	28				
20	Total tax after credits. Subtract line 28 from line 27. If	20				
23	zero or less, enter -0-	29				
	2010 01 1033, 01101 0	23				
30	Applicable percentage	30	25%	50%	75%	100%
-	/ppiloubio por contago	- 00	2070	0070	1070	10070
31	Multiply line 29 by line 30	31				
P	art III Required Installments			•		_
	<u> </u>					Т
	Note: Complete lines 32 through 38 of one column		1st	2nd	3rd	4th
	before completing the next column.		installment	installment	installment	installment
32	If only Part I or Part II is completed, enter the amount in					
	each column from line 19 or line 31. If both parts are					
	completed, enter the smaller of the amounts in each		0	•	•	_
	column from line 19 or line 31	32	0.	0.	0.	0.
33	Add the amounts in all preceding columns of line 38.					
	See instructions	33				
34	Adjusted seasonal or annualized income installments.					
٥.	Subtract line 33 from line 32. If zero or less, enter -0-	34				
30	Enter 25% (0.25) of line 5 on page 1 of Form 2220 in					
	each column. Note: "Large corporations," see the instructions for line 10 for the amounts to enter	35	1 155 231	1 155 233	1 155 231	4,155,233.
26		35	4,133,234.	4,133,233.	4,133,234.	4,133,233.
30	Subtract line 38 of the preceding column from line 37 of	26		1 155 231	8 310 467	12,465,701.
	the preceding column	36		-,1JJ,4J4•	0,010,40/•	12,303,101•
97	Add lines 35 and 36	37	4,155,234.	8 310 467	12 465 701	16,620,934.
	Required installments. Enter the smaller of line 34 or	31	±, ±, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,	J,J10,10,.		
30	line 37 here and on page 1 of Form 2220, line 10.					
	See instructions	38	0.	0.	0.	0.
_		1 00	ı	<u></u>	<u></u>	<u> </u>

Form **2220** (2021)

** ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

Limitation on Business Interest Expense Under Section 163(j)

► Attach to your tax return.

Department of the Treasury

OMB No. 1545-0123

internai	Hevenue Service Go to www.irs.gov/Form8990 for instructions	and t	the latest information.		
Taxpa	yer name(s) shown on tax return THE DAVID AND LUCILE PACKARD FOUNDATION				fication number
If For	n 8990 relates to an information return for a foreign entity (for example, Form 547	1), ent	ter:		
	of foreign entity				
•	oyer identification number, if any				
	ence ID number t I Computation of Allowable Business Interest Expense				
Par					
	l is completed by all taxpayers subject to section 163(j). Schedule A and Schedule ayer is a partner or shareholder of a pass-through entity subject to section 163(j).	B nee	ed to be completed befor	e Part I i	when the
Sect	ion I - Business Interest Expense				
1	Current year business interest expense (not including floor plan				
	financing interest expense), before the section 163(j) limitation	1			
2	Disallowed business interest expense carryforwards from prior				
	years. (Does not apply to a partnership)	2	4		
3	Partner's excess business interest expense treated as paid or				
	accrued in current year (Schedule A, line 44, column (h))		29,680	<u>•</u>	
4	Floor plan financing interest expense. See instructions	4			
5	Total business interest expense. Add lines 1 through 4		>	5	29,680.
Sect	ion II - Adjusted Taxable Income				
	Taxable Income				
6	Taxable income. See instructions			6	104,833,053.
	Additions (adjustments to be made if amounts are	e take	en into account on line	6)	
7	Any item of loss or deduction that is not properly allocable to a				
	trade or business of the taxpayer. See instructions	7			
8	Any business interest expense not from a pass-through entity. See				
	instructions	8			
9	Amount of any net operating loss deduction under section 172	9			
10	Amount of any qualified business income deduction allowed under				
	section 199A	10			
11	Deduction allowable for depreciation, amortization, or depletion attributable				
	to a trade or business. See instructions	11			
12	Amount of any loss or deduction items from a pass-through entity.				
	See instructions	12	41,914,858	•	
13	Other additions. See instructions	13			
14	Total current year partner's excess taxable income (Schedule A, line				
	44, column (f))	14			
15	Total current year S corporation shareholder's excess taxable				
	income (Schedule B, line 46, column (c))	15			
16	Total. Add lines 7 through 15)	16	41,914,858.
	Reductions (adjustments to be made if amounts	are ta	ken into account on li	ne 6)	
17	Any item of income or gain that is not properly allocable to a trade				
	or business of the taxpayer. See instructions	17	()	
18	Any business interest income not from a pass-through entity. See instructions	18	()	
19	Amount of any income or gain items from a pass-through entity.				
	See instructions	19	(146,747,911	•)	
20	Other reductions. See instructions	20	()	
21	Total. Combine lines 17 through 20		>	21	(146,747,911.)
22	Adjusted taxable income. Combine lines 6, 16, and 21. (If zero or less, enter-		>	22	
LHA	For Paperwork Reduction Act Notice, see the instructions.				Form 8990 (Rev. 5-2020)

Form 8990 (Rev. 5-2020) Page **2**

Sect	ion III - Business Interest Income				
23	Current year business interest income. See instructions	23			
24	Excess business interest income from pass-through entities (total of				
	Schedule A, line 44, column (g), and Schedule B, line 46, column (d))	24	29,680.		
25	Total. Add lines 23 and 24		>	25	29,680.
Sect	ion IV - Section 163(j) Limitation Calculations				
	Limitation on Business Intere	est Expen	se		
26	Multiply adjusted taxable income (line 22) by the applicable percentage. See				
	instructions	26			
27	Business interest income (line 25)	27	29,680.		
28	Floor plan financing interest expense (line 4)	28			
29	Total. Add lines 26, 27, and 28		>	29	29,680.
	Allowable Business Interes	t Expense	е		
30	Total current year business interest expense deduction. See instructions		<u> </u>	30	29,680.
	Carryforward				
31	Disallowed business interest expense. Subtract line 29 from line 5. (If zero of	or less, ente	er -0)	31	
Par	t II Partnership Pass-Through Items				
	II is only completed by a partnership that is subject to section 163(j). The partners are not carried forward by the partnership. See the instructions for more informati		pelow are allocated to the	he part	ners
	Excess Business Interest	Expense			
32	Excess business interest expense. Enter amount from line 31	<u></u>		32	
	Excess Taxable Income (If you entered an amount	unt on line	e 32, skip lines 33 th	rough	37.)
33	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)			33	
34	Subtract line 33 from line 26. (If zero or less, enter -0)			34	
35	Divide line 34 by line 26. Enter the result as a decimal. (If line 26 is zero, enter			35	
36	Excess taxable income. Multiply line 35 by line 22			36	
	Excess Business Interest	Income			
37	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from	line 25. (If	zero or		
	less, enter -0)			37	
Par	t III S Corporation Pass-Through Items				
	III is only completed by S corporations that are subject to section 163(j). The S co the instructions for more information.	rporation it	ems below are allocate	ed to th	ne shareholders.
	Excess Taxable Inco	me			
38	Subtract the sum of lines 4 and 25 from line 5. (If zero or less, enter -0)			38	
39	Subtract line 38 from line 26. (If zero or less, enter -0)			39	
40	Divide line 39 by line 26. Enter the result as a decimal. (If line 26 is zero, enter			40	
41	Excess taxable income. Multiply line 40 by line 22			41	
	Excess Business Interest	Income			
42	Excess business interest income. Subtract the sum of lines 1, 2, and 3 from	line 25. (If	zero or		
	less, enter -0)			42	

Form **8990** (Rev. 5-2020)

SCHEDULE A Summary of Partner's Section 163(j) Excess Items

Any ta	xpayer that owns an interest in a p	partnership subject to	section 163(j) shoul	d complete Schedule	e A before completin	g Part I.			
			Exces	s Business Interest Exp	ense	(f) Current year	(g) Current year	(h) Excess business	(i) Current year
	(a) Name of partnership	(b) EIN	(c) Current year	(d) Prior year carryforward	(e) Total ((c) plus (d))	excess taxable income	excess business interest income	interest expense treated as paid or accrued (see instructions)	excess business interest expense carryforward ((e) minus (h))
	FROM PARTNERSHIP								
43		94-2278431	105,371.	302,601.	407,972.	0.	29,680.	29,680.	378,292.
44	Total					0.	29,680.	29,680.	
CUL	EDITIED Summon of S	: Carnaration Cl	sarabaldar'a Ev	aaaa Tayahla In	come and Evec	oo Duginaaa Int	araat Inaama		

SCHEDULE B Summary of S Corporation Shareholder's Excess Taxable Income and Excess Business Interest Income

Any taxpayer that is required to complete Part I and is a shareholder in an S corporation that has excess taxable income or excess business interest income should complete Schedule B before completing Part I.

	(a) Name of S corporation		(b) EIN	(c) Current year excess taxable income	(d) Current year excess business interest income
45					
46	Total	>		0.	0.

Form **8990** (Rev. 5-2020)

Business Interest Expense

DUSINESS INC	Cot Expense				J4 ZZ/0451
Description	Prior Disallowed Business Interest Expense	Business Interest Expense	Business Interest Expense Ratio	Limited Business Interest Expense	Disallowed Business Interest Expense
THE DAVID AND LUCILE PACKARD FOUNDATION					
- PARTNERSHIP INTEREST EXP		0.			
FROM PARTNERSHIP		29,680.	1.0000	29,680.	
		•		•	
	Ť				
Fotal	0.	29,680.	1.0000	29,680.	0.

Form **8978**(December 2019) Department of the Treasury Internal Revenue Service

Partner's Additional Reporting Year Tax

OMB No. 1545-0123

► Go to www.irs.gov/Form8978 for instructions and the latest information.

Attachment Sequence No. **57**

Name of partner(s)

Partner tax ID number 94-2278431

⊞ Part	DAVID AND LUCILE PACKARD FOUNDATION Computation of Additional Reporting V	94-2278431				
r are	Computation of Additional Reporting	<u>r car</u>	(a) Tax Year Ended	(b) Tax Year Ended	(c) Tax Year Ended	(d) Tax Year Ended
		1	12/31 2018	12/31 2018	12/31 2019	20
1a	Total income per original return or as previously adjusted	1a	(16.214.123	(16,214,123	(4,099,193)
b	Adjustments to income from Schedule A (Form 8978), line 2, columns (a) through (d)	1b	17,552		3,465	,
2	Combine lines 1a and 1b and enter the corrected income. See instructions	2)(16,212,092		
3a	Total deductions per original return or as)
b	previously adjusted	3a	519,752	519,752	549,231	
4	(Form 8978), line 4, columns (a) through (d) Combine lines 3a and 3b and enter the corrected	3b	32,461	7,684	43,906	
5	deductions. See instructions	4	552,213	527,436	593,137	
<u> </u>	line 2	5	(16,748,784	(16,739,528	(4,688,865)
6	Income tax on line 5 (see instructions)	6	0	0	0	
7	Alternative minimum tax on line 5 (see instructions)	7				
8	Total corrected income tax. Add lines 6 and 7.	8	0	0	0	
9a	Total credits per original return or as previously adjusted	9a			0	
b	Adjustments to credits from Schedule A (Form 8978), line 6, columns (a) through (d)	9b	57	14	19	
10	Combine lines 9a and 9b and enter the corrected credits. See instructions	10	57	14	19	
11	Total corrected income tax liability. Subtract line 10 from line 8	11	(57)
12	Total income tax shown on original return or as previously adjusted	12				
13	Increase/Decrease to tax. Subtract line 12 from line 11, columns (a) through (d)	13	(57) (14) (19)
14	Total increase/decrease to reporting year tax. Add the appropriate line on your tax return	ere and on	(9			
Part						
15	Penalties	15				
16	Total penalties. Add line 15, columns (a) through (c	d) .			16	
Part	III Interest (see instructions)					
17	Interest	17				
	Total interest. Add line 17, columns (a) through (d)				18	

SCHEDULE A (Form 8978)

Partner's Additional Reporting Year Tax (Schedule of Adjustments)

(December 2019) Department of the Treasury Internal Revenue Service

► Attach to Form 8978.

► Go to www.irs.gov/Form8978 for the latest information.

OMB No. 1545-0123

lame o	of partner(s)		Partner tax ID number				
ΉE	DAVID AND LUCILE	DAVID AND LUCILE PACKARD FOUNDATION					
	Adjustments (see instructions)	Tracking Number	(a) Tax Year Ended 12/31//18	(b) Tax Year Ended 12/31 /18	(c) Tax Year Ended 12/31/19	(d) Tax Year Ende	
1	Income:		12/31/10	12/31/10	12/31/19	,	
· a	ORD. BUS. INC.	AAR, 46-5728474	15,829	1,740	17,060		
u	ORD. BOD. INC.	AAR, 10 3/201/1	13,025	1,740	17,000		
b	INTEREST INC.	AAR, 46-5728474	1,723	291	(13,002)		
С	NET LT CAP GAIN	AAR, 46-5728474			(593)		
d							
е							
f							
g							
2		ome (add lines 1a through 1g gh (d))	17,552	2,031	3,465		
3	Deductions:						
а	CASH CONTRIB	AAR, 46-5728474	1	0	0		
b	INV. INT. EXP	AAR, 46-5728474	31,742	7,514	38,527		
С	DED. PORTFOLIO	AAR, 46-5728474	718	170	4,558		
d	OTHER DEDUCTIONS	AAR, 46-5728474			821		
е							
f							
g							
4		luctions (add lines 3a through ough (d))	32,461	7,684	43,906		
5	Credits:						
а	RESEARCH ACT	AAR, 46-5728474	61	10	19		
b	POST 1986 DEPR.	AAR, 46-5728474	(4)	4	0		
С							
d							
е							
f							
g							
6	Total adjustments to cre in each column (a) through	edits (add lines 5a through 5g gh (d))	57	14	19		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Type or Name of exempt organization or other filer, see instructions. Taxpayer identification number (TIN) print THE DAVID AND LUCILE PACKARD FOUNDATION 94-2278431 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 343 SECOND STREET return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions 94022-3622 LOS ALTOS, CA Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (other than individual) Form 4720 (individual) 03 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 8870 12 Form 990-T (trust other than above) 06 Form 990-T (corporation) CRAIG NEYMAN, CFO The books are in the care of ► 300 SECOND STREET -LOS ALTOS, CA 94022 Telephone No. ► 650-948-7658 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2022, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2021 or , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 8,677,569. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

123841 01-12-22

instructions

LHA

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)