# Form **990-PF**Department of the Treasury

### **Return of Private Foundation**

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 **2019**Open to Public Inspection

OCT 1, 2019 SEP 30, 2020 For calendar year 2019 or tax year beginning , and ending A Employer identification number Name of foundation THE PARKER FOUNDATION 51-0141231 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite **B** Telephone number 2604-B EL CAMINO REAL, SUITE 244 760-720-0630 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here CARLSBAD, CA 92008 G Check all that apply: Initial return Initial return of a former public charity **D** 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation **H** Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Accrual F If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ... 42,093,542. (Part I, column (d), must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).) for charitable purposes (cash basis only) expenses per books income income N/A Contributions, gifts, grants, etc., received ...... Check X if the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 834,633. 834,633 STATEMENT 4 Dividends and interest from securities 5a Gross rents **b** Net rental income or (loss) 1,826,185 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a ...... 8,510,545. 7 Capital gain net income (from Part IV, line 2) 1,826,185. 8 Net short-term capital gain Income modifications Gross sales less returns and allowances **b** Less: Cost of goods sold c Gross profit or (loss) 22,846. STATEMENT 2 11 Other income ..... 69,068 591,750 2,683,664. Total. Add lines 1 through 11 105,400 10,540. 94,860. 13 Compensation of officers, directors, trustees, et-**14** Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal fees ..... 48,879. 43,991. b Accounting fees STMT 3 4,888. 187,438. 3,394. 107,337. c Other professional fees STMT 4 17 Interest 12,943. Taxes STMT 942. 160. 18 Depreciation and depletion 20 Occupancy 1,307. 0. 1,307. 21 Travel, conferences, and meetings ..... and 22 Printing and publications ...... 23 Other expenses STMT 6 25,659. 2,333. 25,659. Operating 24 Total operating and administrative 301,525 206,141. 169,371. expenses. Add lines 13 through 23 1,954,300 1,954,300. 25 Contributions, gifts, grants paid ..... 26 Total expenses and disbursements. 2,255,825 206,141 2,123,671. Add lines 24 and 25 27 Subtract line 26 from line 12: 335,925 **a** Excess of revenue over expenses and disbursements 2,477,523 **b Net investment income** (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-).

923501 12-17-19 LHA For Paperwork Reduction Act Notice, see instructions.

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Part II Balance Sheets Attached schedules and amounts in the description		Balance Sheets Attached schedules and amounts in the description	Beginning of year		End of year				
•	urt	column should be for end-of-year amounts only.	(a) Book Value	(b) Book Value	(c) Fair Market Value				
	1	Cash - non-interest-bearing	607,768.	140,249.	140,249.				
	2	Savings and temporary cash investments							
	3	Accounts receivable ▶							
		Less: allowance for doubtful accounts							
	4	Pledges receivable ▶							
		Less: allowance for doubtful accounts							
	5	Grants receivable							
	6	Receivables due from officers, directors, trustees, and other							
		disqualified persons							
	7	Other notes and loans receivable > 250,000.							
		Less: allowance for doubtful accounts ▶ 0 •	250,000.	250,000.	250,000.				
ফ	8	Inventories for sale or use							
Assets	9	Prepaid expenses and deferred charges							
Ä	10a	Investments - U.S. and state government obligations							
		Investments - corporate stock							
		Investments - corporate bonds							
		Investments - land, buildings, and equipment: basis							
		Less: accumulated depreciation							
	12	Investments - mortgage loans							
	13	Investments - other STMT 8	34,938,525.	35,927,779.	41,639,030.				
	14	Land, buildings, and equipment: basis ▶							
		Less: accumulated depreciation							
	15	Other assets (describe STATEMENT 9)	239,765.	64,263.	64,263.				
	16	Total assets (to be completed by all filers - see the			_				
		instructions. Also, see page 1, item I)	36,036,058.	36,382,291.	42,093,542.				
	17	Accounts payable and accrued expenses	38,677.	48,985.					
	18	Grants payable							
es	19	Deferred revenue							
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons							
iab	21	Mortgages and other notes payable							
_	22	Other liabilities (describe >							
_	23	Total liabilities (add lines 17 through 22)	38,677.	48,985.					
		Foundations that follow FASB ASC 958, check here							
ces		and complete lines 24, 25, 29, and 30.	25 225 224	26 222 226					
		Net assets without donor restrictions	35,997,381.	36,333,306.					
Bal	25	Net assets with donor restrictions							
Fund Balar		Foundations that do not follow FASB ASC 958, check here							
		and complete lines 26 through 30.							
Sor	١.	Capital stock, trust principal, or current funds							
set	27	, , , , , , , , , , , , , , , , , , , ,							
Net Assets	28	, , , , , , , , , , , , , , , , , , , ,	35,997,381.	36,333,306.					
Ŗ	29	Total net assets or fund balances	33,331,301.	30,333,300.					
	30	Total liabilities and net assets/fund balances	36,036,058.	36,382,291.					
=				30,302,231.					
P	art	Analysis of Changes in Net Assets or Fund B	alances						
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	29						
		st agree with end-of-year figure reported on prior year's return)			35,997,381.				
2		r amount from Part I, line 27a			335,925.				
3	Othe				0.				
		lines 1, 2, and 3			36,333,306.				
		eases not included in line 2 (itemize)		5	0.				
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 29	6	36,333,306.				
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	PARKER FOUNDATI			5	1-014	1231	Page (
(a) List and describe	and Losses for Tax on In the kind(s) of property sold (for exar arehouse; or common stock, 200 shs	nple, real estate,	( <b>b)</b> How acquired P - Purchase D - Donation	(c) Date (mo., d	acquired ay, yr.)	( <b>d</b> ) Date (mo., da	
1a b SEE ATTACHED	STATEMENTS	,	D Donation				
c d							
e							
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of sal			ain or (loss) s (f) minus (	g))	
a							
b c							
d							
e 8,510,545.		6,961,	332.			1,826	,185
Complete only for assets showing	ng gain in column (h) and owned by t	he foundation on 12/31/69.		(I) Gains (C	ol. (h) gain ı	minus	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	<b>(k)</b> Excess of col. (i over col. (j), if any	<i>)</i> I		not less than (from col. (h		
a							
<u>b</u>							
c d							
e e						1,826	.185
-	(If gain, also enter	in Part I line 7				_,	, _ 0 0
2 Capital gain net income or (net ca	( ' "		2			1,826	<u>,</u> 185
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8			3		N/A		
	Jnder Section 4940(e) for		7	come			
(For optional use by domestic privat	e foundations subject to the section 4	940(a) tax on net investme	nt income.)				
If section 4940(d)(2) applies, leave t	this part blank.						
	ction 4942 tax on the distributable am fy under section 4940(e). Do not com		e period?			Yes	X No
	each column for each year; see the in		ny entries.				
(a) Base period years Calendar year (or tax year beginni	ing in) Adjusted qualifying dist	ributions Net value o	( <b>c)</b> of noncharitable-use asset			<b>(d)</b> ution ratio ded by col.	(c))
2018		8,166.	40,262,69				53354
2017		0,968.	42,590,33				51678
2016		0,925.	40,414,40				53222
2015		0,897.	38,610,48				53636
2014	2,23	0,502.	41,723,29	0.		• 0 :	53459
2 Total of line 1, column (d)				2		21	65349
. , , , , , , , , , , , , , , , , , , ,	5-year base period - divide the total of					• 4	7554.
•	ence if less than 5 years		•	3		.0!	53070
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
4 Enter the net value of noncharital	ble-use assets for 2019 from Part X, I	ine 5		4	40	0,534	,124
5 Multiply line 4 by line 3				5	:	2,151	,146
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)			6		24	<u>,</u> 775.
7 Add lines 5 and 6				7	:	2,175	,921

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2,123,671.

8 Enter qualifying distributions from Part XII, line 4

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part			e), or 4	948 -	- see ir	ıstru	ctio	าร)
1a Exe	empt operating foundations described in section 4940(d)(2), check here 🕨 📖 and enter "N/A							
Da	te of ruling or determination letter: (attach copy of letter if necessary-	see instructions)						
<b>b</b> Do	mestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔲	and enter 1%	<b>)</b>	1		4	9,5	50.
of	Part I, line 27b							
c All	other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part $\frac{1}{2}$	I, line 12, col. (b)	J					
<b>2</b> Tax	x under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, en	ter -0-)		2				0.
<b>3</b> Ad	d lines 1 and 2			3		4	9,5	50.
<b>4</b> Su	btitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, er			4				0.
5 Ta	x based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5		4	9,5	50.
<b>6</b> Cre	edits/Payments:							
<b>a</b> 20	19 estimated tax payments and 2018 overpayment credited to 2019	33,	622.					
<b>b</b> Exe	empt foreign organizations - tax withheld at source		0.					
	x paid with application for extension of time to file (Form 8868)6c		0.					
<b>d</b> Ba	ckup withholding erroneously withheld		0.					
<b>7</b> To	tal credits and payments. Add lines 6a through 6d			7		3	3,6	22. 53.
<b>8</b> En	ter any <b>penalty</b> for underpayment of estimated tax. Check here $oxed{X}$ if Form 2220 is attached $\dots$			8				<u>53.</u>
9 Ta	x due. If the total of lines 5 and 8 is more than line 7, enter amount owed		🕨	9		1	5,9	81.
10 Ov	rerpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	,	🕨	10				
	ter the amount of line 10 to be: Credited to 2020 estimated tax	Refu	nded ►	11				
Part '	VII-A Statements Regarding Activities							
	ring the tax year, did the foundation attempt to influence any national, state, or local legislation or		intervene	in			Yes	
any	y political campaign?					1a		_X
	d it spend more than \$100 during the year (either directly or indirectly) for political purposes? See			tion		1b		X
lf t	the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any m	aterials published or						
	stributed by the foundation in connection with the activities.							
<b>c</b> Dic	d the foundation file Form 1120-POL for this year?					1c		_X_
	ter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		_					
	) On the foundation. ► \$ (2) On foundation managers. ► \$		0.					
e En	ter the reimbursement (if any) paid by the foundation during the year for political expenditure tax	imposed on founda	tion					
	anagers. ► \$0.							
<b>2</b> Ha	s the foundation engaged in any activities that have not previously been reported to the IRS?					2		<u>X</u>
	Yes," attach a detailed description of the activities.							
	s the foundation made any changes, not previously reported to the IRS, in its governing instrume							
	laws, or other similar instruments? If "Yes," attach a conformed copy of the changes					3		_X
	d the foundation have unrelated business gross income of \$1,000 or more during the year? $$					4a		Х
	Yes," has it filed a tax return on Form 990-T for this year?					4b		
	as there a liquidation, termination, dissolution, or substantial contraction during the year?					5		X
	Yes," attach the statement required by General Instruction T.							
	e the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:							
	By language in the governing instrument, or							
	By state legislation that effectively amends the governing instrument so that no mandatory directive							
rer	nain in the governing instrument?					6	X	
<b>7</b> Did	d the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part	t II, col. (c), and Par	XV			7	X	
	ter the states to which the foundation reports or with which it is registered. See instructions.							
	ZA							
	the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney (	General (or designat	e)				,,	
						8b	Х	
	the foundation claiming status as a private operating foundation within the meaning of section 49							77
	ar 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Pa					9		<u>X</u>
<b>10</b> Dic	d any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their names and addres	ses			10		X
					Fori	n <b>990</b>	-PF	(2019)

ГС	Statements negaring Activities (continued)		1/	
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	l		37
40	section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?	40		l 🕶
40	If "Yes," attach statement. See instructions	12	X	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?  Website address   WWW.THEPARKERFOUNDATION.ORG	13	Λ	
1/	The books are in care of ► ROBBIN POWELL  Telephone no. ► (760) 7	20-	063	0
14	Located at ▶ 2604-B EL CAMINO REAL, SUITE 244, CARLSBAD, CA ZIP+4 ▶92	008	003	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		_	$\Box$
	and enter the amount of tax-exempt interest received or accrued during the year <b>15</b>		/A	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank,			No
	securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?  X Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)  Yes X No			
	olf any answer is "Yes" to 1a(1)-(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		х
	Organizations relying on a current notice regarding disaster assistance, check here	10		
c	E Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2019?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
2.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
38	during the year? X Yes No			
	of If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,			
	Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b		х
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			
	had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х
		rm <b>99</b> 0	)-PF	(2019)

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Port VII P. Statements Degarding Activities for Which I	Form 4700 May Ba F	Doguirod (	51-01412	31	Page 6
Part VII-B   Statements Regarding Activities for Which F	-orm 4720 May Be i	Required (contin	uea)	Yes	s No
<ul><li>5a During the year, did the foundation pay or incur any amount to:</li><li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li></ul>	104E(a)\Q		NO VINA	108	, 140
			es A NO		
(2) Influence the outcome of any specific public election (see section 4955); o			No V No		
any voter registration drive?	ີ	10	S X NO		
(3) Provide a grant to an individual for travel, study, or other similar purposes'		Te	ES LAL NO		
(4) Provide a grant to an organization other than a charitable, etc., organization	i described in Section		🔻		
4945(d)(4)(A)? See instructions		Y 6	es 🕰 NO		
(5) Provide for any purpose other than religious, charitable, scientific, literary,			es X No		
the prevention of cruelty to children or animals?			es 🕰 No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did <b>any</b> of the transactions fail to qualify und			NT / 7		
section 53.4945 or in a current notice regarding disaster assistance? See instru	ıctions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	nere		▶□		
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					
expenditure responsibility for the grant?	N.	I/A Ye	es L No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to p					
a personal benefit contract?		Ye	es 🔼 No		
$\boldsymbol{b}$ Did the foundation, during the year, pay premiums, directly or indirectly, on a $\boldsymbol{p}$	ersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.					
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es X No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration o				
excess parachute payment(s) during the year?  Part VIII Information About Officers Directors Trust		Ye	es X No		
i di viii   iiiioiiiialioii Aboul Oiliceis, Directois, Iiust	ees, Foundation Ma	nagers, Highly	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, and foundation managers and t		(a) Componentian	(4)	1 ( ) [	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Ex accoun	pense
(a) Namo and address	to position	`enter'-0-)'	compensation	allow	ances
			_		
SEE STATEMENT 10		105,400.	0.		0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."			
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Ex	pense it, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deferred compensation	allow	ances
NONE			·		
Total number of other employees paid over \$50,000			<b></b>		0

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Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	er "NONE."	
(a) Name and address of each person paid more than \$50,000	<b>(b)</b> Type of service	(c) Compensation
CANTERBURY CONSULTING - 610 NEWPORT CENTER		
DRIVE, SUITE 500, NEWPORT BEACH, CA 92660	INVESTMENT ADVISORY	64,937.
Total number of others receiving over \$50,000 for professional services		<b>&gt;</b> 0
Part IX-A Summary of Direct Charitable Activities		-1 -
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	etical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers pro		Expenses
1 CHARITABLE GRANT PROGRAM		
1		
		1,954,300.
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year or	n lines 1 and 2.	Amount
1 N/A		
2		

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All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	34,162,550.
	Average of monthly cash balances	1b	352,759.
C	Fair market value of all other assets	1c	6,636,086.
d	Total (add lines 1a, b, and c)	1d	41,151,395.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	41,151,395.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	617,271.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	40,534,124.
6	Minimum investment return. Enter 5% of line 5	6	2,026,706.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here   and do not complete this part.)		0.006.006
1	Minimum investment return from Part X, line 6	1	2,026,706.
	Tax on investment income for 2019 from Part VI, line 5 2a 49,550.		
	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	49,550.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,977,156.
4	Recoveries of amounts treated as qualifying distributions	4	12,682.
5	Add lines 3 and 4	5	1,989,838.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,989,838.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		0 100 651
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	2,123,671.
b	Program-related investments - total from Part IX-B	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	2,123,671.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,123,671.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2019)

4940(e) reduction of tax in those years.

## Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d</b> ) 2019
1 Distributable amount for 2019 from Part XI,				1 000 030
line 7  Undistributed income, if any, as of the end of 2019:				1,989,838.
a Enter amount for 2018 only			0.	
<b>b</b> Total for prior years:			0.	
		0.		
Excess distributions carryover, if any, to 2019:				
a From 2014 220,431.				
<b>b</b> From 2015 180,047.				
c From 2016 157,453.				
<b>d</b> From 2017 50,996.				
eFrom 2018 153,599.				
f Total of lines 3a through e	762,526.			
4 Qualifying distributions for 2019 from				
Part XII, line 4: $\triangleright$ \$\(\begin{array}{c} 2,123,671.\end{array}\)				
<b>a</b> Applied to 2018, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus				
(Election required - see instructions)	0.		<b>*</b>	1 000 000
<b>d</b> Applied to 2019 distributable amount	4.00.000			1,989,838.
e Remaining amount distributed out of corpus	133,833.			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
6 Enter the net total of each column as indicated below:	205.250			
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	896,359.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2020				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0.			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7	220,431.			
9 Excess distributions carryover to 2020.	220,431.			
Subtract lines 7 and 8 from line 6a	675,928.			
10 Analysis of line 9:	0.0,520.			
<b>a</b> Excess from 2015   180,047.				
<b>b</b> Excess from 2016 157, 453.				
c Excess from 2017 50,996.				
d Excess from 2018 153,599.				
e Excess from 2019 133,833.				
000501 10 17 10				Form <b>990-PF</b> (2019)

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PARKER22

Form **990-PF** (2019)

51-0141231 THE PARKER FOUNDATION Form 990-PF (2019) Page 11 Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation status of recipient Purpose of grant or contribution Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year SEE SCHEDULE N/A 0. Total ► 3a **b** Approved for future payment NONE

**▶** 3b

Total

nter gross amounts unless otherwise indicated.	Unrelated	business income		ed by section 512, 513, or 514	(e)
see groot amounte amoto other moto maioatoa.	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			+ +		
b					
<u> </u>			+++		
			+ +	+	
f			+ +		
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments					
Dividends and interest from securities			14	834,633.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
<b>b</b> Not debt-financed property					
Net rental income or (loss) from personal property					
Other investment income			14	22,846.	
Gain or (loss) from sales of assets other than inventory			18	1,826,185.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:  a PARTNERSHIP BOOK INCOME					
b ADJ - NOT TAXABLE			14	-91,914.	
c					
d					
е					
Subtotal. Add columns (b), (d), and (e)		0		2,591,750.	
Total. Add line 12, columns (b), (d), and (e)				13	2,591,7
ee worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Accor	mplishment of I	Exempt	Purposes	
ine No. Explain below how each activity for which incor				-	

TINE NO.	the foundation's exempt purposes (other than by providing funds for such purposes).
	N/A

Form **990-PF** (2019)

51-0141231 Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable **Exempt Organizations** 

		Exempt Organi	128110113							
1	Did the or	ganization directly or indir	ectly engage in any o	of the followin	ng with any other organization	on described in secti	on 501(c)		Yes	No
	(other tha	n section 501(c)(3) organ	izations) or in section	n 527, relatin	g to political organizations?					
а	Transfers	from the reporting founda	ation to a noncharitat	ole exempt or	ganization of:					
	<b>(1)</b> Cash							1a(1)		X
	(2) Other	assets						1a(2)		X
b	Other tran									
	(1) Sales	of assets to a noncharitat	ole exempt organizat	ion				1b(1)		X
								1b(2)		X
								1b(3)		X
								1b(4)		X
								1b(5)		X
	(6) Perfo	rmance of services or mei	mbership or fundrais	ing solicitatio	ons			1b(6)		X
C					ployees			1c		X
d	If the ansv	ver to any of the above is '	"Yes," complete the f	ollowing sche	edule. Column <b>(b)</b> should al	ways show the fair m	narket value of the goods, o	ther ass	ets,	
	or service	s given by the reporting fo	oundation. If the foun	dation receiv	ed less than fair market valu	ue in any transaction	or sharing arrangement, sh	ow in		
		<b>i)</b> the value of the goods, o	other assets, or servi	ces received.						
(a)∟i	ne no.	(b) Amount involved	(c) Name of	noncharitable	e exempt organization	(d) Description	of transfers, transactions, and s	haring arı	angeme	nts
				N/A						
						>				
2a	Is the four	ndation directly or indirect	ly affiliated with, or r	elated to, one	or more tax-exempt organi	izations described				
								Yes	X	No
		omplete the following sche								
		(a) Name of orga		7	(b) Type of organization	(	(c) Description of relationsh	ip		
		N/A								
		<u> </u>								
					ng accompanying schedules and			the IRS o	ligeriee +	rhis
Sig	and be	elief, it is true, correct, and com	nplete. Declaration of pre	parer (other tha	n taxpayer) is based on all inforn	nation of which preparer	retur	n with the	e prepare	er
He	re					PRESID		Yes		] No
	Sign	nature of officer or trustee			Date	Title				
		Print/Type preparer's na	me	Preparer's s	ignature	Date	Check if PTIN			
							self- employed			
Pa	id	MARY H. MC	GROARTY				P00	735	101	
Pre	eparer	Firm's name ►LIN		OWNELL	, LLP		Firm's EIN ► 33-08			
	e Only			- — — <del>—</del>	•				-	
	-	Firm's address ▶ 42	25 EXECUT	IVE SO	UARE, SUITE	1150				
			JOLLA, C			- <del>-</del>	Phone no. 858 55	892	00	
			, <u></u>					rm <b>99</b> (		(2019)
							10			,_0101

Part IV Capital Gains and Losses for Tax on Investment Income **(b)** How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a AG REALTY FUND VIII LP P b AG REALTY FUND VIII LP - 1231 GAIN/LOSS P P c AG SUPER FUND, L.P. d AG SUPER FUND L.P. P L.P. P AG SUPER FUND, 1231 GAIN/LOSS INVESTORS 2017 SLP V P BROWN ADVISORY (TE), CENTERBRIDGE PARTNERS REAL ESTATE FUND, L.P. P h CRESCENT P CAPITAL HIGH INCOME FUND, CAPITAL HIGH INCOME FUND, P CRESCENT MID CAP FRONTIER GROWTH FUND LP P FRONTIER MID CAP GROWTH FUND P MONTAUK TRIGUARD FUND IV, LP P ĪV, m MONTAUK TRIGUARD FUND LP P n MONTAUK TRIGUARD ĪV, FUND LP P 1231 GAIN/LOSS 0 MONTAUK TRIGUARD FUND IV,  $\overline{\text{LP}}$ 1256 GAIN/LOSS P (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) (e) plus (f) minus (g) plus expense of sale -10,693.a 8,566. b -26,938. -33,792. d 31. 517. 125. -617. h -18,120. -22,627. 209,378. -29**.** 42,696. m 21. n 29. 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any -10,693. а 8,566. b -26,938. С -33,792. 31. е 517. 125. -617. -18,120. -22,627. 209,378. -29. 42,696. m 21. n 29. 0 2 Capital gain net income or (net capital loss)  $\dots$  { If gain, also enter in Part I, line 7 } Part I, line 7 2 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

3

THE PARKER FOUNDATION 51-0141231 PAGE 2 OF 2 Part IV Capital Gains and Losses for Tax on Investment Income **(b)** How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 18 MONTAUK TRIGUARD FUND IV, LP - DISTRIBUTIONS IN E P b MONTAUK TRIGUARD FUND V LP P P C MONTAUK TRIGUARD FUND V  $_{
m LP}$ d MONTAUK TRIGUARD FUND V LP 1231 GAIN/LOSS P V LP 1256 GAIN/LOSS P e MONTAUK TRIGUARD FUND TRIGUARD FUND V DISTRIBUTIONS IN EXC P f MONTAUK LP q MONTAUK TRIGUARD FUND VI LP. P h MONTAUK FUND P TRIGUARD VI LP. LP. 1231 GAIN/LOSS P MONTAUK TRIGUARD FUND VI TRIGUARD FUND VI MONTAUK LP. \_ 1256 GAIN/LOSS P k RREF III PROPERTY DOMESTIC INVESTORS, P US BANK SEE ATTACHED P m CAPITAL GAINS DIVIDENDS n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 37,597.а <u> 192.</u> b 20,842. 1,468. 6. 37,498. 1,218. 20,782. h 1,671. 772. 6,379. 7,950,416 **6**,961,332. 989,084. 560,129 560,129. m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (i) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 as of 12/31/69 over col. (j), if any 37,597. а 192. b 20,842. С 1,468.6. е 37.498. 1,218. 20,782. 1,671. 772. 6,379. 989,084. 560,129. m n 0 2 Capital gain net income or (net capital loss)  $\dots$  { If gain, also enter in Part I, line 7 } Part I, line 7 1,826,185. 2

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

3

N/A

## Form **2220**

**Underpayment of Estimated Tax by Corporations** 

Attach to the corporation's tax return.

FORM 990-PF

OMB No. 1545-0123

Department of the Treasury Internal Revenue Service

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

2019

THE PARKER FOUNDATION

Employer identification number 51-0141231

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and

bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount fro estimated tax penalty line of the corporation's income tax return, but <b>do not</b> attach Form 2220.	m page 2, l	ine 38, on the
Part I Required Annual Payment		
1 Total tax (see instructions)	1	49,550.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1       2a         b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method       2b		
c Credit for federal tax paid on fuels (see instructions) d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty	3	49,550.
4 Enter the tax shown on the corporation's 2018 income tax return. See instructions. <b>Caution:</b> 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	4	29,766.
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	5	29,766.
Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation must file Fo even if it does not owe a penalty. See instructions.	rm 2220	
The corporation is using the adjusted seasonal installment method.  The corporation is using the annualized income installment method.  X The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.		
Part III Figuring the Underpayment		
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers:	c) 15/20	(d) 09/15/20
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		

			(a)	(D)	(C)	(a)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	02/15/20	03/15/20	06/15/20	09/15/20
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	10	7,442.	16,904.	7,340.	6,207.
11	Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15.  See instructions	11	33,622.			
	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	12		26,180.	9,276.	1,936.
13	Add lines 11 and 12	13		26,180.	9,276.	1,936.
14	Add amounts on lines 16 and 17 of the preceding column	14		,	,	·
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	33,622.	26,180.	9,276.	1,936.
16	If the amount on line 15 is zero, subtract line 13 from line			-	-	
	14. Otherwise, enter -0-	16		0.	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	17				4,271.
18	<b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	26,180.	9,276.	1,936.	

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.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2019)

Form 2220 (2019)

## Part IV Figuring the Penalty

_			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month 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 month.  Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
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 4/15/2019 and before 7/1/2019	21				
22	Underpayment on line 17 x Number of days on line 21 x 6% (0.06)	22	\$	\$	\$	\$
23	Number of days on line 20 after 06/30/2019 and before 10/1/2019	23				
24	Underpayment on line 17 x Number of days on line 23 x 5% (0.05)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2019 and before 1/1/2020	25				
26	Underpayment on line 17 x Number of days on line 25 x 5% (0.05)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2019 and before 4/1/2020	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 5% (0.05)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2020 and before 7/1/2020	29				
30	Underpayment on line 17 x Number of days on line 29 x *% 366	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2020 and before 10/1/2020	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2020 and before 1/1/2021	33				
34	Underpayment on line 17 x Number of days on line 33 x %	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2020 and before 3/16/2021	35				
36	Underpayment on line 17 x Number of days on line 35 x *% 365	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	<b>Penalty.</b> Add columns (a) through (d) of line 37. Enter the to line for other income tax returns				38	\$ 53

<sup>\*</sup> 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** (2019)

Page 3

#### Form 2220 (2019) Schedule A Adjusted Seasonal Installment Method and Annualized Income Installment Method

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.

### **Adjusted Seasonal Installment Method**

See instructions.

 $\textbf{Caution:} \ \, \textbf{Use this method only if the base period percentage for any 6 consecutive months is at least 70\%.}$ 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
<b>a</b> Tax year beginning in 2016	1a				
<b>b</b> Tax year beginning in 2017	1b				
c Tax year beginning in 2018	1c				
2 Enter taxable income for each period for the tax year beginning in					
2019. See the instructions for the treatment of extraordinary items	2				
		First 4 months	First 6 months	First 9 months	Entire year
<b>3</b> Enter taxable income for the following periods.					
	_				
<b>a</b> Tax year beginning in 2016	3a				
h Tayyyaan haminninn in 0017	۱ ۵۲				
<b>b</b> Tax year beginning in 2017	3b				
• Tay year haginning in 2019	3c				
cTax year beginning in 2018  Divide the amount in each column on line 1a by the	30				
	4				
amount in column (d) on line 3a  5 Divide the amount in each column on line 1b by the	7				
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>b</b> Extraordinary items (see instructions)	9b				
c Add lines 9a and 9b	9c				
10 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				
11a Divide the amount in columns (a) through (c) on line 3a					
by the amount in column (d) on line 3a	11a				
<b>b</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 12				
<ul><li>12 Add lines 11a through 11c</li><li>13 Divide line 12 by 3.0</li></ul>	13				
14 Multiply the amount in columns (a) through (c) of line 10	10				
by columns (a) through (c) of line 13. In column (d), enter					
the amount from line 10, column (d)	14				
15 Enter any alternative minimum tax (trusts only) for each					
payment period. See instructions	15				
, ,					
<b>16</b> Enter any other taxes for each payment period. See instr.	16				
17 Add lines 14 through 16	17				
18 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				

Form 2220 (2019)

THE PARKER FOUNDATION

FORM 990-PF Form 2220 (2019) Page 4

Dart II	Annualized Income Installment Method
I alt II	Annualized income installment Method

=			(a)	(b)	(c)	(d)
			First 2	First 3	First 6	First 9
20	Annualization periods (see instructions)	20	months	months	months	months
	Enter taxable income for each annualization period. See					
	instructions for the treatment of extraordinary items	21	405,764.	608,647.	1,056,189.	1,421,008.
22	Annualization amounts (see instructions)	22	6.000000	4.000000	2.000000	1.333330
00	Annualized toyahla inaama Multiply lina 21 by lina 20	23a	2 434 584	2,434,588.	2 112 378	1 80/ 673
	a Annualized taxable income. Multiply line 21 by line 22 b Extraordinary items (see instructions)	23b	2,434,304.	2,434,300.	2,112,570.	1,054,075.
	Add lines 23a and 23b	23c	2.434.584.	2,434,588.	2.112.378.	1.894.673.
	Figure the tax on the amount on line 23c using the					
	instructions for Form 1120, Schedule J, line 2,					
	or comparable line of corporation's return	24	48,692.	48,692.	42,248.	37,893.
25	Enter any alternative minimum tax (trusts only) for each					
	payment period (see instructions)	25				
26	Enter any other taxes for each payment period. See instr.	26				
			40.600	40,000	40 040	27 002
	Total tax. Add lines 24 through 26	27	48,692.	48,692.	42,248.	37,893.
28	For each period, enter the same type of credits as allowed					
00	on Form 2220, lines 1 and 2c. See instructions  Total tax after credits. Subtract line 28 from line 27. If	28				
29	zero or less, enter -0-	29	48,692.	48,692.	42,248.	37,893.
	2610 01 1655, 611161 -0-	23	10,032.	10,032.	12,210.	31,033.
30	Applicable percentage	30	25%	50%	75%	100%
31	Multiply line 29 by line 30	31	12,173.	24,346.	31,686.	37,893.
Pa	art III Required Installments					
	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 <b>smaller</b> of the amounts in each		10 152	04 246	21 606	25 002
	column from line 19 or line 31	32	12,173.	24,346.	31,686.	37,893.
33	Add the amounts in all preceding columns of line 38.  See instructions	33		7,442.	24,346.	31,686.
34	Adjusted seasonal or annualized income installments.	- 00		7,442.	21,310.	31,000.
٠.	Subtract line 33 from line 32. If zero or less, enter -0-	34	12,173.	16,904.	7,340.	6,207.
35	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	7,442.	17,334.	12,388.	12,387.
36	Subtract line 38 of the preceding column from line 37 of					
	the preceding column	36			430.	5,478.
37	Add lines 35 and 36	37	7,442.	17,334.	12,818.	17,865.
	Required installments. Enter the smaller of line 34 or		,,====	= 1,0020	==,===	=:,::00
,	line 37 here and on page 1 of Form 2220, line 10.					
	See instructions	38	7,442.	16,904.	7,340.	6,207.

Form **2220** (2019)

\*\* ANNUALIZED INCOME INSTALLMENT METHOD USING STANDARD OPTION

# FORM 990-PF UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s)					Identifying Nu	ımber	
THE PARKER	FOUNDATION				51-01	41231	
(A) *Date	(B) Amount	(C) Adjusted Balance Due	(D) Number Days Balance Due	Da	E) tily y Rate	(F) Penalty	
		-0-					
02/15/20	7,442.	7,442.					
02/15/20	-33,622.	-26,180.					
03/15/20	16,904.	-9,276.					
06/15/20	7,340.	-1,936.					
09/15/20	6,207.	4,271.	107	.000	0081967		3
12/31/20	0.	4,271.	46	.000	0082192		_1
alty Due (Sum of Colu	ımn F).						į

<sup>\*</sup> Date of estimated tax payment, withholding credit date or installment due date.

912511 04-01-19

FORM 990-PF	DIVIDENDS	AND INTEREST	FROM SECUR	ITIES ST	'ATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
AG REALTY FUND		<del></del>			
VIII LP - DIVIDENDS AG REALTY FUND	177.	0.	177.	177.	
VIII LP - INTEREST AG SUPER FUND,	2,757.	0.	2,757.	2,757.	
L.P DIVIDENDS	1,452.	0.	1,452.	1,452.	
AG SUPER FUND, L.P INTEREST BROWN ADVISORY	8,754.	0.	8,754.	8,754.	
INVESTORS 2017 - SLP V (TE), LLLP - CANTERBURY	84.	0.	84.	84.	
CONSULTING SPFS FUND VIII, LP - CENTERBRIDGE PARTNERS REAL	17.	0.	17.	17.	
ESTATE FUND, L.P. CENTERBRIDGE PARTNERS REAL	233.	0.	233.	233.	
ESTATE FUND, L.P. CPREF AIV I	377.	0.	377.	377.	
HOLDINGS A, L.P INTEREST CRESCENT CAPITAL HIGH INCOME FUND,	377.	0.	377.	377.	
L.P INTEREST FRONTIER MID CAP GROWTH FUND LP -	73,190.	0.	73,190.	73,190.	
DIVIDENDS FRONTIER MID CAP GROWTH FUND LP -	12,686.	0.	12,686.	12,686.	
INTEREST KITCHENS FOR GOOD MDF FUND I, LP -	827. 818.	0. 0.	827. 818.		
INTEREST MONTAUK TRIGUARD	5,000.	0.	5,000.	5,000.	
FUND IV, LP - DIVIDENDS MONTAUK TRIGUARD	1,743.	0.	1,743.	1,743.	
FUND IV, LP - INTEREST MONTAUK TRIGUARD	602.	0.	602.	602.	
FUND V LP - DIVIDENDS MONTAUK TRIGUARD	919.	0.	919.	919.	
FUND V LP - INTEREST	892.	0.	892.	892.	

MONTAUK TRIGUARD					
FUND VI LP					
DIVIDENDS	3,795.	0.	3,795.	3,795.	
MONTAUK TRIGUARD	•		,	•	
FUND VI LP					
INTEREST	1,542.	0.	1,542.	1,542.	
NEW MOUNTAIN	·		•	•	
PARTNERS V, L.P					
INTEREST	16.	0.	16.	16.	
PARTNERSHIP/JOINT					
VENTURE - INTEREST	155.	0.	155.	155.	
RREF III DEBT					
DOMESTIC					
INVESTORS, LP -	4,180.	0.	4,180.	4,180.	
RREF III DEBT					
DOMESTIC					
INVESTORS, LP -	914.	0.	914.	914.	
RREF III PROPERTY					
DOMESTIC					
INVESTORS, LP -	1,438.	0.	1,438.	1,438.	
RREF III PROPERTY					
DOMESTIC					
INVESTORS, LP -	996.	0.	996.	996.	
US BANK - CAPITAL					
GAIN DIVIDENDS	560,129.	560,129.	0.	0.	
US BANK -					
DIVIDENDS	34,453.	0.	34,453.	34,453.	
US BANK - INTEREST	2,236.	0.	2,236.	2,236.	
US BANK - MUTUAL	4-4 44-			4-1 44-	
FUND DIVIDENDS	674,003.	0.	674,003.	674,003.	
TO PART I, LINE 4	1,394,762.	560,129.	834,633.	834,633.	

FORM 990-PF OTHE	ER INCOME		STATEMENT 2
DESCRIPTION		(B) NET INVEST- MENT INCOME	
AG REALTY FUND VIII LP - OTHER INCOME	15 000	-15,890.	
AG SUPER FUND, L.P OTHER INCOME	-15,690. 155.	•	
CPREF AIV II, L.P OTHER INCOME	1.	133.	
CPREF CAYMAN, L.P OTHER INCOME	1,081.		
LITIGATION SETTLEMENT	5.	5.	
MONTAUK TRIGUARD FUND IV, LP -	3.1	<b>.</b>	
OTHER INCOME	-1,472.	-1,472.	
MONTAUK TRIGUARD FUND IV, LP -			
ROYALTIES	366.	366.	
MONTAUK TRIGUARD FUND V LP - OTHER			
INCOME	-1,806.	-1,806.	

MONTAUK TRIGUARD FUND V LP -			
ROYALTIES	51.	51.	
MONTAUK TRIGUARD FUND VI LP - OTHER			
INCOME	-5,495.	-5,495.	
MONTAUK TRIGUARD FUND VI LP -	38.	38.	
ROYALTIES RREF III DEBT DOMESTIC INVESTORS,	30.	30.	
LP - OTHER INCOME	45,576.	45,576.	
WHITE OAK RESOURCES - ROYALTY			
INCOME	236.	236.	
PARTNERSHIP BOOK INCOME ADJ - NOT		_	
TAXABLE	-91,914.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-69,068.	22,846.	
=	=		
<del></del>			

FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 3		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING AND AUDIT	48,879.	4,888.		43,991.	
TO FORM 990-PF, PG 1, LN 16B	48,879.	4,888.		43,991.	

FORM 990-PF	OTHER PROFES	SIONAL FEES	Si	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY AND INVESTMENT CUSTODIAN FEES TECHNOLOGY SERVICES FROM K-1: AG REALTY FUND	88,642. 15,301. 3,394.	15,301.		0. 0. 3,394.
VIII LP FROM K-1: AG SUPER FUND,	0.	2,467.		0.
L.P. FROM K-1: BROWN ADVISORY INVESTORS 2017 - SLP V	0.	8,043.		0.
(TE), LLLP FROM K-1: CANTERBURY CONSULTING SPFS FUND VIII,	0.	9,413.		0.
LP FROM K-1: CENTERBRIDGE PARTNERS REAL ESTATE FUND,	0.	2,335.		0.
L.P. FROM K-1: CPREF AIV I	0.	4,817.		0.
HOLDINGS - A, L.P.	0.	5.		0.

THE PARKER FOUNDATION  FROM K-1: CPREF AIV I	51-0141231
	0.
HOLDINGS - RC, L.P. 0. 1. FROM K-1: CPREF AIV I	
HOLDINGS, L.P. 0. 26.	0.
FROM K-1: CPREF AIV II, L.P. 0. 66.	0.
FROM K-1: CPREF AIV III, L.P. 0. 297.	0.
FROM K-1: CPREF CAYMAN, L.P. 0. 492.	0.
FROM K-1: CRESCENT HIGH INCOME FUND, L.P. 0. 9,940.	0.
FROM K-1: FRONTIER MID CAP  GROWTH FUND LP  0. 16,561.	0.
FROM K-1: MONTAUK TRIGUARD  FUND IV, LP  0. 3,136.  FROM K-1: MONTAUK TRIGUARD	0.
FUND V LP 0. 4,737. FROM K-1: MONTAUK TRIGUARD	0.
FUND VI, LP. 0. 9,870. FROM K-1: NEW MOUNTAIN	0.
PARTNERS V, L.P. 0. 10,637. FROM K-1: RREF III DEBT	0.
DOMESTIC INVESTORS, LP 0. 31. FROM K-1: RREF III	0.
PROPERTY DOMESTIC INVESTORS, LP 0. 621.	0.
TO FORM 990-PF, PG 1, LN 16C 107,337. 187,438.	3,394.
FORM 990-PF TAXES ST	TATEMENT 5
(A) (B) (C) EXPENSES NET INVEST- ADJUSTED DESCRIPTION PER BOOKS MENT INCOME NET INCOME	(D) CHARITABLE PURPOSES

FORM 990-PF	TAX	ES	STATEMENT 5		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FEDERAL TAXES	12,748.	0.		0.	
FILING FEES	160.	0.		160.	
FOREIGN TAXES	135.	1,314.		0.	
PARTNERSHIP WITHHOLDING	272.	0.		0.	
STATE FRANCHISE TAX	-372.	-372.		0.	
TO FORM 990-PF, PG 1, LN 18	12,943.	942.		160.	

FORM 990-PF	OTHER E	XPENSES	S	STATEMENT 6			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES			
50TH ANNIVERSARY INITIATIVE FILE STORAGE INSURANCE MEALS MEMBERSHIP FEES POSTAGE AND DELIVERY	10,000. 1,581. 4,285. 28. 7,500. 1,364.	0.		10,000. 1,581. 4,285. 28. 7,500. 1,364.			
ROYALTY DEDUCTIONS - MONTAUK TRIGUARD FUND IV, LP ROYALTY DEDUCTIONS - MONTAUK	0.	402.		0.			
TRIGUARD FUND V LP ROYALTY DEDUCTIONS - MONTAUK TRIGUARD FUND VI LP.	0.	1,408. 523.		0.			
TELEPHONE	901.	0.		901.			
TO FORM 990-PF, PG 1, LN 23	25,659.	2,333.		25,659.			
	FOOTN	OTES	S	TATEMENT 7			

PART VII-B, QUESTION 1(A)(4).

COMPENSATION PAID TO A DISQUALIFIED PERSON

THE FOUNDATION ENTERED INTO AN AGREEMENT WITH THE CHIEF ADMINISTRATIVE OFFICER TO PROVIDE ADMINISTRATIVE SERVICES AS AN INDEPENDENT CONTRACTOR DIRECTLY TO THE FOUNDATION FOR A FEE OF \$102,900 PER YEAR. THE AGREED UPON FEE FOR THESE SERVICES HAS BEEN EVALUATED AND DETERMINED TO BE REASONABLE BY THE BOARD. THIS IS AN EXCEPTED ACT OF SELF-DEALING UNDER IRC SECTION 4941(D)(2)(E).

FORM 990-PF OT	THER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS	FMV	34,261.	69,276.
COMMON STOCK	FMV	2,278,409.	3,894,347
INVESTMENT IN PARTNERSHIPS	FMV	7,602,552.	8,804,738.
MUTUAL FUNDS	FMV	26,012,557.	28,870,669.
TOTAL TO FORM 990-PF, PART II, L	INE 13	35,927,779.	41,639,030.
FORM 990-PF	OTHER ASSETS		STATEMENT 9
	OTHER ASSETS  BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	STATEMENT S FAIR MARKET VALUE
DESCRIPTION	BEGINNING OF		FAIR MARKET VALUE
DESCRIPTION  ACCRUED INTEREST AND DIVIDENDS	BEGINNING OF YR BOOK VALUE  3,675. 185,938.	5,521. 0.	FAIR MARKET VALUE 5,521.
DESCRIPTION  ACCRUED INTEREST AND DIVIDENDS RECEIVABLE FROM AG SUPER FUND	BEGINNING OF YR BOOK VALUE  3,675. 185,938. 1,761.	5,521. 0. 1,778.	FAIR MARKET VALUE 5,521. 0. 1,778.
DESCRIPTION  ACCRUED INTEREST AND DIVIDENDS RECEIVABLE FROM AG SUPER FUND PREPAID INSURANCE OTHER PREPAID EXPENSES	BEGINNING OF YR BOOK VALUE 3,675. 185,938. 1,761. 13,391.	5,521. 0. 1,778. 34,646.	FAIR MARKET VALUE 5,521. 0. 1,778. 34,646.
FORM 990-PF  DESCRIPTION  ACCRUED INTEREST AND DIVIDENDS RECEIVABLE FROM AG SUPER FUND PREPAID INSURANCE OTHER PREPAID EXPENSES RECEIVABLE FROM KITCHENS FOR GOOI	BEGINNING OF YR BOOK VALUE 3,675. 185,938. 1,761. 13,391.	5,521. 0. 1,778.	FAIR MARKET VALUE 5,521. 0. 1,778.

FORM 990-PF PART VIII - LIST OF OFFICERS, DIRECTORS STATEMENT 10 TRUSTEES AND FOUNDATION MANAGERS

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			
JUDY MCDONALD 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR EMERIT		0.	0.
WILLIAM G. BEAMER 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	VICE PRESIDENT 0.25	0.	0.	0.
ANN DAVIES 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	SECRETARY 0.25	0.	0.	0.
MARY HERRON 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR EMERIT	rus 0.	0.	0.
DORI KAUFMAN 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR 0.25	0.	0.	0.
ROBBIN C. POWELL 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	CHIEF ADMINISTR	RATIVE OFFIC 105,400.		0.
MARK TROTTER 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR EMERIT		0.	0.
GORDON SWANSON 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR 0.25	0.	0.	0.
PAUL MOSHER 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR EMERIT	rus 0.	0.	0.
RAYMOND ELLIS 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	PRESIDENT 0.50	0.	0.	0.
ERNEST BORUNDA 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	TREASURER 0.25	0.	0.	0.

THE PARKER FOUNDATION		51-0	141231
VICKI REED  2604-B EL CAMINO REAL, SUITE 244  CARLSBAD, CA 92008  DIRECTOR  0.25	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII	105,400.	0.	0.



FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

11

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ROBBIN C. POWELL, CHIEF ADMINISTRATIVE OFFICER, PARKER FOUNDATION 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008

TELEPHONE NUMBER

(760)720-0630

## FORM AND CONTENT OF APPLICATIONS

VERIFICATION OF EXEMPT STATUS; SPECIFIC PURPOSE AND RELEVANT PROJECT DETAIL; BUDGET OF ORGANIZATION AND PROJECT; METHOD OF MEASURING RESULTS OF PROJECT; REPORTS ON OUTCOMES AND RESULTS WILL BE REQUIRED SIX MONTHS AFTER GRANT RECEIPT. SEE WWW.THEPARKERFOUNDATION.ORG FOR MORE DETAILS.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

FUNDS ARE LIMITED TO PROJECTS BENEFITTING SAN DIEGO COUNTY.

### 2019 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1 990-PF

Asset No.	Description	Date Acquired	Method	Life	Corv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	(D)COMPUTER EQUIPMENT	08/25/11	SL	5.00		16	7,247.				7,247.	7,247.		0.	7,247.
22	(D)COMPUTER EQUIPMENT	01/01/13	SL	5.00		16	846.				846.	846.		0.	846.
33	(D)COMPUTER EQUIPMENT	01/01/14	SL	5.00		16	816.				816.	816.		0.	816.
	* TOTAL 990-PF PG 1 DEPR						8,909.				8,909.	8,909.		0.	8,909.
	CURRENT YEAR ACTIVITY							4							
	BEGINNING BALANCE						8,909.			0.	8,909.	8,909.			8,909.
	ACQUISITIONS						0.			0.	0.	0.			0.
	DISPOSITIONS/RETIRED					L	8,909.			0.	8,909.	8,909.			8,909.
	ENDING BALANCE				K		0.			0.	0.	0.			0.

928111 04-01-19

<sup>(</sup>D) - Asset disposed

<sup>\*</sup> ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Form <b>990-T</b>	E	Exempt Orga	nization Bus	siness Inc	ome T	ax Return	ı L	OMB No. 1545-0047
			nd proxy tax und			- 22 222		2019
	For cal	lendar year 2019 or other tax ye					<u>0</u> .	ZU 19
Department of the Treasury Internal Revenue Service	<b>•</b>	Do not enter SSN numbe		be made public if y	our organiza/			pen to Public Inspection for 01(c)(3) Organizations Only
A Check box if address changed		Name of organization ( L	Check box if name c	hanged and see inst	ructions.)		(Employ (Employ instruct	rer identification number yees' trust, see tions.)
<b>B</b> Exempt under section	Print	THE PARKER	FOUNDATION				51	-0141231
X 501(c)(3)	or	Number, street, and roon						ed business activity code structions.)
408(e) 220(e)	Туре	2604-B EL C						
408A 530(a) 529(a)		City or town, state or pro	A 92008	• .	)		5313	390
C Book value of all assets at end of year 36,382,2		F Group exemption num	ber (See instructions.)	<b>&gt;</b>				
36,382,2	91.	<b>G</b> Check organization typ	e 📐 🗓 501(c) corp	ooration 50	01(c) trust	401(a)	trust	Other trust
<b>H</b> Enter the number of the o	organiza	ation's unrelated trades or l	businesses. 🕨	1	_	the only (or first) un		
		VESTMENT IN			-	complete Parts I-V.		
		ace at the end of the previou	us sentence, complete Pa	arts I and II, complete	e a Schedule	M for each addition	al trade (	or
business, then complete			offiliated group or a porce	at aubaidian, aantral	llad ardun O		Vac	X No
		ooration a subsidiary in an a tifying number of the parer		nt-subsidiary control	ilea group?	P L	Yes	A NO
J The books are in care of					Telepho	one number 🕨 (	760)	720-0630
Part I Unrelated				(A) In	$\overline{}$	(B) Expenses		(C) Net
1a Gross receipts or sale	S					.,.		
<b>b</b> Less returns and allow			<b>c</b> Balance	1c				
2 Cost of goods sold (S	chedule	A, line 7)		2	<b>\</b>			
3 Gross profit. Subtract				3				
		ch Schedule D)		4a				
		Part II, line 17) (attach Form		4b				
		sts		4c				
		ship or an S corporation (a		5				
6 Rent income (Schedu		(0.1.1.1.5)		6				
		me (Schedule E)		7				
· · · · · · · · · · · · · · · · · · ·		and rents from a controlled on 501(c)(7), (9), or (17) o		8 9				
		ome (Schedule I)		10				
11 Advertising income (S	ony moo Schedule	a .I)		11				
		ns; attach schedule) <b>ST</b>	ATEMENT 12		,021.			-21,021.
13 Total. Combine lines	3 throu	ah 12	· · · · · · · · · · · · · · · · · · ·					-21,021.
Part II Deductio	ns No	ot Taken Elsewhe	re (See instructions fo	or limitations on de	eductions.)			
(Deductions	must b	be directly connected w	rith the unrelated busin	ness income.)				
14 Compensation of off	icers, di	rectors, and trustees (Sch	edule K)				14	
							15	
							16	
17 Bad debts							17	
		ee instructions)					18	
							19	
		562)					045	
		n Schedule A and elsewher					21b 22	
		mpensation plans					23	
		perisation pians					24	
		chedule I)					25	
26 Excess readership co	osts (Sc	hedule J)					26	
27 Other deductions (at	tach sch	nedule)					27	
		14 through 27					28	0.
		ncome before net operating					29	-21,021.
		loss arising in tax years be						
				SEE	STAT	EMENT 13	30	0.
31 Unrelated husiness t	axahle ii	ncome. Subtract line 30 fro	nm line 29				31	-21,021.

Dort	111 7	Total Unrelated Business Taxal	ala Ingoma							. age =
Part							1	1 2	1 0	<del>71</del>
		unrelated business taxable income computed						-2.	L , U	21.
33	Amount	s paid for disallowed fringes					33			
34	Charitab	ole contributions (see instructions for limitation	n rules)				. 34			0.
35	Total un	related business taxable income before pre-20	18 NOLs and specific de	eduction. Subtract	: line 34 from the sum	of lines 32 and 33	₃ 35	-21	1,0	$\overline{21.}$
		on for net operating loss arising in tax years b						1		
		unrelated business taxable income before spe						-21	1 0	<del>21.</del>
		deduction (Generally \$1,000, but see line 38								00.
							30	+	, ,	<del>•••</del>
		ed business taxable income. Subtract line 38						1 2	1 0	21
	enter th	e smaller of zero or line 37					39		1,0	<u> 41                                    </u>
		Гах Computation								
40	Organiz	ations Taxable as Corporations. Multiply line	39 by 21% (0.21)				▶ 40			0.
41	Trusts 1	<b>Faxable at Trust Rates</b> . See instructions for ta	x computation. Income to	ax on the amoun	t on line 39 from:					
	Ta	x rate schedule or Schedule D (Form	1041)				▶ 41			
42	Proxy ta	ax. See instructions					▶ 42			
43	Alternat	ive minimum tax (trusts only)					43			
44	Tax on	Noncompliant Facility Income. See instructio	ng				44	+		
45	Total A	dd lines 42, 43, and 44 to line 40 or 41, which	ever annlies				. 45	+		0.
		Tax and Payments	σνοι αρριιου		<u> </u>		40			<del>··</del>
			ste attach Faura 1110)		100					
		tax credit (corporations attach Form 1118; tru					_			
							_			
		business credit. Attach Form 3800					_			
		or prior year minimum tax (attach Form 8801 o								
е	Total cr	edits. Add lines 46a through 46d			.,,		46e	:		
47	Subtrac	t line 46e from line 45					. 47			0.
48	Other ta	t line 46e from line 45 xes. Check if from: Form 4255	Form 8611 🔲 Form 8	3697 Form	18866 Othe	r (attach schedule	e) 48			
		x. Add lines 47 and 48 (see instructions)								0.
		et 965 tax liability paid from Form 965-A or Foi					50	1		0.
		its: A 2018 overpayment credited to 2019				3,233		_		<del></del>
						3,23	<u> </u>			
		timated tax payments					-			
		osited with Form 8868					_			
		organizations: Tax paid or withheld at source					_			
е	Backup	withholding (see instructions)		·	51e		_			
		or small employer health insurance premiums	(attach Form 8941)	<b>"</b>	51f					
g	Other cr	edits, adjustments, and payments: Fo	rm 2439							
	Fo	orm 4136 Ot	her	Total	▶ 51g					
52	Total pa	ayments. Add lines 51a through 51g		<del></del>			. 52	] :	3,2	33.
53	Estimate	ed tax penalty (see instructions). Check if Forn					53			
		e. If line 52 is less than the total of lines 49, 50				_	▶ 54	1		
		yment. If line 52 is larger than the total of lines					▶ 55		3,2	33.
		e amount of line 55 you want: <b>Credited to 202</b>				Refunded	<b>▶</b> 56	<del>                                     </del>	- , _	0.
Part		Statements Regarding Certain					00			<del></del>
		ime during the 2019 calendar year, did the org							Yes	No
	-			-		-		-	168	INU
		nancial account (bank, securities, or other) in		-	-	)				
		Form 114, Report of Foreign Bank and Financ	al Accounts. If "Yes," ent	er the name of th	e foreign country					
		<b>-</b>								<u>X</u>
	_	the tax year, did the organization receive a dist		ne grantor of, or	transferor to, a for	eign trust?				X
	If "Yes,"	see instructions for other forms the organizat	on may have to file.							
59	Enter th	e amount of tax-exempt interest received or a	ccrued during the tax yea	ır ▶ \$						
	Un	der penalties of perjury, I declare that I have examined rrect, and complete. Declaration of preparer (other than	this return, including accomp	panying schedules	and statements, and	to the best of my l	knowledge	and belief, it is t	true,	
Sign		rrect, and complete. Declaration of preparer (other than	i taxpayer) is based on all lillo	ormation of which pi	reparer has any know	leage.		100 li III	-	
Here				► PRESI	DENT			IRS discuss this arer shown below		vitn
		Signature of officer	Date	Title			instructio			No
		Print/Type preparer's name	Preparer's signature		Date	Check	if P1	<u>,                                    </u>	•	
	ı		oparor o oignaturo		2410	self- employ				
Paid		MARY H. MCGROARTY				Sou- employ		P007351	1 / 1	
Prep	arer	Firm's name ► LINDSAY & BR	OWNETT TTO	)		Firmala FIN		33-0885		
Use	Only				1150	Firm's EIN		12-0003	פטע	<u> </u>
			TIVE SQUARE	, SULTE	TT20		0.50	EE000	20	
		Firm's address ► LA JOLLA,	CA 92037			Phone no.	გეგ	558920	JU	

923711 01-27-20

Form **990-T** (2019)

Schedule A - Cost of Good	<b>ls Sold.</b> Enter	method of invent	tory valuation   N/A		
1 Inventory at beginning of year	1		6 Inventory at end of year	r	6
2 Purchases			7 Cost of goods sold. Su		
3 Cost of labor			from line 5. Enter here	and in Part I,	
4a Additional section 263A costs			line 2		7
(attach schedule)	4a		8 Do the rules of section		Yes No
<b>b</b> Other costs (attach schedule)	4b		property produced or a	cquired for resale) apply to	
5 Total. Add lines 1 through 4b			the organization?		
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property	Leased With Real Prop	perty)
Description of property					
(1)					
(2)					
(3)					
(4)					
	2. Rent receiv	ed or accrued			
(a) From personal property (if the personal property is more 10% but not more than 50%	e than	` ´of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige Columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)	-,		the basse on prom or mosme,		
(2)					
(3)					
(4)					
Total	0.	Total		0.	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	2(a) and 2(b). En n (A)	ter		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<b>o</b> .
Schedule E - Unrelated De			instructions)		
			2. Gross income from	3. Deductions directly conr to debt-finance	ed property
1. Description of debt-fi	inanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	( <b>b</b> ) Other deductions (attach schedule)
(1)					
(2)					
(3)					
(4)					
<ol> <li>Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)</li> </ol>	of or a	adjusted basis allocable to nced property n schedule)	<b>6.</b> Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%		
(2)			%		
(3)			%		
(4)			%		
				Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Totals				0.	. 0.
Total dividends-received deductions in					1 0

Form **990-T** (2019)

Schedule F - Interest,	/ Amarices, No	yaities, a	_	Controlled O				10 (SEE 111S	uction	ગ
1. Name of controlled organiz		Employer ntification	3. Net unre	elated income instructions)	<b>4</b> . Tot	al of specified nents made	5. Part	t of column 4 ted in the contr	that is	6. Deductions directly connected with income
		number	(1033) (366)		Payı			ation's gross i		in column 5
(1)										
(2)										
(3)										
(4)										
Nonexempt Controlled Organ	nizations									
7. Taxable Income	8. Net unrelated in (see instruct		9. Total o	of specified payr made	ments	10. Part of column in the controll gross	mn 9 that ing organ s income	is included ization's		ductions directly connected income in column 10
(1)										
(2)										
(3)										
(4)										
Totals					<b>&gt;</b>		on page column (A	1, Part I,	Enter h	ld columns 6 and 11. here and on page 1, Part I, line 8, column (B).
Schedule G - Investm	ent Income of	a Sectio	n 501(c)(7	7), (9), or	(17) Or	ganizatior				
(see ins	tructions)					3. Deductio	ns			5. Total deductions
<b>1</b> . Des	scription of income			2. Amount of	income	directly conne (attach sched	cted	4. Set-a (attach s		and set-asides (col. 3 plus col. 4)
(1)				-						
(2)										
(2) (3)			1							
(4)			ľ							
				Enter here and Part I, line 9, co	on page 1,					Enter here and on page 1 Part I, line 9, column (B).
<b>-</b>				r art i, illie 9, co						
Schedule I - Exploited				Than Ac	0. Ivertisi	na Income	<u>,                                      </u>			0.
(see insti		,								
	2 0	3. E	xpenses	4. Net incom		5 0				7. Excess exempt
1. Description of	2. Gross unrelated business	directly	connected production	from unrelated business (co	lumn 2	<ol><li>Gross income from activity</li></ol>	hat	6. Exp		expenses (column 6 minus column 5,
exploited activity	income from trade or business	of u	nrelated	minus colum gain, compute	n 3). If a e cols. 5	is not unrelate business inco		colun		but not more than
		busine	ss income	through	7.					column 4).
(1)										
(2)										
(2)										
(4)										
	Enter here and on page 1, Part I, line 10, col. (A).	page	nere and on 1, Part I, 0, col. (B).							Enter here and on page 1, Part II, line 25.
Totals	<u> </u>		0.							0 .
Schedule J - Advertis										
Part I Income From	Periodicals Re	eported (	on a Cons	solidated	Basis					
1. Name of periodical	<b>2.</b> Gros advertisi	ng ad	3. Direct vertising costs		ising gain ol. 2 minus	5. Circulatincome		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more
	income		vortioning cools		rough 7.	o moomo				than column 4).
(1)				_						
(2) (3) (4)										
(3)										
(4)										
Totals (carry to Part II, line (5))	<b></b>	0.	0							0
				I						Form <b>990-T</b> (2019

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5)	0.	0.				0.

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

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

Form 990-T (2019)

FORM 990-T	OTHER	INCOME		STATEMENT	12
DESCRIPTION				AMOUNT	
AG REALTY FUND VIII, AG SUPER FUND, L.P. MONTAUK TRIGUARD FUN MONTAUK TRIGUARD FUN MONTAUK TRIGUARD FUN	D IV, LP D V LP			-12,0 -7 -3,5 -3,4 -1,2	708. 530. 114.
TOTAL TO FORM 990-T,	PAGE 1, LINE 12			-21,0	21.
FORM 990-T	NET OPERATING	LOSS DEDUCTI	ON	STATEMENT	13
TAX YEAR LOSS SUS	LOSS PREVIOU TAINED APPLI	SLY L	OSS AINING	AVAILABLE THIS YEAR	
09/30/19	9,073.	0.	9,073.	9,07	3.
NOL CARRYOVER AVAILA	BLE THIS VEAR		9,073.	9,07	—— /3.

Return by a U.S. Transferor of Property

to a Foreign Corporation

• Go to www.irs.gov/Form926 for instructions and the latest information.

OMB No. 1545-0026	
Attachment Sequence No. <b>128</b>	

Department of the Treasury Internal Revenue Service ► Attach to your income tax return for the year of the transfer or distribution. Part I U.S. Transferor Information (see instructions)

Name of transferor		Identifying	number	r (see instructions)	
THE PARKER FOUNDATION	E1 0	1 1 1 2	21		
		51-0			
1 Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign co	orporation?	'	Yes	X No	
2 If the transferor was a corporation, complete questions 2a through 2d.	- 000(-)\ b				
a If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section			Yes	X No	
five or fewer domestic corporations? <b>b</b> Did the transferor remain in existence after the transfer?			res Yes	No	
If not, list the controlling shareholder(s) and their identifying number(s).			169	NO	
Controlling shareholder		Identifying nu	mber ——		
c If the transferor was a member of an affiliated group filing a consolidated return, was it the pa	rent corporation	n?X.	Yes	□ No	
If not, list the name and employer identification number (EIN) of the parent corporation.					
Name of parent corporation	E	EIN of parent corporation			
d Have basis adjustments under section 367(a)(4) been made?			Yes	X No	
<ul> <li>3 If the transferor was a partner in a partnership that was the actual transferor (but is not treate complete questions 3a through 3d.</li> <li>a List the name and EIN of the transferor's partnership.</li> </ul>	ed as such unde	r section 367),			
Name of partnership		EIN of partne	 rship		
CANTERBURY CONSULTING SPFS FUND VIII, LP	32-05	85752			
b Did the partner pick up its pro rata share of gain on the transfer of partnership assets?			Yes	X No	
c Is the partner disposing of its entire interest in the partnership?			Yes	X No	
d Is the partner disposing of an interest in a limited partnership that is regularly traded on an es					
securities market?		,	Yes	X No	
Part II Transferee Foreign Corporation Information (see instructions)					
4 Name of transferee (foreign corporation)		5a Identifying	numbe	r, if any	
STRATEGIC PARTNERS OFFSHORE VIII, LP		N/A			
6 Address (including country) 345 PARK AVENUE NEW YORK, NY 10154		5b Reference I	D numb	er	
7 Country code of country of incorporation or organization CJ		L			
8 Foreign law characterization (see instructions) PARTNERSHIP					
9 Is the transferee foreign corporation a controlled foreign corporation?			Yes	X No	
924531 04-01-19 LHA For Paperwork Reduction Act Notice, see separate instructions.		Form	<b>926</b> (R	ev. 11-2018	

17300127 795635 PARKER2601

Part III Information			instructio	nns)	31 0	TTTDJI Page Z
Section A - Cash	11094141119 11411	<u> </u>	motractic	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Type of property	<b>(a)</b> Date of transfer	<b>(b)</b> Description of property	date	(c) arket value on of transfer	(d) Cost or other basis	<b>(e)</b> Gain recognized on transfer
Cash			1	158,914.		
10 Was cash the only pro If "Yes," skip the rema  Section B - Other Pro	ainder of Part III and g					X Yes No
Type of property	(a) Date of transfer	(b)  Description of property	Fair ma	(c) arket value on of transfer	(d) Cost or other basis	<b>(e)</b> Gain recognized on transfer
Stock and						
securities						
Inventory						
Other property (not listed under another category)						
				<del></del>		
Property with						
built-in loss					•	
Totals						
12 a Were any assets of a foreign corporation?  If "Yes," go to line 12th  b Was the transferor a continue to lice in the transferee foreign corporation in the transferee foreign corporate in the transferee foreign corporate in the transferree in the transferr	foreign branch (included)  domestic corporation at is a foreign disregation at the second strength of the second strength of the second strength of the second seco	that transferred substantial arded entity) to a specified ines 12c and 12d, and go to nestic corporation a U.S. shiften 12d, and go to line 13. in gross income as required in section 367(d)(4)? Through 15.	gn disregard lly all of the 10%-owned o line 13. hareholder w	ded entity) transferrance assets of a foreign foreign corporation with respect to the	branch	Yes       No         Yes       No         Yes       No         Yes       No         Yes       No
Section C - Intangible	e Property Subje	ect to Section 367(d)			1	
Type of property	(a) Date of transfer	<b>(b)</b> Description of property		(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
 Totals						
, 5:410					F	Form <b>926</b> (Rev. 11-2018)

14 a	Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life		
	reasonably anticipated to exceed 20 years?	Yes	└── No
b	At the time of the transfer, did any of the transferred intangible property have an indefinite useful life?	Yes	└── No
С	Did the transferor choose to apply the 20-year inclusion period provided under Regulations section		
	1.367(d)-1(c)(3)(ii) for any intangible property?	Yes	└── No
d	If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable		
	to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in		
	Regulations section 1.367(d)-1(c)(3)(ii) > \$		
15	Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any		
	time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)?	Yes	└── No
 Sup	plemental Part III Information Required To Be Reported (see instructions)		
	,		
Pai	rt IV Additional Information Regarding Transfer of Property (see instructions)		
			_
16	Enter the transferor's interest in the transferee foreign corporation before and after the transfer.		
	(a) Before 0.000 % (b) After 0.132 %		
17	Type of nonrecognition transaction (see instructions) ▶ IRC 351		
18	Indicate whether any transfer reported in Part III is subject to any of the following.		
а	Gain recognition under section 904(f)(3)	Yes	X No
b	Gain recognition under section 904(f)(5)(F)	Yes	X No
С	Recapture under section 1503(d)		X No
	Exchange gain under section 987		X No
19	Did this transfer result from a change in entity classification?	Yes	X No
20 a	Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions)	Yes	X No
	If "Yes," complete lines 20b and 20c.		
b	Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b)	\$	
	Did the domestic corporation not recognize gain or loss on the distribution of property because the		
	property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)?	Yes	☐ No
21	Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation		
	covered by section 367(e)(1)? See instructions	Yes	X No
		Form 026 /	Rev. 11-2018)

### California Exempt Organization Annual Information Return

928941 12-04-19 FORM

199

Ca	ılendar Year	2019 or fiscal year beginning (mm/dd/yyyy)	10/01/2019	, and ending (	mm/dd/yyy	/y)	09/3	30/2020		
С	orporation/Or	ganization name			Cali	fornia corpo	oration num	iber		
Т	HE PA	RKER FOUNDATION				C073	3820			
Α	dditional infor	mation. See instructions.			FE	IN				
						51-0	14123	31		
S	treet address	(suite or room)			•	PMB no.				
2	604-B	EL CAMINO REAL, SUITE	244							
С	ity				State	ZIP code				
C	ARLSB.	AD			CA	9200	8			
F	oreign country	name F	Foreign province/state/county	•		Foreign po	ostal code			_
Ā	First Retu	rn	Yes X No J If exer	mpt under R&TC S	ection 237	01d, has t	he organi	ization		_
В	Amended	Return	Yes X No engag	jed in political activ	ities? See i	nstruction	18.	● Yes X	No	
C	IRC Secti	on 4947(a)(1) trust	Yes X No K Is the						No	
D		rmation Return?	If "Yes	s," enter the gross :	eceipts fro	m nonme	mber sou	irces \$		
	•	Dissolved Surrendered (Withdrawn) Merg	ged/Reorganized L If Orga	anization is a public	charity ex	empt und	er R&TC			
	Enter date:	(mm/dd/yyyy) •	Section	on 23701d and med	ets the filing	g fee exce	ption, che	eck		
Ε	Check ac	counting method: (1) Cash (2) X Accrual	(3) Other box. N	lo filing fee is requ	ired			● 🗌		
F	Federal re	eturn filed? (1) $\bullet$ $\mathbf{X}$ 990T(2) $\bullet$ $\mathbf{X}$ 990PF (3) $\bullet$	Sch H (990) <b>M</b> Is the	organization a Lim	ited Liabilit	y Compai	ıy?	•	] No	
	(4)	Other 990 series		e organization file l						
G	Is this a g	roup filing? See instructions	Yes X No report	taxable income?				• X Yes	□No	
Н	Is this or	ganization in a group exemption		organization under						
	If "Yes," w	what is the parent's name?  IBS audited in a prior year?  Yes X No								
			P Is fed	eral Form 1023/10	24 pending	?		Yes <b>X</b>	] No	
I		ganization have any changes to its guidelines	Date f	iled with IRS						
	not repor	ted to the FTB? See instructions	Yes X No							
F	Part I 0	omplete Part I unless not required to file this form	. See General Information	B and C.						
		1 Gross sales or receipts from other sources. Fi	rom Side 2, Part II, line 8			•	1	9,553,08	2 00	5
		2 Gross dues and assessments from members					2		00	<u>_</u>
	Dago!nto	3 Gross contributions, gifts, grants, and similar	amounts received				3		00	5
	Receipts	<ul> <li>Gross contributions, gifts, grants, and similar</li> <li>Total gross receipts for filing requirement test. Add lin</li> <li>This line must be completed. If the result is less than</li> </ul>	e 1 through line 3. \$50,000, see General Information	В			4	9,553,08	2 00	<u> </u>
	and					00				
	Revenues	<ul><li>Cost of goods sold</li><li>Cost or other basis, and sales expenses of as</li></ul>	sets sold •	6 6,	961,3	32 00				
							7	6,961,33		
		8 Total gross income. Subtract line 7 from line	4			······ •	8	2,591,75		
	Expenses	9 Total expenses and disbursements. From Side	e 2, Part II, line 18				9	2,255,82	<u>5</u> oc	)
	LXPEIISES	10 Excess of receipts over expenses and disburs	sements. Subtract line 9 fron	n line 8		●	10	335,92	<u>5 oc</u>	)
						······ •	11		00	<u>)</u>
		12 Use tax. See General Information K				•	12	_	00	)
		13 Payments balance. If line 11 is more than line					13	_	00	<u>)</u>
ı	Filing Fee	14 Use tax balance. If line 12 is more than line 11					14		00	
		15 Filing fee \$10 or \$25. See General Information					15	1	0 00	J
		16 Penalties and Interest. See General Information					16		00	
		17 Balance due. Add line 12, line 15, and line 16	5. Then subtract line 11 from	the result	mente and to		17	1	0 00	)
Si	gn	Under penalties of perjury, I declare that I have examined this it is true, correct, and complete. Declaration of preparer (other	er than taxpayer) is based on all in	nformation of which pr	eparer has a	ny knowled	ge.	rago and soliol,		
	ere	Signature	Title		Date		1•	Telephone		-
		Signature of officer	PRES	IDENT Date				DTIN		_
		Drangrar's		Date	Check		I	PTIN		-
Preparer's signature ► self-employed ► P00735101										
	aid	Firm's name						Firm's FEIN		ļ
	eparer's	(or yours, if self-		4450				3-0885895		_
Us	se Only	employed) 4225 EXECUTIVE SQ and address		1150				Telephone		ļ
		LA JOLLA, CA 9203						<u>58 5589200</u>		
		May the FTB discuss this return with the preparer s	hown above? See instructio	ns		• X	」Yes	No		

### THE PARKER FOUNDATION

Part II Organizations with gross receipts of more than \$50,000 and private foundations regardless of amount of gross receipts - complete Part II or furnish substitute information.

	928951	12-04-1
•		

			SEE PART	II SUBSTITU	ΤE	ATTACHMENT		
	1 Gross sales or receipts from all	business activities. See in:	structions	•	1		00	
	2 Interest			•	2		00	
	3 Dividends			•	3		00	
Receipts					4		00	
from					5		00	
Other	6 Gross amount received from sa	ale of assets (See Instruction	ons)	•	6		00	
Sources					7		00	
	'		1 through line 7. Enter here and	, ,	8		00	
					9		00	
					10	0	00	
	11 Compensation of officers, direct				11	0	100	
F	12 Other salaries and wages				12		00	
Expenses					13		00	
and	14 Taxes				14 15		00	
Disburse	- 15 Rents	o instructions)			16		00	
ments					17		00	
	<ul><li>17 Other Expenses and Disburser</li><li>18 Total expenses and disbursem</li></ul>				18		00	
School	Iule L Balance Sheet		g of taxable year			able year	00	
Assets	Idle E Building Silver	(a)	g or taxable your	(c)	1	(d)		
1 Cash	1	. ,	(5)	(0)		•		
	accounts receivable					•		
	notes receivable					•		
	ntories					•		
	ral and state government obligations					•		
	stments in other bonds					•		
	stments in stock					•		
	gage loans					•		
9 Other	r investments					•		
<b>10 a</b> De	epreciable assets							
<b>b</b> Le	ess accumulated depreciation			(	)			
11 Land	l					•		
<b>12</b> Other	r assets					•		
13 Tota	I assets							
	s and net worth							
	ounts payable					•		
	ributions, gifts, or grants payable					•		
	ds and notes payable					•		
	gages payable					•		
	r liabilities							
	tal stock or principal fund					•		
	in or capital surplus. Attach reconciliation					•		
	ined earnings or income fund  I liabilities and net worth					<u>•</u>		
		 e per books with income p	er return					
Scried			edule L, line 13, column (d), is le	ss than \$50.000.				
1 Net in	ncome per books			d on books this year				
	ral income tax		not included in t			•		
	ss of capital losses over capital gains			is return not charged				
4 Income not recorded on books this year   against book income this year   • against book income this year   •								
5 Expenses recorded on books this year not 9 Total. Add line 7 and line 8								
-	icted in this return	•	10 Net income per i					
	I. Add line 1 through line 5		Subtract line 9 from line 6					

## **Corporation Depreciation and Amortization**

**CALIFORNIA FORM** 

2019 FORM 199 FEIN 51-0141231 Attach to Form 100 or Form 100W. Corporation name California corporation number C0733820 THE PARKER FOUNDATION Part I Election To Expense Certain Property Under IRC Section 179 1 Maximum deduction under IRC Section 179 for California \$25,000 2 2 Total cost of IRC Section 179 property placed in service 3 Threshold cost of IRC Section 179 property before reduction in limitation 3 \$200,000 4 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for taxable year. Subtract line 4 from line 1. If zero or less, enter -0-(a) Description of property (b) Cost (business use only) 6 7 Listed property (elected IRC Section 179 cost) 8 Total elected cost of IRC Section 179 property. Add amounts in column (c), line 6 and line 7 9 9 Tentative deduction. Enter the **smaller** of line 5 or line 8 10 10 Carryover of disallowed deduction from prior taxable years 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 IRC Section 179 expense deduction. Add line 9 and line 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2020. Add line 9 and line 10, less line 12 Part II Depreciation and Election of Additional First Year Depreciation Deduction Under R&TC Section 24356 (a) Description of property (d) (g) Depreciation (h) Depreciation allowed or Date acquired Cost or Life or Additional Depreciation for this year (mm/dd/yyyy) other basis allowable in earlier years rate first year depreciation 11 COMPUTER EQUIPMENT 08/25/11 7,247 7,247SL 5.00 0 COMPUTER EQUIPMENT 01/01/13 846 846SL 5.00 COMPUTER EQUIPMENT 01/01/14 816 816SL 5.00 TOTALS 8,909 8,909 15 Add the amounts in column (g) and column (h). The total of column (h) may not exceed \$2,000. See instructions for line 14, column (h) Part III Summary 16 Total: If the corporation is electing: In the corporation is electing.

IRC Section 179 expense, add the amount on line 12 and line 15, column (g) or

Additional first year depreciation under R&TC Section 24356, add the amounts on line 15, columns (g) and (h) or

Depreciation (if no election is made), enter the amount from line 15, column (g) 16 17 Total depreciation claimed for federal purposes from federal Form 4562, line 22 17 18 Depreciation adjustment. If line 17 is greater than line 16, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 17 is less than line 16, enter the difference here and on Form 100 or Form 100W, Side 2, line 12. (If California depreciation amounts are used to determine net income before state adjustments on Form 100 or Form 100W, no adjustment is necessary.) Part IV Amortization (g) Amortization (a) Description of property (e) R&TC (b) (c) (d) Date acquired Cost or Amortization allowed or Period or Section (mm/dd/yyyy) other basis allowable in earlier years percentage for this year see instructions 20 Total. Add the amounts in column (g) 20 21 Total amortization claimed for federal purposes from federal Form 4562, line 44 21

22 Amortization adjustment. If line 21 is greater than line 20, enter the difference here and on Form 100 or Form 100W, Side 1, line 6. If line 21 is less than line 20, enter the difference here and on Form 100 or Form 100W, Side 2, line 12

**California Exempt Organization Business Income Tax Return** 

928961 12-04-19

FORM **109** 

Calendar Ye	ar 20	19 or fiscal year beginning (mm/dd/yyyy) $10/01/2019$ , and ending (mm/dd/y	ууу)	09/	30/2020		
	-	nization name KER FOUNDATION			ia corporation number 733820		
Additional	infor	mation. See instructions.		FEIN			
		-	51-0141231				
		uite/room no.) LL CAMINO REAL, SUITE 244	PMB r	10.			
		ation has a foreign address, see instructions.)  State	ZIP cod	1e			
CARLS		· · · · · · · · · · · · · · · · · · ·					
Foreign co	untry	r name Foreign province/state/county	Foreig	n postal	code		
A First Ret	urn F	led? Yes X No H Is the organization a non-exe					
		cation IRA within the meaning of described in IRC Section 494				X No	
R&TC Se		g	-	-	, ,	S	
	-	ation under audit by the IRS or has Revitalization Zone (LARZ), ld in a prior year? • Yes X No (LAMBRA), Targeted Tax Are		-			
D Final Ret		Area (MEA) tax benefits?				X No	
	Disso						
		m/dd/yyyyy) • bonus plan as described in I				X No	
E Amende					390		
F Account	ing M	ethod Used: (1) Cash (2) X Accrual (3) Other L Is this a Hospital?			• Yes	X No	
	f trad	e or business SEE STATEMENT 1 If "Yes," attach federal Sched	ule H (Form	990)		<u> </u>	
Taxable	1	Unrelated business taxable income from Side 2, Part II, line 30		• 1	-21,02		
Corpora- tion	2	Mult. In 1 by the avg. apport. pctg			21 02	00	
Taxable		Enter the lesser amt from In 1 or In 2. If the unrelated bus, activity is wholly in CA and Sch. R was not compitd, enter the			-21,02		
Trust	<u>4</u> 5	Unrelated business taxable income from Side 2, Part II, line 30 Unrelated business taxable income from line 3 or line 4		• 4 • 5	-21,02	00	
	6	EZ, LARZ, LAMBRA, or TTA NOL carryover deduction		• 6	21,02	00	
Tax	7	Net Operating Loss deduction. See General Information N		• 7		00	
Compu-	8	Add line 6 and line 7		• 8		00	
tation	9	Net unrelated business taxable income. Subtract line 8 from line 5		• 9	-21,02	1 00	
	10	Tax8 . 8 4 % x line 9. See General Information J		• 10		00	
	11	Tax credits from Schedule B. See instructions		• 11		00	
Total	12	Balance. Subtract line 11 from line 10. If line 11 is greater than line 10, enter -0-		• 12		00	
Tax	13	Alternative minimum tax. See General Information 0		• 13		00	
	14	Total tax. Add line 12 and line 13	372	• 14		0 00	
	16	Overpayment from a prior year allowed as a credit  2019 estimated tax payments. See instructions  15  16		00			
Payments	17	Withholding (Form 592-B and/or 593.) See instructions	1	00			
- ayınıonto	18	Amount paid with extension (form FTB 3539)		00			
	19	Total payments and credits. Add line 15 through line 18		• 19	37	2 00	
	20	Use tax. See instructions		• 20		00	
Hee Tay/	21	Payments balance. If line 19 is more than line 20, subtract line 20 from line 19		• 21	37	2 00	
Use Tax/ Tax Due/	22	Use tax balance. If line 20 is more than line 19, subtract line 19 from line 20		• 22		00	
Overpay-	23	Tax due. Subtract line 21 from line 14. Pay entire amount with return. See instructions		• 23		00	
ment	24	Overpayment. Subtract line 14 from line 21. See instructions		• 24	37	2 00	
	25	Enter amount of line 24 to be applied to 2020 estimated tax	• 25	<u>  37</u>	2 00		

		00	Defined 14 line OF is less than line OA then subtured line OF from line OA			Loc	
		26	Refund. If line 25 is less than line 24, then subtract line 25 from line 24		•	26	00
Refund	d or		a Fill in the account information to have the refund directly deposited. Routing number				
Amour	nt		b Type: Checking • Savings • C Account Number • C			107	T 100
Due			Penalties and interest. See General Information M			27	00
			Check if estimate penalty computed using Exception B or C and attach form FTB 5806  Tatal amount due, Add line 90, line 95, and line 97, they published line 94.				T Tan
Hore	Jota		Total amount due. Add line 22, line 23, line 25, and line 27, then subtract line 24		•	29	00
			Business Taxable Income ted Trade or Business Income				
					_	140	1 100
			or could and/or operations (Cabadula A line 7)			10	+
			s sold and/or operations (Schedule A, line 7)			3	00
3 G	088 L	oroni.	Subtract line 2 from line 1c		•	<u> </u>	00
			n net income. See Specific Line Instructions - Trusts attach Schedule D (541)			4a	+ + - +
			oss) from Part II, Schedule D-1			4b	+ + - +
			s deduction for trusts		•	4c	00
		•	oss) from partnerships, limited liability companies, or S corporations. See specific line instructions.		_	_	
			lule K-1 (565, 568, or 100S) or similar schedule			5	00
			e (Schedule C)			6	00
/ UI	ireiai	ea ae	bt-financed income (Schedule D)		•	7	00
			ncome of an R&TC Section 23701g, 23701i, or 23701n organization (Schedule E)			8	00
			uities, Royalties and Rents from controlled organizations (Schedule F)			9	00
			empt activity income (Schedule G)			10	00
11 AC	ıverti	sing i	ncome (Schedule H, Part III, Column A)		•	11	$-21,021_{00}$
12 Ut	ner ir	ncom	e. Attach schedule SEE STATEMENT	4	•	12	-21,02100 -21,02100
			ed trade or business income. Add line 3 through line 12			13	
			on of officers, directors, and trustees from Schedule I			14	00
			wages			15	00
						16	00
						17	00
18 III	teresi	ι			•	18	00
						19	00
			S. Comparations and Associations Cabadata IV Trusts form FTD 200FF)			20	00
			on (Corporations and Associations - Schedule J) (Trusts - form FTB 3885F)  • 21a  21b		00	0.1	I Ioo
			Solution diamed on constant y		00	21	00
22 De			to deferred componentian plans			22	00
			ons to deferred compensation plans			23a 23b	+
		-	benefit programs		•	24	+ + + - +
24 UI	iici u tal da	nduct	ions			25	00
20 10	iai ut	od bu	ons. Add line 14 through line 24 siness taxable income before allowable excess advertising costs. Subtract line 25 from line 13			26	$-21,021_{00}$
						27	+
21 LX	aralat	auve	tising costs (Schedule H, Part III, Column B) siness taxable income before specific deduction. Subtract line 27 from line 26		•	28	$-21,021_{00}$
						29	1,000 00
29 Sp			ıction siness taxable income. Subtract line 29 from line 28. If line 28 is a loss, enter line 28			30	$-21,021_{00}$
30 01	II GIAL	To lea	rn about your privacy rights, how we may use your information, and the consequences for not providing the requested inform	ation, g	o to ftt		
Sign Here		Unde	n for 1131. To request this notice by mail, call 800.852.5711.  repenalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the omplete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	e best o	f my k	nowle	dge and belief, it is true, correct,
11010		Sign	ature Title Date			- 1	<ul> <li>Telephone</li> </ul>
		of of	ficer PRESIDENT				
Da!d		Prep	arer's Date Check	if self			● PTIN
Paid Prepai	rer's	signa	ature > emplo	yed	▶ [	E	200735101
Use Or			s name (or yours,				● FEIN
			f-employed) LINDSAY & BROWNELL, LLP			[3	33-0885895
			4225 EXECUTIVE SQUARE, SUITE 1150				Telephone
			LA JOLLA, CA 92037			[8	358 5589200
		May	the FTB discuss this return with the preparer shown above? See instructions				● X Yes No

	Cost of Goods Sold and/or Operations	S.	/-					
	ry valuation (specify)		N/A					
	eginning of year					1		00
						2		00
3 Cost of labor					•	3		00
4 a Additional II	RC Section 263A costs. Attach schedule					4a		00
						4b		00
	e 1 through line 4b					5		00
6 Inventory at e	nd of year					6		00
	sold and/or operations. Subtract line 6 f					7		00
Schedule B	f IRC Section 263A (with respect to prop Tax Credits.	perty produced or acquired for	resale) apply to this	organi	zation?	<u>. L</u>	Yes X No	
					T <sub>oo</sub> 1			
1 Enter credit na		code •			00			
	ame	code •	- ···		00			
3 Enter credit na		code •	···· <u> </u>		00			
	e 1 through line 3. If claiming more than 3	,						
Schedule K	er here and on Side 1, line 11					4		00
	utation under the look-back method for o	nompleted long term contract	Attach form ETP 2	924	•	1		T_00
				_		2a		00
2 interest on tax	cattributable to installment: a Sales of	for non-dealer installment obl				2a 2b		00
2 IDC Caction 10	97(f)(9)(B)(ii) election to recognize gain					3		00
4 Credit recaptu						4		00
•	e the amounts on line 1 through line 4					5		00
	Apportionment Formula Worksheet. l					٠,		100
	Method - Single-Sales Factor Formula.				-sales factor formula			
Turri orangara	inclined Cingle Calcol actor Cinnata.	complete tine part only it tile	(a)		(b)		(c)	
			Total within ar outside Califor	I I		Percent within California [(b) ÷ (a)] x 10		100
1 Total Sales			• Outside Californ	ına	• California		K / ( //	
	nt percentage. Divide total sales column							
	he result by 100. Enter the result here an						•	
	tor Formula. Complete this part only if th							
			(a) Total within ar	1	(b)		(c) Percent within	
			outside Californ		Total within California		California [(b) ÷ (a)] x 1	100
1 Property factor	or:		•		•		•	
	r: Wages and other compensation of emp		•		•		•	
	Gross sales and/or receipts less returns a		•		•		•	
	age: Add the percentages in column (c)							
	ortionment percentage: Divide the factor							
result here and	d on Form 109, Side 1, line 2. See instruc	ctions for exceptions						
Schedule C	Rental Income from Real Property an	nd Personal Property Leased	with Real Property					
For rental income from	n debt-financed property, use Schedule D, R&TC	C Section 23701g, Section 23701i,	and Section 23701n org	anizatior	ns. See instructions for e	xceptio	ns.	
1 Description of prop	erty			2 Rer	nt received or accrued		ercentage of rent attributable	ie to
						ре	ersonal property	
								%
								%
A Complete it any iter	m in column 3 is more than 50%, or tor any item		1 =					%
if the rent is determ	m in column 3 is more than 50%, or for any item nined on the basis of profit or income	' <u> </u>	5 Complete if any iter	m in colu	ımn 3 is more than 10%	, but no	t more than 50%	
(a) Deductions directly	/ connected	(b) Income includible, column 2 less column 4(a)	(a) Gross income repo column 2 x column		(b) Deductions directly con with personal property	nected	(c) Net income includible column 5(a) less colum	
							+	
	-						+	
			1				+	
Add columns 4(h)	and column 5(c). Enter here and on Side	e 2. Part I. line 6	1		1		_1	
(b)		,,						

022 3643194 Form 109 2019 **Side 3** 

Schedule D Unrelated	Debt-Finance	d Income											
1 Description of debt-financed proper	erty				2 Gross income allocable to de	3 Deductions directly connected with or allocable to debt-financed property							
					property	ot-imanced	(a) Straigh	(a) Straight-line depreciation		tion (b) Other o		eductions	
4 Amount of average acquisition indebtedness on or allocable to debt-financed property  5 Average adjusted basis of or allocable to debt-financed property		Die to	percentage,		7 Gross income reportable, column 2 x column 6		8 Allocable deductions, total of columns 3(a) and 3(b) x column 6			3(D) X   (Or loss		me ncludible, ′ less column 8	
				%									
				%									
				%									
Total. Enter here and on Side 2,	Part I, line 7				1		I						
					23701i, or Sect								
1 Description		2 Amount	<u> </u>		ctions directly cted		stment inco		Set-asides	5		Balance of investment ncome, column 4 less column 5	
						ļ					_		
T	5										-		
Total. Enter here and on Side 2,						_ <del>_</del>	<u></u>	······			-		
Enter gross income from memb						<u></u>							
Schedule F Interest, A	illiullies, Roy	allies allu Ke	ints from Go	mironea	Organizations  Exempt Control	Mod Organ	izatione	7					
		1.			3 Net unrelated				-			Deductions directly	
I Name of controlled organizations	Name of controlled organizations 2		2 Employer Identification Number		income (loss)		Total of specified payments made		5 Part of column (4) that is included in the controlling organization's gross income			connected with income in column (5)	
1													
2													
3													
Nonexempt Controlled Organiz	ations												
7 Taxable Income					8 Net unrelated income (loss)			ts made that is the co		Part of column (9) that is included in the controlling organization's gross income		11 Deductions directly connected with income in column (10)	
1													
2													
3													
4 Add columns 5 and 10													
5 Add columns 6 and 11													
6 Subtract line 5 from line 4. E													
	empt Activi	•			Income	_							
Description of exploited activity (as schedule if more than one unrelate is exploiting the same exempt acti	d activity by the bound of the	Gross unrelated business income from trade or business	connecte production	ed with	4 Net income frounrelated trad or business, column 2 less column 3	e from a	s income activity that unrelated ess income	6 Expen attribu colum	table to	7 Excess excepense, confidence of the column 4	column ımn 5	8 Net income includible, column 4 less column 7 but not less than zero	
Total. Enter here and on Side 2,	line 10												

Schedu	ıle H	Advertising Income and Excess Advertising Costs
Part I	Income	from Periodicals Reported on a Consolidated Basi

Part i income nom Penodicais Repo	nteu on a c	onsonuale	u Dasis							
1 Name of periodical	2 Gross advertisi income		3 Direct advertising costs		Advertising income or excess advertising costs. If column 2 is greater than column 3, complete columns 5, 6, and 7. If column 3 is greater than column 2, enter the excess in Part III, column B(b). Do not complete columns 5, 6, and 7.	5 Circuincon		6 Read costs	ership	7 If column 5 is greater than column 6, enter the income shown in column 4, in Part III, column A(t). If column 6 is greater than column 5, subtract the sum of column 6 and column 3 from the sum of column 5 and column 2. Enter amount in Part III, column A(b). If the amount is less than zero, enter -0
				4						
T		-		_		-				
Totals	<u> </u>									
Part II Income from Periodicals Rep	orted on a	Separate B	Sasis							
Part III Column A - Net Advertising	Income			F	Part III Colu	mn B - E	xcess Advert	ising C	osts	
(a) Enter "consolidated periodical" and/or names of non-consolidated periodicals	` ´ c		ount from Part and amount lis 4 or 7		a) Enter "consolidate names of non-con	ed periodic solidated	cal" and/or periodicals			mount from Part I, column 4, is listed in Part II, column 4
					7 ( /					
Enter total here and on Side 2, Part I, line 1	1			TE	inter total here and	on Sid	e 2. Part II. lin	e 27		
Schedule I Compensation of Offi		tors. and T	rustees				, ,			
Name of Officer		2 SSN or ITIN		3 Title			4 Percent of tir devoted to business		Compensation attributable to unrelated busine	6 Expense account allowances
								%		
								%		
								%		
								%		
								%		
Total. Enter here and on Side 2, Part II, line	14									
Schedule J Depreciation (Corpor		Associatio	ns only. Tru	sts use fo	rm FTB 3885F.)					
1 Group and guideline class or description of property	o Dat	te acquired m/dd/yyyy)		or other bas	1 5	allowable	5 Method of computing depreciation	)	6 Life or rate	7 Depreciation for this year
1 Total additional first-year depreciation	(do not inc	lude in item	s below)							
2 Other depreciation: Buildings		<b>V</b>								
Furniture and fixtures	•									
Transportation equipment										
Machinery and other equipment										
Other (specify)										
	_									
3 Other depreciation										
4 Total										
5 Amount of depreciation claimed elsew										
<b>6</b> Balance. Subtract line 5 from line 4. En	nter here an	ıd on Side 2	2, Part II, line	21a						

022 3645194 Form 109 2019 **Side 5** 

		===		===			==
CA 109	NATURE	OF	TRADE	OR	BUSINESS	STATEMENT	1

### INVESTMENT IN PARTNERSHIPS

TO FORM 109, PAGE 1

CA 109	OTHER	INCOME	STATEMENT	2
DESCRIPTION			AMOUNT	
AG REALTY FUND VIII, LP AG SUPER FUND, L.P. MONTAUK TRIGUARD FUND IV, LP MONTAUK TRIGUARD FUND V LP MONTAUK TRIGUARD FUND VI LP.			-12,0 -7 -3,5 -3,4 -1,2	08. 30. 14.
TOTAL TO FORM 109, PAGE 2, LINE	12		-21,0	21.

# Net Operating Loss (NOL) Computation and NOL and Disaster Loss Limitations - Corporations

CALIFORNIA FORM

3805Q

2019

Attach to F	orm 100, Form 10	0W, Form 100S,	or Form 109.				California corporati	ion number
Corporation	name						Camornia corporati	on number
THE E	C073382	20						
During the	51-0141231							
					cting to be taxed as a corp corporation name and Ca	,		*1231
•					· 		_	
					ral Information C, Comb	ined Reporting.		
			does not have a current y IOW, line 18 <sup>-</sup> Form 100S,	line 15; or Form 109, line	2.			
Enter	as a positive numb	er	•			1	21	L,021 oo
<b>2</b> 2019	disaster loss includ	00						
3 Subtra	act line 2 from line	1. If zero or less,	enter -0- and see instruc	tions		3	21	L,021 <sub>00</sub>
					la			
					b			00
							21	L,021 <sub>00</sub>
								L,021 <sub>00</sub>
<del></del>					$\overline{}$			
Part II N	OL carryover and o	disaster loss car	ryover limitations. See i	nstructions.		(g) Available ba	lance	
1 Net in	come - Enter the ai	mount from Form	n 100, line 18; Form 100V	V, line 18; Form 100S, lin	e 15 less line 16;	(g) Available ba	lianco	
				, ,			0	
Prior Year	NOLs							
(a)	(b) Code - See	(c)	(d)	(e)	(f)			(h)
Year o loss	instructions	Type of NOL - See below *	Initial loss - See instructions	Carryover from 2018	Amount used in 2019			ver to 2020 minus col. (f)
		OCC BCIOW						
<u>2</u> ©2 0 1	. 8	GEN	9,073	9,073	0		0 🗨	9,073
<u> </u>							•	
$\odot$							•	
•				•			•	
Current Ye	ear NULS							minus coi. (f)
3 2019		DIS					See II	nstructions.
4 2019		GEN	21,021					21,021
2019								
2010								
2019								
0010								
2019 * Type of	<b>NOL:</b> General (GEN	), New Business	l (NB), Eligible Small Busir	ness (ESB), or Disaster (D	DIS).			
	019 NOL deduction	•	. ,. 5	, ,,	·			
	the amounts in Par		· / · · · · · · · · · · · · · · · · · ·			• 1 <u> </u>		00
				ryover deduction here an				
			9. Form 109 filers enter -		10° Form 100S	2_		00
3 Subtract line 2 from line 1. Enter the result here and on Form 100, line 19; Form 100W, line 19; Form 100S, line 17; or Form 109, line 7								
	, 100, 11110					······		100

DEPARTMENT OF JUSTICE PAGE 1 of 5

(For Registry Use Only)

(Rev. 09/2017)

MAIL TO:
Registry of Charitable Trusts
P.O. Box 903447
Sacramento, CA 94203-4470

ANNUAL REGISTRATION RENEWAL FEE REPORT
TO ATTORNEY GENERAL OF CALIFORNIA
Section 12586 and 12587, California Government Code

STATE OF CALIFORNIA

WEBSITE ADDRESS: www.oag.ca.gov/charities

Section 12586 and 12587, California Government Code
STREET ADDRESS:
1300 I Street
Sacramento, CA 95814
(916)210-6400

Section 12586 and 12587, California Government Code
11 Cal. Code Regs. section 301-307, 311 and 312
Failure to submit this report annually no later than four months and fifteen days after organization's accounting period may result in the loss of tax exemption and the as

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

Check if: Change of address THE PARKER FOUNDATION Name of Organization List all DBAs and names the organization uses or has used 2604-B EL CAMINO REAL, SUITE 244 State Charity Registration Number CT 013250 Address (Number and Street) CARLSBAD, CA 92008 Corporation or Organization No. C07338200 City or Town, State, and ZIP Code RPOWELL@THEPARKERFOUNDA Federal Employer ID No. 51-0141231 760-720-0630 TION.ORG Telephone Number F-mail Address ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, 311, and 312) Make Check Payable to Department of Justice **Gross Annual Revenue Gross Annual Revenue** Fee **Gross Annual Revenue** Fee Fee Between \$100,001 and \$250,000 \$150 Less than \$25,000 0 \$50 Between \$1,000,001 and \$10 million Between \$25,000 and \$100,000 \$25 Between \$250,001 and \$1 million \$75 Between \$10,000,001 and \$50 million \$225 Greater than \$50 million \$300 **PART A - ACTIVITIES** 10/01/2019 09/30/2020 ) list: For your most recent full accounting period (beginning ending Gross Annual Revenue\$ 2,591,750 Noncash Contributions\$ 42,093,542 Total Assets \$ 301,525  $2,2\overline{55,825}$ Program Expenses \$ Total Expenses \$ PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required. Yes No During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had Х any financial interest? SEE STATEMENT During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds? Х 3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment? Х During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? Х 5. During this reporting period, did the organization receive any governmental funding? Х 6. During this reporting period, did the organization hold a raffle for charitable purposes? Х 7. Does the organization conduct a vehicle donation program? Х 8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with Х generally accepted accounting principles for this reporting period? At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets? Х I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.

PRESIDENT

Date

RAYMOND ELLIS

Printed Name

Signature of Authorized Agent

CA RRF-1 EXPLANATION OF FINANCIAL TRANSACTIONS PART B, LINE 1

STATEMENT

THE FOUNDATION ENTERED INTO AN AGREEMENT WITH THE CHIEF ADMINISTRATIVE OFFICER TO PROVIDE ADMINISTRATIVE SERVICES AS AN INDEPENDENT CONTRACTOR DIRECTLY TO THE FOUNDATION FOR A FEE OF \$102,900 PER YEAR. THE AGREED UPON FEE FOR THESE SERVICES HAS BEEN EVALUATED AND DETERMINED TO BE REASONABLE BY THE BOARD. THIS IS AN EXCEPTED ACT OF SELF-DEALING UNDER IRC SECTION 4941(D)(2)(E).

