2024

990-PF

PUBLIC

DISCLOSURE

Form **990-PF**

Department of the Treasury
Internal Revenue Service

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

2024

Open to Public Inspection

For calendar year 2024 or tax year beginning OCT 1, 2024 **, and ending** SEP 30, 2025

Name of foundation

THE PARKER FOUNDATION

A Employer identification number

51-0141231

Number and street (or P.O. box number if mail is not delivered to street address)

2604-B EL CAMINO REAL

Room/suite

244

B Telephone number

760-720-0630

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

CARLSBAD, CA 92008

C If exemption application is pending, check here ...

G Check all that apply: Initial return; Initial return of a former public charity; Final return; Amended return; Address change; Name change

D 1. Foreign organizations, check here .....

2. Foreign organizations meeting the 85% test, check here and attach computation .....

H Check type of organization: [X] Section 501(c)(3) exempt private foundation
Section 4947(a)(1) nonexempt charitable trust; Other taxable private foundation

E If private foundation status was terminated under section 507(b)(1)(A), check here ...

I Fair market value of all assets at end of year (from Part II, col. (c), line 16) $ 50,383,798.

J Accounting method: [ ] Cash [X] Accrual
Other (specify) _____
(Part I, column (d), must be on cash basis.)

F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ...

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)

		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	100,000.		N/A	
	2 Check if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	555,666.	555,666.		STATEMENT 2
	4 Dividends and interest from securities				
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	423,059.			
	b Gross sales price for all assets on line 6a 7,771,267.				
	7 Capital gain net income (from Part IV, line 2)		746,807.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
	b Less: Cost of goods sold				
	c Gross profit or (loss)				
	11 Other income	503,138.	465,624.		STATEMENT 3
	12 **Total.** Add lines 1 through 11	1,581,863.	1,768,097.		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	119,335.	9,547.		83,535.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees STMT 4	2,098.	0.		0.
	b Accounting fees STMT 5	66,762.	0.		0.
	c Other professional fees STMT 6	172,551.	165,568.		6,285.
	17 Interest				
	18 Taxes STMT 7	30,107.	0.		0.
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings	1,612.	0.		1,451.
	22 Printing and publications				
	23 Other expenses STMT 8	14,826.	0.		13,341.
	24 **Total operating and administrative expenses.** Add lines 13 through 23	407,291.	175,115.		104,612.
	25 Contributions, gifts, grants paid	2,572,500.			2,572,500.
	26 **Total expenses and disbursements.** Add lines 24 and 25	2,979,791.	175,115.		2,677,112.
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-1,397,928.			
	b **Net investment income** (if negative, enter -0-)		1,592,982.		
	c **Adjusted net income** (if negative, enter -0-)			N/A	

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only.

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash - non-interest-bearing	567,125.	226,158.	226,158.
	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			
	Less: allowance for doubtful accounts			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	9,581.	9,974.	9,974.
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 10	2,925,450.	3,082,116.	3,082,116.
	c Investments - corporate bonds			
	11 Investments - land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	12 Investments - mortgage loans			
	13 Investments - other STMT 11	44,569,838.	47,060,065.	47,060,065.
	14 Land, buildings, and equipment: basis			
	Less: accumulated depreciation			
	15 Other assets (describe STATEMENT 12)	5,443.	5,485.	5,485.
	16 **Total assets** (to be completed by all filers - see the instructions. Also, see page 1, item I)	48,077,437.	50,383,798.	50,383,798.
Liabilities	17 Accounts payable and accrued expenses	44,307.	46,022.	
	18 Grants payable	60,000.		
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe)			
	23 **Total liabilities** (add lines 17 through 22)	104,307.	46,022.	
Net Assets or Fund Balances	**Foundations that follow FASB ASC 958, check here** [X] **and complete lines 24, 25, 29, and 30.**			
	24 Net assets without donor restrictions	47,973,130.	50,337,776.	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here [ ] **and complete lines 26 through 30.**			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 **Total net assets or fund balances**	47,973,130.	50,337,776.	
	30 **Total liabilities and net assets/fund balances**	48,077,437.	50,383,798.	

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	47,973,130.
2	Enter amount from Part I, line 27a	2	-1,397,928.
3	Other increases not included in line 2 (itemize) SEE STATEMENT 9	3	3,762,574.
4	Add lines 1, 2, and 3	4	50,337,776.
5	Decreases 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, column (b), line 29	6	50,337,776.

Part IV Capital Gains and Losses for Tax on Investment Income SEE ATTACHED STATEMENTS

	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a				
b				
c				
d				
e	7,771,267.		7,348,208.	746,807.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) **or** Losses (from col. (h))
a				
b				
c				
d				
e				746,807.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter -0- in Part I, line 7 }	2	746,807.
3	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). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here ☐ and enter "N/A" on line 1. Date of ruling or determination letter: _____ **(attach copy of letter if necessary - see instructions)**		1	22,142.
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3	Add lines 1 and 2		3	22,142.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5	**Tax based on investment income.** Subtract line 4 from line 3. If zero or less, enter -0-		5	22,142.
6	Credits/Payments:			
a	2024 estimated tax payments and 2023 overpayment credited to 2024	6a 77,193.		
b	Exempt foreign organizations - tax withheld at source	6b 0.		
c	Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d	Backup withholding erroneously withheld	6d 0.		
7	Total credits and payments. Add lines 6a through 6d		7	77,193.
8	Enter any **penalty** for underpayment of estimated tax. Check here ☐ if Form 2220 is attached		8	0.
9	**Tax due.** If the total of lines 5 and 8 is more than line 7, enter **amount owed**		9	
10	**Overpayment.** If line 7 is more than the total of lines 5 and 8, enter the **amount overpaid**		10	55,051.
11	Enter the amount of line 10 to be: **Credited to 2025 estimated tax** 55,051. **Refunded**		11	0.

Part VI-A Statements Regarding Activities

			Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a		X
b	Did it spend more than $100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		X
	If the answer is "Yes" to **1a** or **1b**, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
c	Did the foundation file **Form 1120-POL** for this year?	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: **(1)** On the foundation. $ 0. **(2)** On foundation managers. $ 0.			
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. $ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		X
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of $1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year? N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by *General Instruction T.*	5		X
6	Are 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 directions that conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least $5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. CA			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by *General Instruction G?* If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2024 or the tax year beginning in 2024? See the instructions for Part XIII. If "Yes," complete Part XIII	9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of 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? If "Yes," attach statement. See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	

Website address WWW.THEPARKERFOUNDATION.ORG

14 The books are in care of LEXY HARSHMAN, CHIEF ADMINISTRATIVE Telephone no. 760-720-0630
Located at 2604-B EL CAMINO REAL, SUITE 244, CARLSBAD, CA ZIP+4 92008

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of **Form 1041** - check here ☐
and enter the amount of tax-exempt interest received or accrued during the year 15 N/A

			Yes	No
16	At any time during calendar year 2024, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country	16		X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required

		Yes	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
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?	1a(1)		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)		X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)		X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X	
(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)?	1a(5)		X
(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.)	1a(6)		X
b If any answer is "Yes" to 1a(1)-(6), did **any** 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		X
c Organizations relying on a current notice regarding disaster assistance, check here ☐			
d 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 2024?	1d		X
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 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?	2a		X
If "Yes," list the years _____, _____, _____, _____			
b Are there any years listed in 2a for which the foundation is **not** 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 **all** 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 **any** of the years listed in 2a, list the years here. _____, _____, _____, _____			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a		X
b If "Yes," did it have excess business holdings in 2024 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 2024.) N/A	3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b 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 2024?	4b		X

Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required *(continued)*

			Yes	No
5a	During the year, did the foundation pay or incur any amount to:			
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		X
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	5a(2)		X
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		X
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	5a(4)		X
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	5a(5)		X
b	If any answer is "Yes" to 5a(1)-(5), did **any** of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions N/A	5b		
c	Organizations relying on a current notice regarding disaster assistance, check here ☐			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? N/A	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	6a		X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal 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 shelter transaction?	7a		X
b	If "Yes," did the foundation receive any proceeds or have any net income attributable 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 or excess parachute payment(s) during the year?	8		X

Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		119,335.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."

(a) Name and address of each employee paid more than $50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over $50,000 0

Part VII **Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** *(continued)*

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than $50,000	(b) Type of service	(c) Compensation
CANTERBURY CONSULTING - 610 NEWPORT CENTER DRIVE #500, NEWPORT BEACH, CA 92660	INVESTMENT ADVISORY	92,700.
Total number of others receiving over $50,000 for professional services		0

Part VIII-A **Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	

Part VIII-B **Summary of Program-Related Investments**

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3	0.

Part IX **Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	33,839,816.
b	Average of monthly cash balances	1b	680,910.
c	Fair market value of all other assets (see instructions)	1c	15,116,843.
d	**Total** (add lines 1a, b, and c)	1d	49,637,569.
e	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	49,637,569.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	744,564.
5	**Net value of noncharitable-use assets.** Subtract line 4 from line 3	5	48,893,005.
6	**Minimum investment return.** Enter 5% (0.05) of line 5	6	2,444,650.

Part X **Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part IX, line 6			1	2,444,650.
2a	Tax on investment income for 2024 from Part V, line 5	2a	22,142.		
b	Income tax for 2024. (This does not include the tax from Part V.)	2b			
c	Add lines 2a and 2b			2c	22,142.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	2,422,508.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	2,422,508.
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 XII, line 1			7	2,422,508.

Part XI **Qualifying Distributions** (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	2,677,112.
b	Program-related investments - total from Part VIII-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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 XII, line 4	4	2,677,112.

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				2,422,508.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			168,935.	
b Total for prior years: _____, _____, _____		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				
e From 2023				
f **Total** of lines 3a through e	0.			
4 Qualifying distributions for 2024 from Part XI, line 4: $ 2,677,112.				
a Applied to 2023, but not more than line 2a			168,935.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2024 distributable amount				2,422,508.
e Remaining amount distributed out of corpus	85,669.			
5 Excess distributions carryover applied to 2024 (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:**				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	85,669.			
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.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7	0.			
9 **Excess distributions carryover to 2025.** Subtract lines 7 and 8 from line 6a	85,669.			
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024	85,669.			

Part XIII Private Operating Foundations (see instructions and Part VI-A, question 9) N/A

1 a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2024, enter the date of the ruling .....

b Check box to indicate whether the foundation is a private operating foundation described in section ..... ☐ 4942(j)(3) or ☐ 4942(j)(5)

	Tax year	Prior 3 years			
	(a) 2024	(b) 2023	(c) 2022	(d) 2021	(e) Total
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i) ...					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test - enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV Supplementary Information (Complete this part only if the foundation had $5,000 or more in assets at any time during the year-see instructions.)

1 **Information Regarding Foundation Managers:**

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than $5,000). (See section 507(d)(2).)

NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

2 **Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

SEE STATEMENT 14

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Part XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution **	Amount
a *Paid during the year*				
ACLU FOUNDATION OF SAN DIEGO & IMPERIAL COUNTIES 2760 FIFTH AVENUE, SUITE 300 SAN DIEGO , CA 92101	NONE	PC	TO SUPPORT THE DEVELOPMENT OF THE NEIGHBORHOOD SOLIDARITY COMMITTEE.	50,000.
ALABASTER JAR PROJECT PO BOX 501378 SAN DIEGO , CA 92150	NONE	PC	TO SUPPORT THE GRACE HOUSE.	35,000.
ALZHEIMER'S SAN DIEGO 3635 RUFFIN ROAD, SUITE 300 SAN DIEGO , CA 92123	NONE	PC	TO SUPPORT GENERAL OPERATING EXPENSES.	40,000.
ARTREACH 1065 UNIVERSITY AVENUE SAN DIEGO , CA 92103	NONE	PC	TO SUPPORT A GRANTS MANAGER.	30,000.
AUTISM SOCIETY SAN DIEGO 4699 MURPHY CANYON ROAD SAN DIEGO , CA 92123	NONE	PC	TO SUPPORT THE HIRING OF A DEVELOPMENT DIRECTOR.	30,000.
Total SEE CONTINUATION SHEET(S)			**3a**	2,572,500.
b *Approved for future payment* NONE				
Total			**3b**	0.

423611 12-06-24 ** SEE PURPOSE OF GRANT CONTINUATIONS

Part XV-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated business income		Excluded by section 512, 513, or 514		(e)
	(a) Business code	(b) Amount	(c) Exclu-sion code	(d) Amount	Related or exempt function income
1 Program service revenue:					
a					
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	555,666.	
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	500,101.	
8 Gain or (loss) from sales of assets other than inventory			18	423,059.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a TAX REFUND			01	3,037.	
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		1,481,863.	0.
13 **Total.** Add line 12, columns (b), (d), and (e)				13	1,481,863.

(See worksheet in line 13 instructions to verify calculations.)

Part XV-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No.	Explain below how each activity for which income is reported in column (e) of Part XV-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).

Part XVI Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations

			Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			
a	Transfers from the reporting foundation to a noncharitable exempt organization of:			
	(1) Cash	1a(1)		X
	(2) Other assets	1a(2)		X
b	Other transactions:			
	(1) Sales of assets to a noncharitable exempt organization	1b(1)		X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)		X
	(3) Rental of facilities, equipment, or other assets	1b(3)		X
	(4) Reimbursement arrangements	1b(4)		X
	(5) Loans or loan guarantees	1b(5)		X
	(6) Performance of services or membership or fundraising solicitations	1b(6)		X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c		X

d If the answer to any of the above is "Yes," complete the following schedule. Column **(b)** should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column **(d)** the value of the goods, other assets, or services received.

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements
		N/A	

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes [X] No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer or trustee | Date | PRESIDENT Title

May the IRS discuss this return with the preparer shown below? See instr. [X] Yes No

Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
		07/21/26		

Firm's name ALDRICH CPAS AND ADVISORS, LLP | Firm's EIN

Firm's address 1903 WRIGHT PLACE, #180 CARLSBAD, CA 92008 | Phone no. (760) 431-8440

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	PUBLICLY TRADED SECURITIES			
b	AG REALTY FUND VIII			
c	CCI CORE BOND FUND L.P.			
d	CANTERBURY CONSULTING PC FUND II (B) LP			
e	MONTAUK TRIGUARD FUND IV, LP			
f	MONTAUK TRIGUARD FUND V LP			
g	CPREF AIV I HOLDINGS - RC L.P.			
h	BROWN ADVISORY INVESTORS 2017 - SLP V (TE)			
i	AG SF (L)			
j	NEW MOUNTAIN PARTNERS V, L.P.			
k	NEW MOUNTAIN PARTNERS V (AIV-D2), L.P.			
l	MONTAUK TRIGUARD FUND VI LP			
m	CPREF CAYMAN LP			
n	CPREF AIV V LP			
o	FRONTIER MID CAP GROWTH FUND LP			

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a	7,771,267.		7,348,208.	423,059.
b				-139.
c				-15,096.
d				1,859.
e				-6,011.
f				6,945.
g				1,592.
h				15,429.
i				2,044.
j				59,843.
k				62,628.
l				7,403.
m				-10,846.
n				112.
o				157,831.

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				423,059.
b				-139.
c				-15,096.
d				1,859.
e				-6,011.
f				6,945.
g				1,592.
h				15,429.
i				2,044.
j				59,843.
k				62,628.
l				7,403.
m				-10,846.
n				112.
o				157,831.

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter "-0-" in Part I, line 7 }	2	
3	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	

Part IV Capital Gains and Losses for Tax on Investment Income

	(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	NEW MOUNTAIN PARTNERS V (AIV-F) SELLCO, L.P.			
b	CANTERBURY PRIVATE INCOME FUND I, L.P.			
c	UBIT ADJUSTMENT INCOME ON 990-T			
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a				37,320.
b				2,837.
c				-3.
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a				37,320.
b				2,837.
c				-3.
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 / If (loss), enter "-0-" in Part I, line 7 }	2	746,807.
3	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	N/A

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
BARRIO LOGAN COLLEGE INSTITUTE 2114 NATIONAL AVE. SAN DIEGO , CA 92113	NONE	PC	TO SUPPORT THE COLLEGE AND CAREER READINESS PROGRAM.	30,000.
BEST BUDDIES INTERNATIONAL 3517 CAMINO DEL RIO S, SUITE 203 SAN DIEGO , CA 92108	NONE	PC	TO SUPPORT THE FRIENDSHIP PROGRAM.	10,000.
BORREGO ART INSTITUTE PO BOX 2383 BORREGO SPRINGS , CA 92004	NONE	PC	TO SUPPORT THE GALLERY MANAGER'S SALARY.	30,000.
BUILDING 178 PERFORMING ARTS CENTER 2820 ROOSEVELT ROAD, SUITE 201 SAN DIEGO , CA 92106	NONE	PC	TO SUPPORT THE FABRICATION AND INSTALLATION OF STAGE FLOORS FOR THE JOAN & IRWIN JACOBS	50,000.
CALIFORNIA CENTER FOR COOPERATIVE DEVELOPMENT 979 F. STREET, SUITE A DAVIS , CA 95616	NONE	PC	TO SUPPORT THE SUNCOAST MARKET CO-OP STARTUP PROJECT.	125,000.
CALIFORNIA CENTER FOR THE ARTS, ESCONDIDO 340 N. ESCONDIDO BLVD. ESCONDIDO , CA 92025	NONE	PC	TO SUPPORT A TECHNICAL ARTS YOUTH WORKFORCE PROGRAM.	50,000.
CALIFORNIA SURF MUSEUM 312 PIER VIEW WAY OCEANSIDE , CA 92054	NONE	PC	TO SUPPORT A PART-TIME ADMINISTRATIVE ASSISTANT.	5,000.
CASA DE AMPARO 325 BUENA CREEK ROAD SAN MARCOS , CA 92069	NONE	PC	TO SUPPORT A RESIDENTIAL SERVICES PROGRAM.	20,000.
CATALYST OF SAN DIEGO & IMPERIAL COUNTIES 5060 SHOREHAM PLACE #350 SAN DIEGO , CA 92122	NONE	PC	TO SUPPORT CAPACITY BUILDING $30,000, 2025 MEMBERSHIP DUES $7,500, 2025 ANNUAL CONFERENCE $5,000,	97,500.
CATALYST OF SAN DIEGO & IMPERIAL COUNTIES 5060 SHOREHAM PLACE, #350 SAN DIEGO , CA 92122	NONE	PC	TO SUPPORT CAPACITY BUILDING FOR YIGBY 2.0.	100,000.
Total from continuation sheets				2,387,500.

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CATALYST OF SAN DIEGO AND IMPERIAL COUNTIES 5060 SHOREHAM PLACE #350 SAN DIEGO , CA 92122	NONE	PC	TO SUPPORT ART PHARMACY'S SOCIAL PRESCRIBING PROGRAM. (EXPENDITURE RESPONSIBILITY)	15,000.
CATALYST OF SAN DIEGO AND IMPERIAL COUNTIES 5060 SHOREHAM PLACE #350 SAN DIEGO , CA 92122	NONE	PC	TO SUPPORT THE SAN DIEGO RESILIENT RESPONSE POOLED FUND ($100K), THE SUSTAINED SUPPORT POOLED FUND	300,000.
CENTRO DE SALUD DE LA COMUNIDAD DE SAN YSIDRO, INC 1601 PRECISION PARK LANE SAN DIEGO , CA 92173	NONE	PC	TO SUPPORT THE DISPARITIES IN MEDICINE PATHWAY PROGRAM.	40,000.
COUNTY OF SAN DIEGO BLACK CHAMBER OF COMMERCE 404 EUCLID AVE. #383 SAN DIEGO , CA 92114	NONE	PC	TO SUPPORT THE URBAN BUSINESS RESOURCE CENTER.	10,000.
CRISTO REY SAN DIEGO HIGH SCHOOL 1228 S. 38TH STREET SAN DIEGO , CA 92113	NONE	PC	TO SUPPORT GENERAL OPERATIONS.	25,000.
EDWARD CHARLES FOUNDATION 269 S. BEVERLY DRIVE, #338 BEVERLY HILLS, CA 90212	NONE	PC	TO SUPPORT DAILY MEALS FOR STUDENTS.	20,000.
FOREVER BALBOA PARK 1549 EL PRADO, SUITE 1 SAN DIEGO , CA 92101	NONE	PC	TO SUPPORT THE BOTANICAL BUILDING.	200,000.
FRESH START SURGICAL GIFTS 2011 PALOMAR AIRPORT ROAD, SUITE 206 CARLSBAD , CA 92011	NONE	PC	TO SUPPORT THE PARTIAL FUNDING OF ONE SURGERY WEEKEND CYCLE.	5,000.
HOME OF GUIDING HANDS 1908 FRIENDSHIP DRIVE EL CAJON, CA 92020	NONE	PC	TO SUPPORT A WHEELCHAIR RAMP.	2,500.
HOME START, INC. 5005 TEXAS ST., SUITE 203 SAN DIEGO , CA 92108	NONE	PC	TO SUPPORT BEHAVIORAL HEALTH SERVICES.	75,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
JEWISH FAMILY SERVICE OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO , CA 92123	NONE	PC	TO SUPPORT A SAFE PARKING PROGRAM.	25,000.
KITCHENS FOR GOOD 2799 HEALTH CENTER DRIVE SAN DIEGO , CA 92123	NONE	PC	TO SUPPORT OPERATIONS.	35,000.
MAKE PROJECTS 3245 UNIVERSITY AVENUE SUITE 1, PMB# 464 SAN DIGO , CA 92104	NONE	PC	TO SUPPORT STAFFING AND PROJECT COSTS FOR A CAPITAL CAMPAIGN.	40,000.
MALASHOCK DANCE & COMPANY 2650 TRUXTUN ROAD, SUITE 104 SAN DIEGO , CA 92106	NONE	PC	TO SUPPORT THE INAUGURAL SEASON UNDER THE VISIONARY LEADERSHIP OF CHRISTOPHER K. MORGAN.	20,000.
MAMA'S KITCHEN 3690 HOME AVENUE SAN DIEGO , CA 92105	NONE	PC	TO SUPPORT KITCHEN AND MEAL PACKAGING EQUIPMENT.	30,500.
MANA DE SAN DIEGO 404 EUCLID AVENUE, SUITE 308 SAN DIEGO , CA 92114	NONE	PC	TO SUPPORT THE SERVICE ENTERPRISE CERTIFICATION.	30,000.
MEDIA ARTS CENTER SAN DIEGO 1100 MARKET STREET, SUITE 326 SAN DIEGO , CA 92101	NONE	PC	TO SUPPORT A STRATEGIC PLAN.	25,000.
MIRACLE LEAGUE OF SAN DIEGO 1420 KETTNER BLVD., SUITE 204 SAN DIEGO , CA 92101	NONE	PC	TO SUPPORT THE 2025 ENGEL FAMILY FIELD CAPITAL CAMPAIGN.	50,000.
MISSION EDGE 2820 ROOSEVELT RD., SUITE 104 SAN DIEGO , CA 92106	NONE	PC	TO SUPPORT A COMPREHENSIVE STUDY ON ARTISTS LIVING AND WORKING IN SAN DIEGO COUNTY.	75,000.
MISSION EDGE 2820 ROOSEVELT RD., SUITE 104 SAN DIEGO , CA 92106	NONE	PC	TO SUPPORT THE AI RECRUITING TOOLS PILOT PROGRAM.	20,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MONARCH SCHOOL PROJECT 1625 NEWTON AVE. SAN DIEGO , CA 92113	NONE	PC	TO SUPPORT PROGRAMS FOR UNHOUSED YOUTH.	5,000.
NTC FOUNDATION 2820 ROOSEVELT ROAD, SUITE 201 SAN DIEGO , CA 92106	NONE	PC	TO SUPPORT THE JUDY MCDONALD GALLERY AT LIBERTY STATION IN HONOR OF JUDY MCDONALDS EXEMPLARY	20,000.
NTC FOUNDATION 2820 ROOSEVELT ROAD, SUITE 201 SAN DIEGO , CA 92106	NONE	PC	TO SUPPORT THE JUDY MCDONALD GARDEN.	100,000.
OLIVE CREST 7220 TRADE ST., SUITE 103 SAN DIEGO , CA 92121	NONE	PC	TO SUPPORT EXPANSION FOR HOMELESS AND FOSTER YOUTH.	30,000.
OLIVEWOOD GARDENS AND LEARNING CENTER 2525 N. AVE. NATIONAL CITY , CA 91950	NONE	PC	TO SUPPORT SALARIES OF LEAD PROGRAM STAFF.	20,000.
PARTNERS FOR JUSTICE 244 FIFTH AVENUE, SUITE R277 NEW YORK , NY 10001	NONE	PC	TO SUPPORT PROGRAM COSTS.	50,000.
PATHWAYS TO CITIZENSHIP 120 STEVENS AVENUE SOLANA BEACH , CA 92075	NONE	PC	TO SUPPORT THE LEGAL EXPANSION PROJECT.	5,000.
PROJECT BLANK 3667 MENLO AVE. SAN DIEGO , CA 92105	NONE	PC	TO SUPPORT AN OUTREACH COORDINATOR AND FIVE QUARTERLY WORKSHOPS.	25,000.
RISE URBAN LEADERSHIP INSTITUTE OF SAN DIEGO 404 EUCLID AVENUE, SUITE 329 SAN DIEGO , CA 92114	NONE	PC	TO SUPPORT THE PROGRAM DIRECTOR'S SALARY.	40,000.
SAN DIEGO ARCHITECTURAL FOUNDATION PO BOX 122228 SAN DIEGO , CA 92112	NONE	PC	TO SUPPORT A PART-TIME ADMINISTRATIVE ASSISTANT.	10,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SAN DIEGO ART INSTITUTE 1439 EL PRADO SAN DIEGO , CA 92101	NONE	PC	TO SUPPORT AN ORAL HISTORY BOOTH AND A PHOTO BOOTH.	22,000.
SAN DIEGO COUNTY MEDICAL SOCIETY FOUNDATION 4699 MURPHY CANYON ROAD, SUITE 102 SAN DIEGO , CA 92123	NONE	PC	TO SUPPORT A FULL-TIME CARE MANAGER.	40,000.
SAN DIEGO HUMANE SOCIETY 5500 GAINES STREET SAN DIEGO , CA 92110	NONE	PC	TO SUPPORT COMMUNITY SUPPORT SERVICES.	20,000.
SAN DIEGO POLICE FOUNDATION 550 WEST C STREET, SUITE 500 SAN DIEGO , CA 92101	NONE	PC	TO SUPPORT THE SAFETYNET PROGRAM.	25,000.
SAN DIEGO RESCUE MISSION 120 ELM STREET SAN DIEGO, CA 92101	NONE	PC	TO SUPPORT THE THERAPY DEPARTMENT.	20,000.
SAN DIEGO SQUARED 1100 MARKET STREET, SUITE 338 SAN DIEGO , CA 92101	NONE	PC	TO SUPPORT A SQUARED FELLOWS PROGRAM.	25,000.
SENIOR GLEANERS OF SAN DIEGO COUNTY PO BOX 600521 SAN DIEGO , CA 92160	NONE	PC	TO SUPPORT CAPACITY BUILDING.	11,000.
SHORELINE COMMUNITY SERVICES 1004 CHALCEDONY STREET SAN DIEGO , CA 92109	NONE	PC	TO SUPPORT SAFETY AND COMMUNITY HARMONY.	39,000.
SOLANA CENTER FOR ENVIRONMENTAL INNOVATION 137 N. EL CAMINO REAL ENCINITAS , CA 92024	NONE	PC	TO SUPPORT THE DIGITAL INFRASTRUCTURE ENHANCEMENT.	25,000.
THE EPILEPSY SOCIETY OF SAN DIEGO COUNTY 2055 EL CAJON BLVD. SAN DIEGO , CA 92104	NONE	PC	TO SUPPORT GENERAL OPERATING EXPENSES.	5,000.
Total from continuation sheets				

Part XIV Supplementary Information

3 Grants and Contributions Paid During the Year (Continuation)

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
THE EPISCOPAL REFUGEE NETWORK OF SAN DIEGO 3725 30TH STREET SAN DIEGO, CA 92104	NONE	PC	TO SUPPORT A FOOD DISTRIBUTION PROGRAM.	25,000.
THE HIGH STEPPERS DRILL TEAM, INC. 5275 MARKET STREET, SUITE 21A SAN DIEGO , CA 92114	NONE	PC	TO SUPPORT A COMMUNICATIONS SPECIALIST.	25,000.
THEATRE & ARTS FOUNDATION OF SAN DIEGO COUNTY P.O. BOX 12039 LA JOLLA, CA 92039	NONE	PC	TO SUPPORT THE PURCHASE OF A CARGO VAN.	35,000.
UC SAN DIEGO FOUNDATION ATTN: DR. MOLINA, 9415 CAMPUS POINT DR. LA JOLLA , CA 92093	NONE	PC	TO SUPPORT VISION SCREENINGS FOR THE STUDENTS OF EUCLID ELEMENTARY AND IBARRA ELEMENTARY.	30,000.
UNITED WAY OF SAN DIEGO COUNTY 4699 MURPHY CANYON ROAD SAN DIEGO , CA 92123	NONE	PC	TO SUPPORT STEAM-TO-CAREERS.	35,000.
VEHICLES FOR CHANGE-SAN DIEGO 3101 HOOVER AVE. NATIONAL CITY , CA 91950	NONE	PC	TO SUPPORT GENERAL OPERATING EXPENSES.	25,000.
VOICES OF OUR CITY CHOIR 2728 SIXTH AVENUE SAN DIEGO , CA 92103	NONE	PC	TO SUPPORT A CAPACITY GRANT TO FULFILL THE SAN DIEGO FOUNDATION'S $50K MATCHING GRANT.	40,000.
VOLUNTEERS IN MEDICINE - SAN DIEGO 1457 E. MADISON AVENUE EL CAJON, CA 92019	NONE	PC	TO SUPPORT A COMMUNITY OUTREACH PROGRAM.	15,000.
WALDEN ENVIRONMENT 8525 GIBBS DRIVE, SUITE 100 SAN DIEGO , CA 92123	NONE	PC	TO SUPPORT THE TRANSITIONAL HOUSING PLACEMENT PROGRAM.	45,000.
YMCA OF SAN DIEGO COUNTY 3708 RUFFIN ROAD SAN DIEGO , CA 92123	NONE	PC	TO SUPPORT PHASE ONE OF THE MASTER SITE CAPITAL RENOVATION PLANS.	15,000.
Total from continuation sheets				

Part XIV Supplementary Information

3a Grants and Contributions Paid During the Year Continuation of Purpose of Grant or Contribution

NAME OF RECIPIENT - BUILDING 178 PERFORMING ARTS CENTER

TO SUPPORT THE FABRICATION AND INSTALLATION OF STAGE FLOORS FOR THE JOAN & IRWIN JACOBS PERFORMING ARTS CENTER.

NAME OF RECIPIENT - CATALYST OF SAN DIEGO & IMPERIAL COUNTIES

TO SUPPORT CAPACITY BUILDING $30,000, 2025 MEMBERSHIP DUES $7,500, 2025 ANNUAL CONFERENCE $5,000, FUNDERS TOGETHER TO END HOMELESSNESS SAN DIEGO POOLED FUND $40,000, ARTS & INTERSECTIONS COLLABORATIVE $15,000.

NAME OF RECIPIENT - CATALYST OF SAN DIEGO AND IMPERIAL COUNTIES

TO SUPPORT THE SAN DIEGO RESILIENT RESPONSE POOLED FUND ($100K), THE SUSTAINED SUPPORT POOLED FUND ($100K), PREPAYMENT OF THE 2026 FUNDERS TOGETHER TO END HOMELESSNESS POOLED FUND ($50K), ARTS & INTERSECTIONS FOR THEGRANTMAKERS IN THE ARTS2027 CONF. IN SD ($50K).

NAME OF RECIPIENT - NTC FOUNDATION

TO SUPPORT THE JUDY MCDONALD GALLERY AT LIBERTY STATION IN HONOR OF JUDY MCDONALDS EXEMPLARY BOARD SERVICE.

Schedule B (Form 990)
(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

THE PARKER FOUNDATION

Employer identification number

51-0141231

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	527 political organization
Form 990-PF	[X] 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... $ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization	Employer identification number
THE PARKER FOUNDATION	51-0141231

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	PAUL AND KRETIA MOSHER 2500 6TH AVENUE, UNIT 1104 SAN DIEGO, CA 92103	$ 100,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: THE PARKER FOUNDATION

Employer identification number: 51-0141231

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		$	

Name of organization	Employer identification number
THE PARKER FOUNDATION	51-0141231

Part III **Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than $1,000 for the year from any one contributor.** Complete columns **(a)** through **(e) and** the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **$1,000 or less** for the year. (Enter this info. once.) $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 2

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
INTEREST AND DIVIDENDS	555,666.	555,666.	
TOTAL TO PART I, LINE 3	555,666.	555,666.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME
CCI CORE BOND FUND L.P.	0.	281,887.	
CANTERBURY PRIVATE INCOME FUND I, L.P.	0.	118,181.	
CANTERBURY CONSULTING SPFS FUND VIII, L	0.	66,949.	
RREFF III DEBT DOMESTIC INVESTORS, LP	0.	22,391.	
NEW MOUNTAIN PARTNERS V, L.P.	0.	14,614.	
CPREF AIV I HOLDINGS HOTEL, L.P.	0.	11,871.	
CPREF AIV I HOLDINGS - DOCK HV, L.P.	0.	4,629.	
RREF III PROPERTY DOMESTIC INVESTORS, LP	0.	3,381.	
CPREF CAYMAN LP	0.	2,418.	
SLP VI GOLDFINGER FEEDER I, LP	0.	1,003.	
SLP VI REGAL FEEDER I, LP	0.	511.	
UBIT ADJUSTMENT LOSS ON 990-T	0.	497.	
SLP VI ACE FEEDER I, L.P.	0.	288.	
WHITE OAK RESOURCES	236.	236.	
NEW MOUNTAIN PARTNERS VI AGGREGATOR	0.	138.	
MONTAUK TRIGUARD FUND V LP	0.	138.	
AG SF	0.	118.	
NEW MOUNTAIN PARTNERS V (AIV-D2), L.P.	0.	50.	
MONTAUK TRIGUARD FUND IV, LP	0.	16.	
CPREF AIV IV, HOLDINGS - TM LP	0.	11.	
NEW MOUNTAIN PARTNERS V (AIV-A2), L.P.	0.	1.	
PARTNERSHIP BOOK INCOME ADJ - NOT TAXABLE	499,865.	0.	
NEW MOUNTAIN PARTNERS V (AIV-B2), L.P.	0.	-3.	
NEW MOUNTAIN PARTNERS V (AIV-F) SELLCO, L.P.	0.	-5.	
SILVER LAKE PARTNERS VI DE (AIV V), L.P.	0.	-5.	
CPREF AIV I HOLDINGS - RC L.P.	0.	-17.	
CPREF AIV I HOLDINGS, L.P.	0.	-23.	

SILVER LAKE PARTNERS VI CAYMAN (AIV II), L.P.	0.	-46.	
CPREF AIV II, L.P.	0.	-306.	
CPREF AIV III, L.P.	0.	-391.	
CPREF AIV V LP	0.	-457.	
FRONTIER MID CAP GROWTH FUND LP	0.	-1,278.	
CENTERBRIDGE PARTNERS REAL ESTATE FUND, L.P.	0.	-1,319.	
BROWN ADVISORY INVESTORS 2017 - SLP V (TE)	0.	-4,928.	
MONTAUK TRIGUARD FUND VI LP	0.	-5,201.	
NEW MOUNTAIN PARTNERS VI, L.P.	0.	-6,831.	
VANCE STREET CAPITAL III LP	0.	-7,099.	
SILVER LAKE PARTNERS VI, L.P	0.	-7,690.	
AG REALTY FUND VIII	0.	-8,112.	
CANTERBURY CONSULTING PC FUND II (B) LP	0.	-19,993.	
TAX REFUND	3,037.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	503,138.	465,624.	

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL FEES	2,098.	0.		0.
TO FM 990-PF, PG 1, LN 16A	2,098.	0.		0.

FORM 990-PF ACCOUNTING FEES STATEMENT 5

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING AND AUDIT	66,762.	0.		0.
TO FORM 990-PF, PG 1, LN 16B	66,762.	0.		0.

FORM 990-PF OTHER PROFESSIONAL FEES STATEMENT 6

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADVISORY AND INVESTMENT	165,448.	165,448.		0.
CUSTODIAN FEES	120.	120.		0.
TECHNOLOGY SERVICES	6,983.	0.		6,285.
TO FORM 990-PF, PG 1, LN 16C	172,551.	165,568.		6,285.

FORM 990-PF TAXES STATEMENT 7

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAXES	30,012.	0.		0.
FILING FEES	95.	0.		0.
TO FORM 990-PF, PG 1, LN 18	30,107.	0.		0.

FORM 990-PF OTHER EXPENSES STATEMENT 8

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST-MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
INSURANCE	7,867.	0.		7,080.
FILE STORAGE	3,637.	0.		3,273.
TELEPHONE	945.	0.		850.
POSTAGE AND DELIVERY	1,325.	0.		1,191.
MEMBERSHIP	1,052.	0.		947.
TO FORM 990-PF, PG 1, LN 23	14,826.	0.		13,341.

FORM 990-PF OTHER INCREASES IN NET ASSETS OR FUND BALANCES STATEMENT 9

DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	3,702,574.
GRANTS PAID GAAP/TAX ADJUSTMENT	60,000.
TOTAL TO FORM 990-PF, PART III, LINE 3	3,762,574.

FORM 990-PF CORPORATE STOCK STATEMENT 10

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
COMMON STOCK	3,082,116.	3,082,116.
TOTAL TO FORM 990-PF, PART II, LINE 10B	3,082,116.	3,082,116.

FORM 990-PF OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALTERNATIVE INVESTMENTS	FMV	14,946,990.	14,946,990.
MUTUAL FUNDS	FMV	32,113,075.	32,113,075.
TOTAL TO FORM 990-PF, PART II, LINE 13		47,060,065.	47,060,065.

FORM 990-PF OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ACCRUED INTEREST AND DIVIDENDS	5,443.	5,485.	5,485.
TO FORM 990-PF, PART II, LINE 15	5,443.	5,485.	5,485.

FORM 990-PF PART VII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN-SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BRAD LUPIEN 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR 0.25	0.	0.	0.
LEXY HARSHMAN 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	CHIEF ADMINISTRATIVE OFFICER 25.00	119,335.	0.	0.
RAYMOND G. ELLIS 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	PRESIDENT 0.50	0.	0.	0.
WILLIAM G. BEAMER 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	VICE PRESIDENT 0.25	0.	0.	0.
VICTORIA REED 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	SECRETARY 0.25	0.	0.	0.
DORI KAUFMAN 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	TREASURER 0.25	0.	0.	0.
KATY MCDONALD 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR 0.25	0.	0.	0.
BARBARA MANDEL 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR 0.25	0.	0.	0.
ERNEST BORUNDA 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR EMERITUS 0.00	0.	0.	0.
ANN DAVIES 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR EMERITUS 0.25	0.	0.	0.

PAUL MOSHER 2604-B EL CAMINO REAL, SUITE 244 CARLSBAD, CA 92008	DIRECTOR EMERITUS 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6, PART VII		119,335.	0.	0.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT 14
PART XIV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LEXY HARSHMAN, 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.

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
THE PARKER FOUNDATION

Taxpayer identification number (TIN)
51-0141231

Number, street, and room or suite no. If a P.O. box, see instructions.
2604-B EL CAMINO REAL, 244

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CARLSBAD, CA 92008

Enter the Return Code for the return that this application is for (file a separate application for each return) 04

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of LEXY HARSHMAN, CHIEF ADMINISTRATIVE OFFICER
2604-B EL CAMINO REAL, SUITE 244 - CARLSBAD, CA 92008

Telephone No. 760-720-0630 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box .....
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐ . If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

☒ tax year beginning OCT 1, 20 24, and ending SEP 30, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	30,000.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	77,193.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form **8868** (Rev. 1-2025)

LHA 423841 01-02-25

2024

990-T

PUBLIC

DISCLOSURE

Form **990-T**

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

For calendar year 2024 or other tax year beginning OCT 1, 2024 , and ending SEP 30, 2025 .

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

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

OMB No. 1545-0047

2024

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

Department of the Treasury
Internal Revenue Service

A Check box if address changed.

B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a) 529A

Print or Type

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

D Employer identification number
51-0141231

Number, street, and room or suite no. If a P.O. box, see instructions.
2604-B EL CAMINO REAL, 244

E Group exemption number (see instructions)

City or town, state or province, country, and ZIP or foreign postal code
CARLSBAD, CA 92008

F Check box if an amended return.

C Book value of all assets at end of year ..... 50,383,798.

G Check organization type [X] 501(c) corporation 501(c) trust 401(a) trust Other trust State college/university
6417(d)(1)(A) Applicable entity

H Check if filing only to claim Credit from Form 8941 Refund shown on Form 2439 Elective payment amount from Form 3800

I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation .....

J Enter the number of attached Schedules A (Form 990-T) 1

K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of LEXY HARSHMAN, CHIEF ADMINISTRAT Telephone number 760-720-0630

Part I Total Unrelated Business Taxable Income

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	0.
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	
8	Specific deduction (generally $1,000, but see instructions for exceptions)	8	1,000.
9	**Trusts.** Section 199A deduction. See instructions	9	
10	**Total deductions.** Add lines 8 and 9	10	1,000.
11	**Unrelated business taxable income.** Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1	**Organizations taxable as corporations.** Multiply Part I, line 11 by 21% (0.21)	1	0.
2	**Trusts taxable at trust rates.** See instructions for tax computation. Income tax on the amount on Part I, line 11, from: Tax rate schedule or Schedule D (Form 1041)	2	
3	**Proxy tax.** See instructions	3	
4a	Amount from Form 4255, Part I , line 3, column (q)	4a	
b	Other tax amounts. See instructions	4b	
5	Alternative minimum tax	5	
6	**Tax on noncompliant facility income.** See instructions	6	
7	**Total.** Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

Part III Tax and Payments

1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b	Other credits (see instructions)	1b			
c	General business credit. Attach Form 3800 (see instructions)	1c			
d	Credit for prior-year minimum tax (attach Form 8801 or 8827)	1d			
e	**Total credits.** Add lines 1a through 1d			1e	
2	Subtract line 1e from Part II, line 7			2	0.
3a	Amount from Form 4255, Part I, line 3, column (r) (see instructions)	3a			
b	Amount due from Form 8611	3b			
c	Amount due from Form 8697	3c			
d	Amount due from Form 8866	3d			
e	Other amounts due (see instructions)	3e			
f	Total amounts due. Add lines 3a through 3e			3f	0.
4	**Total tax.** Add lines 2 and 3f (see instructions). [ ] Check if includes tax previously deferred under section 1294. Enter tax amount here			4	0.

Part III Tax and Payments *(continued)*

5	Current net 965 tax liability paid from Form 965-A, Part II, column (k)			5	0.
6 a	Payments: Preceding year's overpayment credited to the current year	6a			
b	Current year's estimated tax payments. Check if section 643(g) election applies ☐	6b			
c	Tax deposited with Form 8868	6c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e	Backup withholding (see instructions)	6e			
f	Credit for small employer health insurance premiums (attach Form 8941)	6f			
g	Elective payment election amount from Form 3800	6g			
h	Payment from Form 2439	6h			
i	Credit from Form 4136	6i			
j	Other (see instructions)	6j			
7	**Total payments.** Add lines 6a through 6j			7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached			8	
9	**Tax due.** If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed			9	
10	**Overpayment.** If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid			10	
11	Enter the amount of line 10 you want: **Credited to 2025 estimated tax** **Refunded**			11	

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

		Yes	No
1	At any time during the 2024 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year $		
4	Enter available pre-2018 NOL carryovers here $ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		

Business Activity Code	Available post-2017 NOL carryover
531390	$ 59,242.
	$
	$
	$

6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information

Provide any additional information. See instructions.

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | PRESIDENT Title

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
		07/21/26		

Firm's name ALDRICH CPAS AND ADVISORS, LLP | Firm's EIN

Firm's address 1903 WRIGHT PLACE, #180 CARLSBAD, CA 92008 | Phone no. (760) 431-8440

SCHEDULE A (Form 990-T)

Department of the Treasury
Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

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

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

OMB No. 1545-0047

2024

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

A Name of the organization: THE PARKER FOUNDATION

B Employer identification number: 51-0141231

C Unrelated business activity code (see instructions): 531390

D Sequence: 1 of 1

E Describe the unrelated trade or business: INVESTMENT IN PARTNERSHIPS

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances	c Balance 1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D (Form 1041 or Form 1120)). See instructions	4a	177.		177.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions	4b	-3.		-3.
c	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 15	5	-675.		-675.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement)	12			
13	**Total.** Combine lines 3 through 12	13	-501.		-501.

Part II Deductions Not Taken Elsewhere. See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

1	Compensation of officers, directors, and trustees (Part X)			1	
2	Salaries and wages			2	
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement). See instructions			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562). See instructions	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	**Total deductions.** Add lines 1 through 14			15	0.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			16	-501.
17	Deduction for net operating loss. See instructions			17	0.
18	**Unrelated business taxable income.** Subtract line 17 from line 16			18	-501.

For Paperwork Reduction Act Notice, see instructions. **Schedule A (Form 990-T) 2024**

LHA 423741 01-30-25

Part III Cost of Goods Sold

Enter method of inventory valuation

1	Inventory at beginning of year	1	
2	Purchases	2	
3	Cost of labor	3	
4	Additional section 263A costs (attach statement)	4	
5	Other costs (attach statement)	5	
6	**Total.** Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	**Cost of goods sold.** Subtract line 7 from line 6. Enter here and in Part I, line 2	8	
9	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	☐ Yes ☐ No	

Part IV Rent Income (From Real Property and Personal Property Leased With Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Rent received or accrued				
a	From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b	From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c	Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c, columns A through D. Enter here and on Part I, line 6, column (A) 0.

4	Deductions directly connected with the income in lines 2a and 2b (attach statement)				

5 **Total deductions.** Add line 4, columns A through D. Enter here and on Part I, line 6, column (B) 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use. See instructions.

A ☐
B ☐
C ☐
D ☐

		A	B	C	D
2	Gross income from or allocable to debt-financed property				
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	Total deductions (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				

8 **Total gross income** (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) 0.

9	Allocable deductions. Multiply line 3c by line 6				

10 **Total allocable deductions.** Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) 0.

11 **Total dividends-received deductions** included in line 10 0.

Part VI Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations: 3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on Part I, line 8, column (B).
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
	Add amounts in column 2. Enter here and on Part I, line 9, column (A).			Add amounts in column 5. Enter here and on Part I, line 9, column (B).
Totals	0.			0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:		
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2	
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3	
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4	
5	Gross income from activity that is not unrelated business income	5	
6	Expenses attributable to income entered on line 5	6	
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7	

Schedule A (Form 990-T) 2024

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A ☐ _____
B ☐ _____
C ☐ _____
D ☐ _____

Enter amounts for each periodical listed above in the corresponding column.

		A	B	C	D
2	Gross advertising income				
a	Add columns A through D. Enter here and on Part I, line 11, column (A)				0.
3	Direct advertising costs by periodical				
a	Add columns A through D. Enter here and on Part I, line 11, column (B)				0.
4	Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter -0- on line 8				
5	Readership costs				
6	Circulation income				
7	Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter -0-				
8	Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7				
a	Add line 8, columns A through D. Enter the greater of the line 8a columns total or -0- here and on Part II, line 13				0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

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

Part XI Supplemental Information (see instructions)

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS STATEMENT 15

DESCRIPTION	NET INCOME OR (LOSS)
MONTAUK TRIGUARD FUND V LP - ORDINARY BUSINESS INCOME (LOSS)	-1,353.
MONTAUK TRIGUARD FUND IV, LP - ORDINARY BUSINESS INCOME (LOSS)	-14.
AG REALTY FUND VIII LP - ORDINARY BUSINESS INCOME (LOSS)	-8,807.
AG REALTY FUND VIII LP - NET RENTAL REAL ESTATE INCOME	-2,403.
AG REALTY FUND VIII LP - OTHER INCOME (LOSS)	-2.
NEW MOUNTAIN PARTNERS VI, L.P. - OTHER INCOME (LOSS)	-2,660.
MONTAUK TRIGUARD FUND VI LP - ORDINARY BUSINESS INCOME (LOSS)	-2,975.
NEW MOUNTAIN PARTNERS V, L.P. - INTEREST INCOME	3.
NEW MOUNTAIN PARTNERS V, L.P. - OTHER INCOME (LOSS)	-72.
CANTERBURY CONSULTING PC FUND II (B) LP - INTEREST INCOME	11.
CANTERBURY CONSULTING PC FUND II (B) LP - DIVIDEND INCOME	23.
CANTERBURY CONSULTING PC FUND II (B) LP - OTHER PORTFOLIO INCOME (LOSS)	1.
CANTERBURY CONSULTING PC FUND II (B) LP - OTHER INCOME (LOSS)	-4,861.
AG SF (L) L. P. - ORDINARY BUSINESS INCOME (LOSS)	-154.
CANTERBURY PRIVATE INCOME FUND I, L.P. - ORDINARY BUSINESS INCOME (LOSS)	22,588.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-675.

990-T SCH A POST-2017 NET OPERATING LOSS DEDUCTION STATEMENT 16

TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/22	23,663.	0.	23,663.	23,663.
09/30/23	18,877.	0.	18,877.	18,877.
09/30/24	16,702.	0.	16,702.	16,702.
NOL CARRYOVER AVAILABLE THIS YEAR			59,242.	59,242.

SCHEDULE D (Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2024

Name

THE PARKER FOUNDATION

Employer identification number

51-0141231

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				177.

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	**4**	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	**5**	
6 Unused capital loss carryover (attach computation)	**6**	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	**7**	177.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Enter gain from Form 4797, line 7 or 9	**11**	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	**12**	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	**13**	
14 Capital gain distributions	**14**	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	**15**	

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	**16**	177.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	**17**	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	**18**	177.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

OMB No. 1545-0074

2024

Attachment Sequence No. **12A**

Name(s) shown on return: THE PARKER FOUNDATION

Social security number or taxpayer identification no. 51-0141231

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

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

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

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
NEW MOUNTAIN PARTNERS VI, L.P.							171. C
CANTERBURY CONSULTING PC FUND II (B) LP							6. C
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)							177.

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

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return

THE PARKER FOUNDATION

Identifying number

51-0141231

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	**1a**	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
AG REALTY FUND VIII LP						-3.

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	-3.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	**11**	(3.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	-3.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (**Note:** See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	**If section 1245 property:**					
a	Depreciation allowed or allowable from line 22	25a				
b	Enter the **smaller** of line 24 or 25a	25b				
26	**If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
e	Enter the **smaller** of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	**If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage	27b				
c	Enter the **smaller** of line 24 or 27b	27c				
28	**If section 1254 property:**					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b	Enter the **smaller** of line 24 or 28a	28b				
29	**If section 1255 property:**					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

SCHEDULE D (Form 1120)

Department of the Treasury
Internal Revenue Service

Capital Gains and Losses

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

OMB No. 1545-0123

2024

Name

THE PARKER FOUNDATION

Employer identification number

51-0141231

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year? ☐ Yes ☒ No

If "Yes," attach Form 8949 and see its instructions for additional requirements for reporting your gain or loss.

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part I, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b				
1b Totals for all transactions reported on Form(s) 8949 with **Box A** checked				
2 Totals for all transactions reported on Form(s) 8949 with **Box B** checked				
3 Totals for all transactions reported on Form(s) 8949 with **Box C** checked				177.

4 Short-term capital gain from installment sales from Form 6252, line 26 or 37	**4**	
5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824	**5**	
6 Unused capital loss carryover (attach computation)	**6**	( )
7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h	**7**	177.

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	**(d)** Proceeds (sales price)	**(e)** Cost (or other basis)	**(g)** Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)	**(h) Gain or (loss)** Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b				
8b Totals for all transactions reported on Form(s) 8949 with **Box D** checked				
9 Totals for all transactions reported on Form(s) 8949 with **Box E** checked				
10 Totals for all transactions reported on Form(s) 8949 with **Box F** checked				

11 Enter gain from Form 4797, line 7 or 9	**11**	
12 Long-term capital gain from installment sales from Form 6252, line 26 or 37	**12**	
13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824	**13**	
14 Capital gain distributions	**14**	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h	**15**	

Part III Summary of Parts I and II

16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	**16**	177.
17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	**17**	
18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns	**18**	177.

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

Form **8949**

Department of the Treasury
Internal Revenue Service

Sales and Other Dispositions of Capital Assets

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

OMB No. 1545-0074
2024
Attachment Sequence No. **12A**

Name(s) shown on return: THE PARKER FOUNDATION

Social security number or taxpayer identification no. 51-0141231

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

Part I **Short-Term.** Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.
Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

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

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

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the **Note** below and see *Column (e)* in the instructions	Adjustment, if any, to gain or loss. If you enter an amount in column (g), enter a code in column (f). See instructions. (f) Code(s)	(g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
NEW MOUNTAIN							
PARTNERS VI, L.P.							171.
CANTERBURY							
CONSULTING PC FUND							
II (B) LP							6.
2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, **line 1b** (if **Box A** above is checked), **line 2** (if **Box B** above is checked), or **line 3** (if **Box C** above is checked)							177.

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

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

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

OMB No. 1545-0184

2024

Attachment Sequence No. **27**

Name(s) shown on return

THE PARKER FOUNDATION

Identifying number

51-0141231

1a	Enter the gross proceeds from sales or exchanges reported to you for 2024 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20	**1a**	
b	Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets	**1b**	
c	Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets	**1c**	

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2 (a) Description of property	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale	(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
AG REALTY FUND VIII LP						-3.

3	Gain, if any, from Form 4684, line 39	**3**	
4	Section 1231 gain from installment sales from Form 6252, line 26 or 37	**4**	
5	Section 1231 gain or (loss) from like-kind exchanges from Form 8824	**5**	
6	Gain, if any, from line 32, from other than casualty or theft	**6**	
7	Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows	**7**	-3.
	Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below.		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.		
8	Nonrecaptured net section 1231 losses from prior years. See instructions	**8**	
9	Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions	**9**	

Part II Ordinary Gains and Losses (see instructions)

10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):

11	Loss, if any, from line 7	**11**	(3.)
12	Gain, if any, from line 7 or amount from line 8, if applicable	**12**	
13	Gain, if any, from line 31	**13**	
14	Net gain or (loss) from Form 4684, lines 31 and 38a	**14**	
15	Ordinary gain from installment sales from Form 6252, line 25 or 36	**15**	
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824	**16**	
17	Combine lines 10 through 16	**17**	-3.
18	For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below.		
a	If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions	**18a**	
b	Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4	**18b**	

Part III **Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255** (see instructions)

19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

	These columns relate to the properties on lines 19A through 19D.		Property A	Property B	Property C	Property D
20	Gross sales price (**Note:** See line 1a before completing.)	20				
21	Cost or other basis plus expense of sale	21				
22	Depreciation (or depletion) allowed or allowable	22				
23	Adjusted basis. Subtract line 22 from line 21	23				
24	Total gain. Subtract line 23 from line 20	24				
25	**If section 1245 property:**					
a	Depreciation allowed or allowable from line 22	25a				
b	Enter the **smaller** of line 24 or 25a	25b				
26	**If section 1250 property:** If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.					
a	Additional depreciation after 1975. See instructions	26a				
b	Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions	26b				
c	Subtract line 26a from line 24. If residential rental property **or** line 24 isn't more than line 26a, skip lines 26d and 26e	26c				
d	Additional depreciation after 1969 and before 1976	26d				
e	Enter the **smaller** of line 26c or 26d	26e				
f	Section 291 amount (corporations only)	26f				
g	Add lines 26b, 26e, and 26f	26g				
27	**If section 1252 property:** Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.					
a	Soil, water, and land clearing expenses	27a				
b	Line 27a multiplied by applicable percentage	27b				
c	Enter the **smaller** of line 24 or 27b	27c				
28	**If section 1254 property:**					
a	Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a				
b	Enter the **smaller** of line 24 or 28a	28b				
29	**If section 1255 property:**					
a	Applicable percentage of payments excluded from income under section 126. See instructions	29a				
b	Enter the **smaller** of line 24 or 29a. See instructions	29b				

Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30.

30	Total gains for all properties. Add property columns A through D, line 24	30	
31	Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13	31	
32	Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	32	

Part IV **Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less** (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		

Form **8868**
(Rev. January 2025)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print

File by the due date for filing your return. See instructions.

Name of exempt organization, employer, or other filer, see instructions.
THE PARKER FOUNDATION

Taxpayer identification number (TIN)
51-0141231

Number, street, and room or suite no. If a P.O. box, see instructions.
2604-B EL CAMINO REAL, 244

City, town or post office, state, and ZIP code. For a foreign address, see instructions.
CARLSBAD, CA 92008

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

- After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.
- If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY)

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of LEXY HARSHMAN, CHIEF ADMINISTRATIVE OFFICER
2604-B EL CAMINO REAL, SUITE 244 - CARLSBAD, CA 92008

Telephone No. 760-720-0630 Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box .....
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ..... ☐ . If it is for part of the group, check this box ... and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until AUGUST 15, 20 26, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

calendar year 20 _____ or

☒ tax year beginning OCT 1, 20 24, and ending SEP 30, 20 25

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
Change in accounting period

3a	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	**3a**	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	**3b**	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	**3c**	$	0.