

Return of Private Foundation

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

Department of the Treasury
Internal Revenue Service

- ▶ 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.

For calendar year 2018 or tax year beginning _____, **and ending** _____

Name of foundation TWANDA FOUNDATION			A Employer identification number 20-3508036	
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 986		Room/suite	B Telephone number (see instructions)	
City or town, state or province, country, and ZIP or foreign postal code ALAMO CA 94507				
Foreign country name		Foreign province/state/county	Foreign postal code	
G Check all that apply:			C If exemption application is pending, check here <input type="checkbox"/>	
<input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change			D 1. Foreign organizations, check here <input type="checkbox"/>	
			2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation			E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>	
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation			F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 160,625		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)		

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) (see instructions).)		(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 (attach schedule)	350,000			
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	136	136		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10				
	b Gross sales price for all assets on line 6a				
	7 Capital gain net income (from Part IV, line 2)				
	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) (attach schedule)					
11 Other income (attach schedule)					
12 Total. Add lines 1 through 11	350,136	136	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	63,000			
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	8,804			
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,780			
	c Other professional fees (attach schedule)	1,200			
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	210	210		
	19 Depreciation (attach schedule) and depletion	489			
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	695	300		
	24 Total operating and administrative expenses. Add lines 13 through 23	77,178	510	0	0
	25 Contributions, gifts, grants paid	190,508			190,508
26 Total expenses and disbursements. Add lines 24 and 25	267,686	510	0	190,508	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	82,450				
b Net investment income (if negative, enter -0-)		0			
c Adjusted net income (if negative, enter -0-)			0		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)			
		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value	
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	76,954	159,892	159,892
	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 (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment: basis ▶	2,973			
	Less: accumulated depreciation (attach schedule) ▶	2,240	1,222	733	
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	78,176	160,625	160,625	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 24 through 26, and lines 30 and 31.				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 31.				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
29	Retained earnings, accumulated income, endowment, or other funds	78,176	160,625		
30	Total net assets or fund balances (see instructions)	78,176	160,625		
31	Total liabilities and net assets/fund balances (see instructions)	78,176	160,625		

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 30 (must agree with end-of-year figure reported on prior year's return)	1	78,176
2	Enter amount from Part I, line 27a	2	82,450
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	160,626
5	Decreases not included in line 2 (itemize) ▶ Rounding	5	1
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	160,625

Part IV Capital Gains and Losses for Tax on Investment Income

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					
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
(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					
b					
c					
d					
e					
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	0
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	0

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No
 If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	196,250	57,395	3.419287
2016	254,500	47,910	5.312043
2015	300,600	91,386	3.289344
2014	288,800	45,592	6.334445
2013	268,600	83,565	3.214264
2	Total of line 1, column (d)	2	21.569383
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years	3	4.313877
4	Enter the net value of noncharitable-use assets for 2018 from Part X, line 5	4	89,012
5	Multiply line 4 by line 3	5	383,987
6	Enter 1% of net investment income (1% of Part I, line 27b)	6	0
7	Add lines 5 and 6	7	383,987
8	Enter qualifying distributions from Part XII, line 4	8	190,508

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

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b	1		
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% 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	0	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0	
6	Credits/Payments:			
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a		
b	Exempt foreign organizations—tax withheld at source	6b		
c	Tax paid with application for extension of time to file (Form 8868)	6c		
d	Backup withholding erroneously withheld	6d		
7	Total credits and payments. Add lines 6a through 6d	7	0	
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0	
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	0	

Part VII-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?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 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.		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ _____ (2) On foundation managers. <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ _____		
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.		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.		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		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?	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 XV.	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. <input type="checkbox"/> 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 <i>General Instruction G</i> ? If "No," attach explanation	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 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV.		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses.		X

Part VII-A Statements Regarding Activities (continued)

Table with 3 columns: Question, Yes, No. Rows 11-16 covering questions about controlled entities, distributions, public inspection requirements, and foreign country interests.

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

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

Table with 3 columns: Question, Yes, No. Rows 1a-4b covering questions about disqualifying acts, undistributed income, and business enterprise interests.

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

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))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
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			5b	N/A		
Organizations relying on a current notice regarding disaster assistance, check here		<input type="checkbox"/>				
c 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	N/A		
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?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No				

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

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

(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 Attached Statement		.00	0	
-----		.00	0	
-----		.00	0	
-----		.00	0	
-----		.00	0	

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). 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

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

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

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
.....		
.....		
.....		
.....		

Total number of others receiving over \$50,000 for professional services ▶

Part IX-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 NONE	
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NONE	
2	
3 All other program-related investments. See instructions.	

Total. Add lines 1 through 3 ▶ 0

Part X 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	89,635
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	733
d	Total (add lines 1a, b, and c)	1d	90,368
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	90,368
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4	1,356
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	89,012
6	Minimum investment return. Enter 5% of line 5	6	4,451

Part XI 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 X, line 6	1	4,451
2a	Tax on investment income for 2018 from Part VI, line 5	2a	
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,451
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	4,451
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,451

Part XII 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	190,508
b	Program-related investments—total from Part IX-B	1b	
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 V, line 8; and Part XIII, line 4	4	190,508
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	190,508

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				4,451
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			0	
b Total for prior years: 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2018:				
a From 2013 264,422				
b From 2014 284,520				
c From 2014 296,031				
d From 2016 252,104				
e From 2017 193,762				
f Total of lines 3a through e	1,290,839			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶ \$ 190,508				
a Applied to 2017, but not more than line 2a				
b Applied to undistributed income of prior years (Election required—see instructions)				
c Treated as distributions out of corpus (Election required—see instructions)				
d Applied to 2018 distributable amount				4,451
e Remaining amount distributed out of corpus	186,057			
5 Excess distributions carryover applied to 2018 . (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,476,896			
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				
d Subtract line 6c from line 6b. Taxable amount—see instructions				
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				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)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	264,422			
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	1,212,474			
10 Analysis of line 9:				
a Excess from 2014 284,520				
b Excess from 2014 296,031				
c Excess from 2016 252,104				
d Excess from 2017 193,762				
e Excess from 2018 186,057				

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) **N/A**

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2018, 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				(e) Total
	(a) 2018	(b) 2017	(c) 2016	(d) 2015	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4 for each year listed					0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					0
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
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)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

Part XV 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).)

LISA K LAIRD SIDNE J LONG

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.

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. See instructions.

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

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 XV 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				
Aim High - Summer pgm for Tahoe/Truckee PO Box 410715 San Francisco, CA 94141-0715		PC	Summer learning prog for Tahoe/Truckee	1,052
Alzheimer's Assoc PO Box 96011 Washington DC, DC 20090-6011		PC	Funding a cure for Alzheimer's	1,000
Amnesty International 1624 Franklin Street, Suite 520 Oakland, CA 94612		PC	Campaign for Intel Human Rights	1,000
Bellarmino - DJ Frandsven Scholarship 960 W Hedding St San Jose, CA 95126		PC	HS Scholarship Fund	500
Berkeley Repertory Theatre 2025 Addison St Berkeley, CA 94704		PC	Support creative Theater Group in Berkeley	1,500
Bread and Roses - East Bay Outreach Pgm 233 Tamalpais Dr, #100 Corte Madera, CA 94925		PC	Helps feed needy families in East Bay Area, pediatric hospitals, special needs schools	2,000
CCC Crisis Center PO Box 3364 Walnut Creek, CA 94598		PC	Provides consuling for individuals in family or health crisis	2,500
CERI - Center for Empowering Rufugees and Imigrants 544 International Blvd, Suite 9 Oakland, CA 94606		PC	Mental Health Services for refugees and imigrants	1,000
Choice in Aging 490 Gold Club Rd Pleasant Hill, CA 94523		PC	Adult Day Care	4,000
Common Good Comm Foundation 364 Johnsville Rd Blairsden, CA 96103		PC	Support Community Fdn in Blairsden	5,000
Commonwealth Club of Calif 110 Embarcadero Street San Francisco, CA 94105		PC	Fund Public Forum presentations	1,000
Total . . . See Attached Statement ▶ 3a				190,508
b Approved for future payment				
Total ▶ 3b				0

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (a) Business code, (b) Amount, (c) Exclusion code, (d) Amount, (e) Related or exempt function income. Rows include Program service revenue, membership dues, interest on savings, dividends, rental income, and other revenue.

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

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

Table with 2 columns: Line No. and Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes.

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

Table with columns for Yes/No and rows for various categories: 1 Did the organization directly or indirectly engage... a Transfers from the reporting foundation... b Other transactions... c Sharing of facilities... d If the answer to any of the above is "Yes," complete the following schedule.

Table with 4 columns: (a) Line no., (b) Amount involved, (c) Name of noncharitable exempt organization, (d) Description of transfers, transactions, and sharing arrangements

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.

Table with 3 columns: (a) Name of organization, (b) Type of organization, (c) Description of relationship

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, Title: SECRETARY/CFO

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: JoAnn K Kading, Preparer's signature: JoAnn K Kading, Date: 3/29/2019, Check [X] if self-employed, PTIN: P01218482, Firm's name: JoAnn K Kading, CPA, Firm's address: 1613 Livorna Road West, Alamo, CA 94507, Firm's EIN: 20-3522876, Phone no.: (925) 553-7245

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year****Name**

Covelo (Round Valley) Public Library

Street

PO Box 620

City

Covelo

State

CA

Zip Code

95428

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Contribute to Community Library Bldg Fund

Amount

1,000

Name

Diablo Regional Arts Assoc - Women's Artistic Alliance

Street

1601 Civic Dr

City

Walnut Creek

State

CA

Zip Code

94596

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Regional Arts Support

Amount

1,000

Name

Diablo Regional Arts Assoc - Women's Artistic Alliance

Street

1601 Civic Dr

City

Walnut Creek

State

CA

Zip Code

94596

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Regional Arts Support

Amount

1,000

Name

Diablo Regional Arts Assoc - Women's Artistic Alliance

Street

1601 Civic Dr

City

Walnut Creek

State

CA

Zip Code

94596

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Regional Arts Support

Amount

10,000

Name

Exhale - After Abortion Support

Street

1714 Franklin St, #100 - 141

City

Oakland

State

CA

Zip Code

94612

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

After abortion talkline & support

Amount

5,000

Name

Friends of Civic Arts Foundation

Street

PO Box 8039

City

Walnut Creek

State

CA

Zip Code

94596

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Arts Education

Amount

1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Futures Explored Inc

Street

3547 Wilkinson Lane

City

Lafayette

State

CA

Zip Code

94549

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Job Skills & Training for Adults w Developmental Disabilities

Amount

1,000

Name

Girls Inc Alameda

Street

510 16th St

City

Oakland

State

CA

Zip Code

94612

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Fund programs to Inspire and train girls in Oakland

Amount

1,000

Name

Global Exchange

Street

2017 Mission St, 2nd floor

City

San Francisco

State

CA

Zip Code

94110-1285

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Supports social and environmental justice worldwide

Amount

2,000

Name

Hawaii Childrens Discovery Center - Loretta

Street

111 Ohe Street

City

Honolulu

State

HI

Zip Code

96813

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Childrens Exploratorium

Amount

2,000

Name

Hawaii Public Radio - NPR

Street

738 Kaheka St, Ste 101

City

Honolulu

State

HI

Zip Code

96814

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Public Radio

Amount

1,000

Name

Heifer Intl - Women Impowerment

Street

1 World Ave

City

Little Rock

State

AR

Zip Code

72202

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Provides domestic and work animals for 3rd World needy families

Amount

1,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year****Name**

Hospice of Hawaii - prefer Outer Island Support

Street

860 Iwilei Rd

City

Honolulu

State

HI

Zip Code

96817

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Helps families of dying relatives in Hawaii

Amount

1,023

Name

Hospice of the East Bay

Street

3470 Buskirk Ave

City

Pleasant Hill

State

CA

Zip Code

94523

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Helps families of dying relatives in CC County

Amount

5,000

Name

Jack London Historic Park

Street

2400 London Ranch Rd

City

Glen Ellen

State

CA

Zip Code

95442

Foreign Country**Relationship****Foundation Status**

Charity

Purpose of grant/contribution

Fund Jack London Historic Park preservation

Amount

5,000

Name

Kings Beach Community Resource Center - Kim

Street

PO Box 2810

City

Truckee

State

CA

Zip Code

96143

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Provide Community Support in Kings Beach, CA

Amount

1,049

Name

KIVA Micro Loans

Street

875 Howard, St, Suite 340

City

San Francisco

State

CA

Zip Code

94103

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Fund Women's Micro Loans - Intl

Amount

5,000

Name

KQED Public Radio

Street

2601 Mariposa

City

San Francisco

State

CA

Zip Code

94110

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Public Radio

Amount

1,500

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year****Name**

Las Trampas Inc - 2 \$10K VISA txns

Street

PO Box 515

City

Lafayette

State

CA

Zip Code

94549

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support programs for Adults with Disabilities

Amount

20,000

Name

Lindsay Wildlife Experience

Street

1931 First Ave

City

Walnut Creek

State

CA

Zip Code

94597

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Wildlife Rehabilitation/Kids Summer Camp

Amount

1,000

Name

Lower East Side Tenement Museum

Street

91 Orchard St

City

New York

State

NY

Zip Code

10002-4387

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Historic Tenement Museum

Amount

512

Name

Meals on Wheels

Street

1300 Civic Dr

City

Walnut Creek

State

CA

Zip Code

94596

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Provides meals for shut-in elderlies

Amount

1,000

Name

North Valley Comm Fdn - Paradise Fire Victims

Street

240 Main St, Ste 260

City

Chico

State

CA

Zip Code

95928

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Provide Fire Relief for Paradise victims

Amount

5,000

Name

Oakland Promis Fund - Educational Fund

Street

P O Box 71005

City

Oakland

State

CA

Zip Code

94612

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Scholarship Fund for Oakland Children

Amount

1,032

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year****Name**

Planned Parenthood - Antioch

Street

1104 Buchanan Rd, Suite C10

City

Antioch

State

CA

Zip Code

94509

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Provides Family Planning Education & Services

Amount

2,500

Name

Planned Parenthood - Richmond

Street

340 Marina Way

City

Richmond

State

CA

Zip Code

94801

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Provides Family Planning Education & Services

Amount

2,500

Name

Planned Parenthood - Shasta Diablo

Street

2185 Pacheco St

City

Concord

State

CA

Zip Code

94520

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Provides Family Planning Education & Services

Amount

2,500

Name

Salesian College Prep HS

Street

2851 Salesian Ave

City

Richmond

State

CA

Zip Code

94804

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Non Profit College Prep HS

Amount

5,177

Name

Senior Helpline Services - Mobility Matters

Street

1035 A Carol Lane

City

Lafayette

State

CA

Zip Code

94549-4715

Foreign Country**Relationship****Foundation Status**

NC

Purpose of grant/contribution

Assists seniors with rides, calls, referrals

Amount

1,000

Name

Seva Foundation

Street

1786 Fifth St

City

Berkeley

State

CA

Zip Code

94710-1716

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Supports 3rd World families with eye care

Amount

2,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year**Recipient(s) paid during the year****Name**

SF Chronicle Season of Sharing Fund

Street

PO Box 44740

City

San Francisco

State

CA

Zip Code

94144

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Feed & Clothe Needy Families in Bay Area

Amount

5,000

Name

Shakespeare Lake Tahoe

Street

948 Incline Way

City

Incline Village

State

NV

Zip Code

89451

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Fund Lake Tahoe Theater Group

Amount

2,500

Name

SonRise Equestrian Foundation

Street

PO Box 3097

City

Danville

State

CA

Zip Code

94526

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Disabled Children with Horseback Rides

Amount

1,000

Name

Special Olympics of Northern Calif

Street

3480 Buskirk Ave #340

City

Pleasant Hill

State

CA

Zip Code

94523-4343

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Supports Disabled Youth Sport Competition

Amount

1,050

Name

Thunderbird Lodge - donation

Street

PO Box 6812

City

Incline Village

State

NV

Zip Code

89450

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Restores Thunderbird Lodge in Nev

Amount

1,000

Name

Transcendence Theatre - Jack London Park

Street

19201 Sonoma Hwy, #214

City

Sonoma

State

CA

Zip Code

95476

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Theater Group supporting Jack London State Park

Amount

10,000

Continuation of Part XV, Line 3a (990-PF) - Grants and Contributions Paid During the Year

Recipient(s) paid during the year

Name

Truckee Tahoe Comm Foundation - Senior Services

Street

PO Box 366

City

Truckee

State

CA

Zip Code

96160

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Support Arts, Educ, and Environment issues in Truckee

Amount

1,027

Name

Urgent Action Fund

Street

660 13th Street, Suite 200

City

Oakland

State

CA

Zip Code

94612

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Fund Women's Human Rights Urgently

Amount

25,000

Name

Wellspring Educational Services

Street

1543 Sunnyvale Ave

City

Walnut Creek

State

CA

Zip Code

94597

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Teach life skills for Austic children

Amount

30,000

Name

Women's Cancer Resource Center

Street

5741 Telegraph Ave

City

Oakland

State

CA

Zip Code

94609

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Treat women with cancer

Amount

1,086

Name

Women's Foundation of Calif

Street

300 Frank H Ogawa Plaza, 420

City

Oakland

State

CA

Zip Code

94612

Foreign Country**Relationship****Foundation Status**

PC

Purpose of grant/contribution

Defends womens rights, fights trafficking, economic security

Amount

2,500

Name**Street****City****State****Zip Code****Foreign Country****Relationship****Foundation Status****Purpose of grant/contribution****Amount**

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99)

Attach to your tax return.

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment Sequence No. 179

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 main rows for Section 179 election, including lines 1-13 for cost, limitation, and carryover.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

Table with 3 rows for Special Depreciation Allowance and Other Depreciation (lines 14-16).

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Table with 2 rows for MACRS deductions (lines 17-18).

Section B - Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

Table with 7 columns: Classification of property, Month and year placed in service, Basis for depreciation, Recovery period, Convention, Method, Depreciation deduction.

Section C - Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

Table with 7 columns: Class life, Recovery period, Convention, Method, Depreciation deduction.

Part IV Summary (See instructions.)

Table with 3 rows for Summary (lines 21-23).

For Paperwork Reduction Act Notice, see separate instructions.

Part V Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? 24b If "Yes," is the evidence written? 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use. See instructions. 26 Property used more than 50% in a qualified business use: Laptop Computer 6/27/2017 100.00% 1,527 1,527 5 200DB - HY 489 27 Property used 50% or less in a qualified business use: 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 489 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 0

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (don't include commuting miles). 31 Total commuting miles driven during the year. 32 Total other personal (noncommuting) miles driven. 33 Total miles driven during the year. Add lines 30 through 32. 34 Was the vehicle available for personal use during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use?

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. See instructions.

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners. 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? See instructions. Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI Amortization

(a) Description of costs (b) Date amortization begins (c) Amortizable amount (d) Code section (e) Amortization period or percentage (f) Amortization for this year 42 Amortization of costs that begins during your 2018 tax year (see instructions): 43 Amortization of costs that began before your 2018 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44 0

Form **4720**

Return of Certain Excise Taxes Under Chapters 41 and 42 of the Internal Revenue Code

OMB No. 1545-0052

2018

Department of the Treasury
Internal Revenue Service

(Sections 170(f)(10), 664(c)(2), 4911, 4912, 4941, 4942, 4943, 4944, 4945, 4955, 4958, 4959, 4960, 4965, 4966, 4967, and 4968)

▶ **Go to www.irs.gov/Form4720 for instructions and the latest information.**

For calendar year 2018 or other tax year beginning _____, 2018, and ending _____, 20

Name of organization or entity TWANDA FOUNDATION	Employer identification number 20-3508036
Number, street, and room or suite no. (or P.O. box if mail is not delivered to street address) PO BOX 986	Check box for type of annual return: <input type="checkbox"/> Form 990 <input type="checkbox"/> Form 990-EZ <input checked="" type="checkbox"/> Form 990-PF <input type="checkbox"/> Other <input type="checkbox"/> Form 5227
City or town, state or province, country, and ZIP or foreign postal code ALAMO, CA 94507	

- A** Is the organization a foreign private foundation within the meaning of section 4948(b)?
- B** Has corrective action been taken on any taxable event that resulted in Chapter 42 taxes being reported on this form? (Enter "N/A" if not applicable)
- If "Yes," attach a detailed description and documentation of the corrective action taken and, if applicable, enter the fair market value of any property recovered as a result of the correction ▶ \$ _____. If "No," (that is, any uncorrected acts or transactions), attach an explanation (see instructions).

	Yes	No
A		
B		

Part I Taxes on Organization (Sections 170(f)(10), 664(c)(2), 4911(a), 4912(a), 4942(a), 4943(a), 4944(a)(1), 4945(a)(1), 4955(a)(1), 4959, 4960(a), 4965(a)(1), 4966(a)(1), and 4968(a))

1 Tax on undistributed income—Schedule B, line 4	1	
2 Tax on excess business holdings—Schedule C, line 7	2	
3 Tax on investments that jeopardize charitable purpose—Schedule D, Part I, column (e)	3	
4 Tax on taxable expenditures—Schedule E, Part I, column (g)	4	
5 Tax on political expenditures—Schedule F, Part I, column (e)	5	
6 Tax on excess lobbying expenditures—Schedule G, line 4	6	
7 Tax on disqualifying lobbying expenditures—Schedule H, Part I, column (e)	7	
8 Tax on premiums paid on personal benefit contracts	8	
9 Tax on being a party to prohibited tax shelter transactions—Schedule J, Part I, column (h)	9	
10 Tax on taxable distributions—Schedule K, Part I, column (f)	10	
11 Tax on a charitable remainder trust's unrelated business taxable income. Attach statement	11	
12 Tax on failure to meet the requirements of section 501(r)(3)—Schedule M, Part II, line 2	12	
13 Tax on excess executive compensation—Schedule N	13	
14 Tax on net investment income of private colleges and universities—Schedule O	14	
15 Total (add lines 1–14)	15	0

Part II-A Taxes on Managers, Self-Dealers, Disqualified Persons, Donors, Donor Advisors, and Related Persons (Sections 4912(b), 4941(a), 4944(a)(2), 4945(a)(2), 4955(a)(2), 4958(a), 4965(a)(2), 4966(a)(2), and 4967(a))

(a) Name and address of person subject to tax. City or town, state or province, country, ZIP or foreign postal code			(b) Taxpayer identification number	
a				
b				
c				
	(c) Tax on self-dealing—Schedule A, Part II, col. (d), and Part III, col. (d)	(d) Tax on investments that jeopardize charitable purpose—Schedule D, Part II, col. (d)	(e) Tax on taxable expenditures—Schedule E, Part II, col. (d)	(f) Tax on political expenditures—Schedule F, Part II, col. (d)
a				
b				
c				
Total	0	0	0	0
	(g) Tax on disqualifying lobbying expenditures—Schedule H, Part II, col. (d)	(h) Tax on excess benefit transactions—Schedule I, Part II, col. (d), and Part III, col. (d)	(i) Tax on being a party to prohibited tax shelter transactions—Schedule J, Part II, col. (d)	(j) Tax on taxable distributions—Schedule K, Part II, col. (d)
a				
b				
c				
Total	0	0	0	0
	(k) Tax on prohibited benefits—Sch L, Part II, col. (d), and Part III, col. (d)			(l) Total—Add cols. (c) through (k)
a				0
b				0
c				0
Total	0			0

Part II-B Summary of Taxes (See Tax Payments in the instructions.)			
1	Enter the taxes listed in Part II-A, column (I), that apply to managers, self-dealers, disqualified persons, donors, donor advisors, and related persons who sign this form. If all sign, enter the total amount from Part II-A, column (I)	1	
2	Total tax. Add Part I, line 15, and Part II-B, line 1.	2	0
3	Total payments including amount paid with Form 8868 (see instructions)	3	
4	Tax due. If line 2 is larger than line 3, enter amount owed (see instructions) ▶	4	0
5	Overpayment. If line 2 is smaller than line 3, enter the difference. This is your refund ▶	5	0

SCHEDULE A—Initial Taxes on Self-Dealing (Section 4941)

Part I Acts of Self-Dealing and Tax Computation			
(a) Act number	(b) Date of act	(c) Description of act	
1			
2			
3			
4			
5			
(d) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the act	(e) Amount involved in act	(f) Initial tax on self-dealer (10% of col. (e))	(g) Tax on foundation managers (if applicable) (lesser of \$20,000 or 5% of col. (e))
		0	0
		0	0
		0	0
		0	0
		0	0

Part II Summary of Tax Liability of Self-Dealers and Proration of Payments			
(a) Names of self-dealers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Self-dealer's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0
			0

Part III Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Act no. from Part I, col. (a)	(c) Tax from Part I, col. (g), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

SCHEDULE B—Initial Tax on Undistributed Income (Section 4942)

1	Undistributed income for years before 2017 (from Form 990-PF for 2018, Part XIII, line 6d)	1	
2	Undistributed income for 2017 (from Form 990-PF for 2018, Part XIII, line 6e)	2	
3	Total undistributed income at end of current tax year beginning in 2018 and subject to tax under section 4942 (add lines 1 and 2)	3	0
4	Tax —Enter 30% of line 3 here and on Part I, line 1	4	0

SCHEDULE C—Initial Tax on Excess Business Holdings (Section 4943)

Business Holdings and Computation of Tax

If you have taxable excess holdings in more than one business enterprise, attach a separate schedule for each enterprise. Refer to the instructions for each line item before making any entries.

Name and address of business enterprise

Employer identification number ▶

Form of enterprise (corporation, partnership, trust, joint venture, sole proprietorship, etc.) . . . ▶

		(a) Voting stock (profits interest or beneficial interest)	(b) Value	(c) Nonvoting stock (capital interest)
1	Foundation holdings in business enterprise	%	%	
2	Permitted holdings in business enterprise	%	%	
3	Value of excess holdings in business enterprise			
4	Value of excess holdings disposed of within 90 days; or, other value of excess holdings not subject to section 4943 tax (attach statement)			
5	Taxable excess holdings in business enterprise—line 3 minus line 4	0	0	0
6	Tax — Enter 10% of line 5	0	0	0
7	Total tax — Add amounts on line 6, columns (a), (b), and (c); enter total here and on Part I, line 2	0		

SCHEDULE D—Initial Taxes on Investments That Jeopardize Charitable Purpose (Section 4944)

Part I Investments and Tax Computation

(a) Investment number	(b) Date of investment	(c) Description of investment	(d) Amount of investment	(e) Initial tax on foundation (10% of col. (d))	(f) Initial tax on foundation managers (if applicable)—(lesser of \$10,000 or 10% of col. (d))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
Total — Column (e). Enter here and on Part I, line 3				0	
Total — Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					0

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments

(a) Names of foundation managers liable for tax	(b) Investment no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

SCHEDULE E—Initial Taxes on Taxable Expenditures (Section 4945)

Part I Expenditures and Computation of Tax				
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Name and address of recipient	(e) Description of expenditure and purposes for which made
1				
2				
3				
4				
5				
(f) Question number from Form 990-PF, Part VII-B, or Form 5227, Part VI-B, applicable to the expenditure			(g) Initial tax imposed on foundation (20% of col. (b))	(h) Initial tax imposed on foundation managers (if applicable)—(lesser of \$10,000 or 5% of col. (b))
			0	0
			0	0
			0	0
			0	0
			0	0
Total— Column (g). Enter here and on Part I, line 4			0	
Total— Column (h). Enter total (or prorated amount) here and in Part II, column (c), below				0

Part II Summary of Tax Liability of Foundation Managers and Proration of Payments			
(a) Names of foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (h), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

SCHEDULE F—Initial Taxes on Political Expenditures (Section 4955)

Part I Expenditures and Computation of Tax					
(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of political expenditure	(e) Initial tax imposed on organization or foundation (10% of col. (b))	(f) Initial tax imposed on managers (if applicable) (lesser of \$5,000 or 2½% of col. (b))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
Total— Column (e). Enter here and on Part I, line 5				0	
Total— Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					0

Part II Summary of Tax Liability of Organization Managers or Foundation Managers and Proration of Payments			
(a) Names of organization managers or foundation managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

SCHEDULE G—Tax on Excess Lobbying Expenditures (Section 4911)

1	Excess of grass roots expenditures over grass roots nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1h). (See the instructions before making an entry.)	1	
2	Excess of lobbying expenditures over lobbying nontaxable amount (from Schedule C (Form 990 or 990-EZ), Part II-A, column (b), line 1i). (See the instructions before making an entry.)	2	
3	Excess lobbying expenditures—enter the larger of line 1 or line 2	3	0
4	Tax —Enter 25% of line 3 here and on Part I, line 6	4	0

SCHEDULE H—Taxes on Disqualifying Lobbying Expenditures (Section 4912)

Part I Expenditures and Computation of Tax

(a) Item number	(b) Amount	(c) Date paid or incurred	(d) Description of lobbying expenditures	(e) Tax imposed on organization (5% of col. (b))	(f) Tax imposed on organization managers (if applicable)—(5% of col. (b))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0
Total — Column (e). Enter here and on Part I, line 7				0	
Total — Column (f). Enter total (or prorated amount) here and in Part II, column (c), below					0

Part II Summary of Tax Liability of Organization Managers and Proration of Payments

(a) Names of organization managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0

SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958)

Part I Excess Benefit Transactions and Tax Computation

(a) Transaction number	(b) Date of transaction	(c) Description of transaction	(d) Amount of excess benefit	(e) Initial tax on disqualified persons (25% of col. (d))	(f) Tax on organization managers (if applicable) (lesser of \$20,000 or 10% of col. (d))
1				0	0
2				0	0
3				0	0
4				0	0
5				0	0

SCHEDULE I—Initial Taxes on Excess Benefit Transactions (Section 4958) Continued

Part II Summary of Tax Liability of Disqualified Persons and Proration of Payments

(a) Names of disqualified persons liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (e), or prorated amount	(d) Disqualified person's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

Part III Summary of Tax Liability of 501(c)(3), (c)(4) & (c)(29) Organization Managers and Proration of Payments

(a) Names of 501(c)(3), (c)(4) & (c)(29) organization managers liable for tax	(b) Trans. no. from Part I, col. (a)	(c) Tax from Part I, col. (f), or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

SCHEDULE J—Taxes on Being a Party to Prohibited Tax Shelter Transactions (Section 4965)

Part I Prohibited Tax Shelter Transactions (PTST) and Tax Imposed on the Tax-Exempt Entity
(see instructions)

(a) Transaction number	(b) Transaction date	(c) Type of transaction 1—Listed 2—Subsequently listed 3—Confidential 4—Contractual protection	(d) Description of transaction	
1				
2				
3				
4				
5				
(e) Did the tax-exempt entity know or have reason to know this transaction was a PTST when it became a party to the transaction? Answer Yes or No		(f) Net income attributable to the PTST	(g) 75% of proceeds attributable to the PTST	(h) Tax imposed on the tax-exempt entity (see instructions)
				0
				0
				0
				0
				0

Total— Column (h). Enter here and on Part I, line 9. 0

Part II Tax Imposed on Entity Managers (Section 4965) Continued

(a) Name of entity manager	(b) Transaction number from Part I, col. (a)	(c) Tax—enter \$20,000 for each transaction listed in col. (b) for each manager in col. (a)	(d) Manager's total tax liability (add amounts in col. (c))
			0
			0
			0
			0
			0

SCHEDULE K—Taxes on Taxable Distributions of Sponsoring Organizations Maintaining Donor Advised Funds (Section 4966). See the instructions.

Part I Taxable Distributions and Tax Computation

(a) Item number	(b) Name of sponsoring organization and donor advised fund	(c) Description of distribution	
1			
2			
3			
4			
	(d) Date of distribution	(e) Amount of distribution	(f) Tax imposed on organization (20% of col. (e))
			0
			0
			0
			0
			0
Total— Column (f). Enter here and on Part I, line 10			0
Total— Column (g). Enter total (or prorated amount) here and in Part II, column (c), below			0

Part II Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Name of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (g) or prorated amount	(d) Manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

SCHEDULE L—Taxes on Prohibited Benefits Distributed From Donor Advised Funds (Section 4967).

See the instructions.

Part I Prohibited Benefits and Tax Computation

(a) Item number	(b) Date of prohibited benefit	(c) Description of benefit
1		
2		
3		
4		
5		
(d) Amount of prohibited benefit		(e) Tax on donors, donor advisors, or related persons (125% of col. (d)) (see instructions)
		0
		0
		0
		0
		0
		0
		0
		0

Part II Summary of Tax Liability of Donors, Donor Advisors, Related Persons, and Proration of Payments

(a) Names of donors, donor advisors, or related persons liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (e) or prorated amount	(d) Donor's, donor advisor's, or related person's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

Part III Summary of Tax Liability of Fund Managers and Proration of Payments

(a) Names of fund managers liable for tax	(b) Item no. from Part I, col. (a)	(c) Tax from Part I, col. (f) or prorated amount	(d) Fund manager's total tax liability (add amounts in col. (c)) (see instructions)
			0
			0
			0
			0

Schedule M—Tax on Hospital Organization for Failure to Meet the Community Health Needs Assessment Requirements (Sections 4959 and 501(r)(3)). (See instructions.)

Part I Failures to Meet Section 501(r)(3)

(a) Item number	(b) Name of hospital facility	(c) Description of the failure	(d) Tax year hospital facility last conducted a CHNA	(e) Tax year hospital facility last adopted an implementation strategy
1				
2				
3				
4				
5				

Part II Computation of Tax

1	Number of hospital facilities operated by the hospital organization that failed to meet the Community Health Needs Assessment requirements of section 501(r)(3)	1	
2	Tax-Enter \$50,000 multiplied by line 1 here and on Part I, line 12	2	0

SCHEDULE N—Tax on Excess Executive Compensation (Section 4960). (See instructions.)

(a) Item number	(b) Name of covered employee	(c) Excess remuneration	(d) Excess parachute payment	(e) Total. Add column (c) and (d)
1				
2				
3				
4				
5				
6	Attachment, if necessary. See instructions			
Total (add column (e) items 1–6)				0
Tax. Enter 21% of the amount above here and on Part I, line 13				0

SCHEDULE O—Excise Tax on Net Investment Income of Private Colleges and Universities (Section 4968)

	(a) Name	(b) EIN	(c) Gross investment income (See instructions.)	(d) Capital gain net income	(e) Administrative expenses allocable to income included in cols. (c) and (d)	(f) Net investment income (See instructions.)	
1	Filing Organization						
2	Related Organization						
3	Related Organization						
4	Related Organization						
5	Total from attachment, if necessary						
6	Total			0	0	0	
7	Excise Tax on Net Investment Income. Enter 1.4% of the amount in 6(f) here and on Part I, line 14						0

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.

Sign Here

Signature of officer or trustee	Title	Date
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date	
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date	
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date	
Signature (and organization or entity name if applicable) of manager, self-dealer, disqualified person, donor, donor advisor, or related person	Date	

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

Paid Preparer Use Only

Print/Type preparer's name JoAnn K Kading	Preparer's signature JoAnn K Kading	Date 3/29/2019	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01218482
Firm's name ▶ JoAnn K Kading, CPA			Firm's EIN ▶ 20-3522876	
Firm's address ▶ 1613 Livorna Road West, Alamo, CA 94507			Phone no. (925) 553-7245	

Part I, Line 11 (990-PF) - Other Income

		0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	EXCISE TAX REFUND		0	

Part I, Line 16b (990-PF) - Accounting Fees

		2,780	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	JoAnn K Kading, CPA	2,780			0

Part I, Line 16c (990-PF) - Other Professional Fees

		1,200	0	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	Consultant Nancy J Shillis	1,200			0

Part I, Line 18 (990-PF) - Taxes

		210	210	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Tax on investment income	210	210		

Part I, Line 19 (990-PF) - Depreciation and Depletion

									489	0	0
Description		Date Acquired	Method of Computation	Asset Life	Cost or Other Basis	Beginning Accumulated Depreciation	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income		
1	#1 Laptop computer	3/1/2012	ADS SL Mid Qtr Conven	5	1,446	1,446	0	0	0		
2	#2 Laptop computer	6/26/2017	GDS DDB HY Conv	5	1,527	305	489				

Part I, Line 23 (990-PF) - Other Expenses

		695	300	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Bank Fee	300	300		
2	Post Office Box	136	0		
3	FTB Filing Fee	10	0		
4	Charitable Trust Annual Registration Fee	75	0		
5	Office Max supplies	154	0		
6	CA Statement of Information for 2016	20	0		

Part II, Line 14 (990-PF) - Land, Buildings, and Equipment

		2,973	1,751	2,240	1,222	733	733
Asset Description		Cost or Other Basis	Accumulated Depreciation Beg. of Year	Accumulated Depreciation End of Year	Book Value Beg. of Year	Book Value End of Year	FMV End of Year
1	#1 Laptop Computer	1,446	1,446	1,446	0	0	0
2	#2 Laptop Computer	1,527	305	794	1,222	733	733

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

											63,000	8,804	0
	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account	
1	SIDNE J LONG		1493 PASEO NOGALES	ALAMO	CA	94507		DIR/PRES	2.00	0	0	0	
2	LISA K LAIRD		1655 LAS TRAMPAS ROAD	ALAMO	CA	94507		DIR/VP	1.00	0	0	0	
3	WILLIAM HENRY (HANK) DELEVA		1493 PASEO NOGALES	ALAMO	CA	94507		DIR/SEC/CF O	15.00	63,000	8,804	0	
4	TINA MARIE FRANKLIN		1026 CHERRY AVE	SAN JOSE	CA	95125		TRUSTEE	0.50	0	0	0	
5	FRANK ANDREW FRANKLIN		1026 CHERRY AVE	SAN JOSE	CA	95125		TRUSTEE	0.50	0	0	0	

Form 4562 Statement - 990PF

12/31/2018

TWANDA FOUNDATION 20-3508036

Item No.	Description of Property	Date Placed In Service	Asset Code	Business Use %	Cost or Other Basis	Sec. 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Con-vention Code	Prior Accum. Deprec., 179, Bonus	2018 Deprec.	2018 Accum. Deprec.
Listed Property																
Listed property with more than 50% business use (Line 25 and 26)																
	Laptop Computer	3/1/2012	F-15	100.00%	1,446	0	0	0	0	1,446	5	SL/ADS	MQ1	1,445	0	1,445
2	Laptop Computer	6/27/2017	F-4	100.00%	1,527	0	0	0	0	1,527	5	200DB	HY	305	489	794
	Total listed prop with > 50% business use				2,973	0	0	0	0	2,973				1,750	489	2,239
	Subtotal Listed Property				2,973	0	0	0	0	2,973				1,750	489	2,239
	Total Depreciation and Amortization				2,973	0	0	0	0	2,973				1,750	489	2,239

Summary of Unadjusted Basis of Depreciable Property (4562)

12/31/2018

Summary of Depreciable Property by Activity

Activity		Unadjusted Cost or Basis
1	990PF	2,973

Detail of Depreciable Property

	Activity	Asset Description	Date In Service	Recovery Period	Years in Service	Total Cost or Basis	Business/Time Use Percent	Unadjusted Cost or Basis
2	990PF	Laptop Computer	3/1/2012	5	7	1,446	100.00%	1,446
3	990PF	Laptop Computer	6/27/2017	5	2	1,527	100.00%	1,527