

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

2020

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.

Open to Public Inspection

For calendar year 2020 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:				
<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		
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation				
<input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation				
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 1,023,730		J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		
C If exemption application is pending, check here <input type="checkbox"/>				
D 1. Foreign organizations, check here <input type="checkbox"/>				
2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>				
E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>				
F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>				

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)	475,000			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	1,828	1,828		
	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				
	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	476,828	1,828	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	72,000	3,600		68,400
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	13,217			13,217
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	3,300	1,100		2,200
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)				
	19 Depreciation (attach schedule) and depletion	176			
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	1,229	300		929
	24 Total operating and administrative expenses. Add lines 13 through 23	89,922	5,000	0	84,746
	25 Contributions, gifts, grants paid	221,818			221,818
26 Total expenses and disbursements. Add lines 24 and 25	311,740	5,000	0	306,564	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	165,088				
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	858,128	1,023,466	1,023,466	
	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 ▶	1,527				
	Less: accumulated depreciation (attach schedule) ▶	1,263	440	264	264	
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	858,568	1,023,730	1,023,730		
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 FASB ASC 958, check here and complete lines 24, 25, 29, and 30. ▶ <input type="checkbox"/>					
	24	Net assets without donor restrictions				
	25	Net assets with donor restrictions				
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. ▶ <input checked="" type="checkbox"/>					
	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	858,568	1,023,730		
	29	Total net assets or fund balances (see instructions)	858,568	1,023,730		
30	Total liabilities and net assets/fund balances (see instructions)	858,568	1,023,730			

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	858,568
2	Enter amount from Part I, line 27a	2	165,088
3	Other increases not included in line 2 (itemize) ▶ True up of capital account of Thomas J Long Foundat	3	76
4	Add lines 1, 2, and 3	4	1,023,732
5	Decreases not included in line 2 (itemize) ▶ Rounding	5	2
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	1,023,730

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) 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	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))	
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

SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			
2	Reserved		2
3	Reserved		3
4	Reserved		4
5	Reserved		5
6	Reserved		6
7	Reserved		7
8	Reserved		8

Part VI 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 <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	Reserved	1	
c	All other domestic foundations enter 1.39% 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	2020 estimated tax payments and 2019 overpayment credited to 2020	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 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11	0

Part VII-A Statements Regarding Activities

	Yes	No
1a		X
1b		X
1c		X
2		X
3		X
4a		X
4b	N/A	
5		X
6	X	
7	X	
8b	X	
9		X
10		X

Part VII-A Statements Regarding Activities (continued)

		Yes	No
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		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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	X	
14	The books are in care of ▶ WILLIAM HENRY (HANK) DELEVATI Telephone no. ▶ (408) 930-3125 Located at ▶ P O BOX 986 ALAMO CA ZIP+4 ▶ 94507		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16	At any time during calendar year 2020, 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 ▶		X

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.

		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
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 Organizations relying on a current notice regarding disaster assistance, check here ▶ <input type="checkbox"/>	1b	X
c	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 2020?	1c	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 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20 18 , 20 17 , 20 16 , 20 15		
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.)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2020 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 2020.)	3b	N/A
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 2020?	4b	X

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:		Yes	No
(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? If "Yes" to 6b, file Form 8870.		6b	X
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		

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.

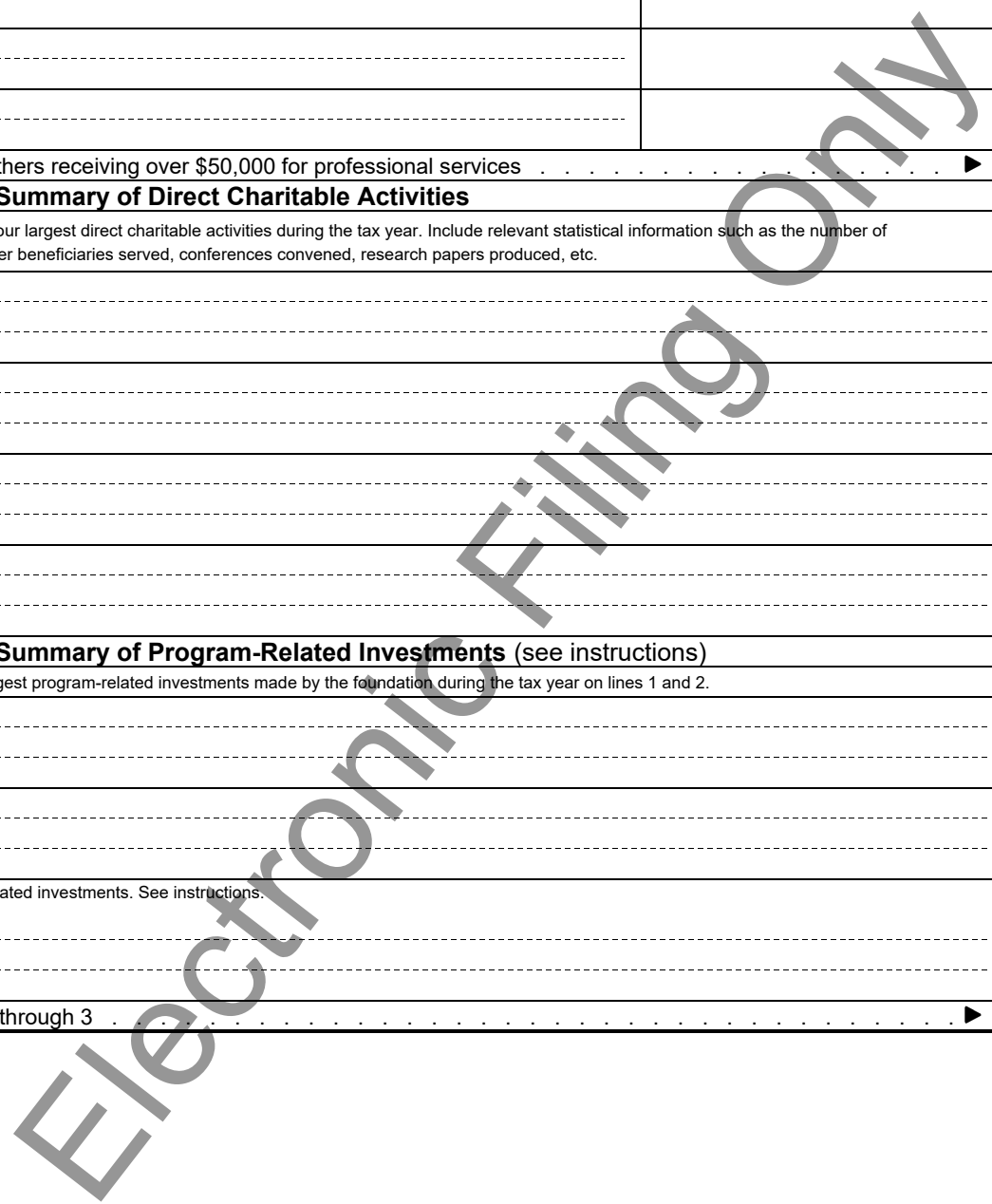
	Expenses
1 NONE	
.....	
2	
.....	
3	
.....	
4	
.....	

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	
.....	
All other program-related investments. See instructions.	
3	
.....	

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	11,430,656
b	Average of monthly cash balances	1b	0
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	11,430,656
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	11,430,656
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see instructions)	4	171,460
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	11,259,196
6	Minimum investment return. Enter 5% of line 5	6	562,960

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	562,960
2a	Tax on investment income for 2020 from Part VI, line 5	2a	
b	Income tax for 2020. (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	562,960
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	562,960
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	562,960

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	306,564
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	306,564
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	306,564

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 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				562,960
2 Undistributed income, if any, as of the end of 2020:				
a Enter amount for 2019 only			0	
b Total for prior years: 20 ____, 20 ____, 20 ____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015 10,608,929				
b From 2016 18,972,776				
c From 2017 22,367,297				
d From 2018 23,344,022				
e From 2019 255,399				
f Total of lines 3a through e	75,548,423			
4 Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 306,564				
a Applied to 2019, 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 2020 distributable amount				306,564
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	256,396			256,396
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	75,292,027			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions			0	
f Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				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 2015 not applied on line 5 or line 7 (see instructions)	10,352,533			
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	64,939,494			
10 Analysis of line 9:				
a Excess from 2016 18,972,776				
b Excess from 2017 22,367,297				
c Excess from 2018 23,344,022				
d Excess from 2019 255,399				
e Excess from 2020				

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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
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:

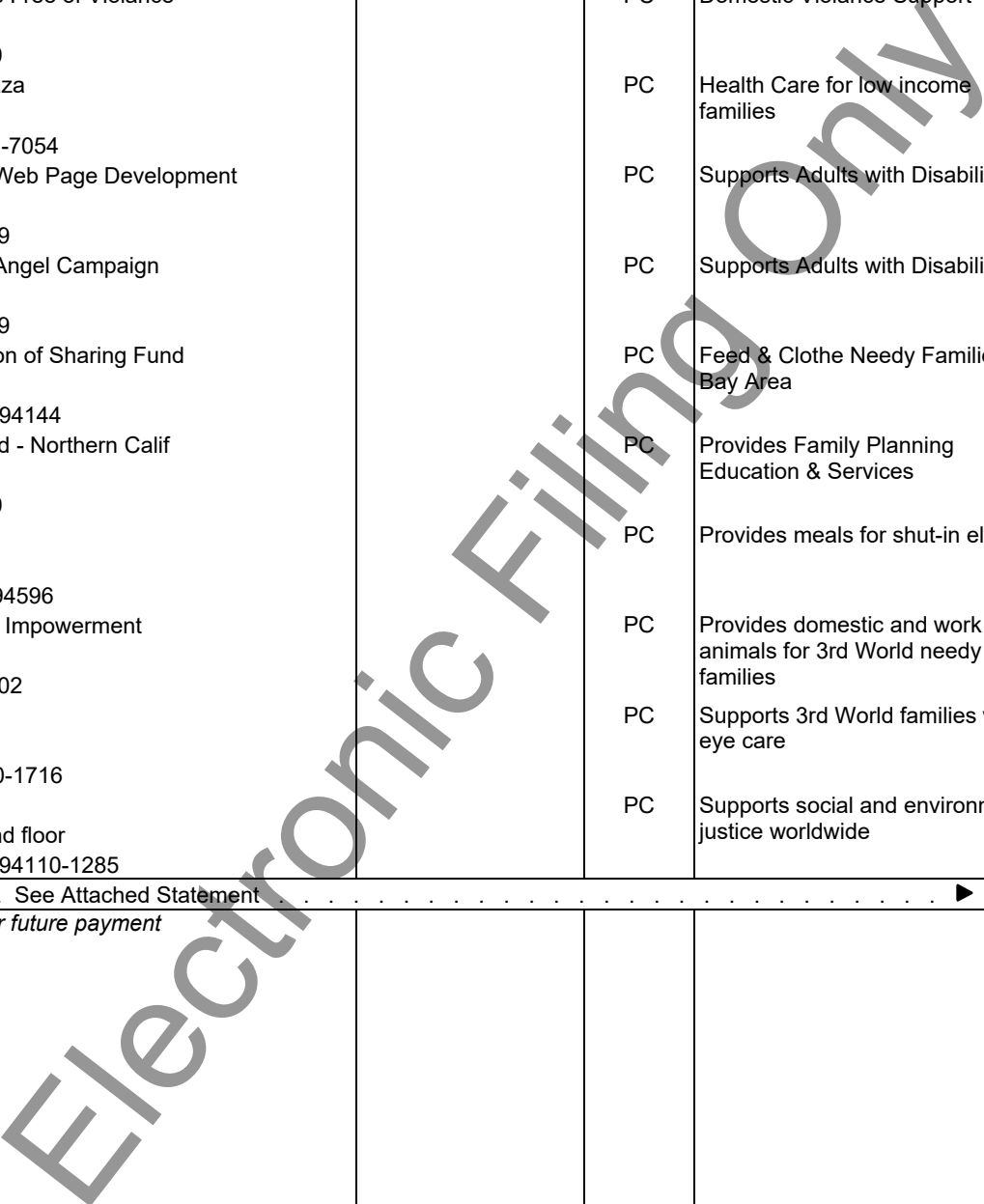
- c** Any submission deadlines:

- 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				
Women's Cancer Resource Center 5741 Telegraph Ave Oakland, CA 94609 STAND for Families Free of Violence 1410 Danzig Plaza Concord, CA 94520 La Clinica de La Raza PO Box 17054 Oakland, CA 94601-7054 Las Trampas Inc - Web Page Development PO Box 515 Lafayette, CA 94549 Las Trampas Inc - Angel Campaign PO Box 515 Lafayette, CA 94549 SF Chronicle Season of Sharing Fund PO Box 44740 San Francisco, CA 94144 Planned Parenthood - Northern Calif 2185 Pacheco St Concord, CA 94520 Meals on Wheels 1300 Civic Dr Walnut Creek, CA 94596 Heifer Intl - Women Impowerment 1 World Ave Little Rock, AR 72202 Seva Foundation 1786 Fifth St Berkeley, CA 94710-1716 Global Exchange 2017 Mission St, 2nd floor San Francisco, CA 94110-1285		PC PC PC PC PC PC PC PC PC PC PC PC PC PC PC	Treat women with cancer Domestic Violence Support Health Care for low income families Supports Adults with Disabilities Supports Adults with Disabilities Feed & Clothe Needy Families in Bay Area Provides Family Planning Education & Services Provides meals for shut-in elderlies Provides domestic and work animals for 3rd World needy families Supports 3rd World families with eye care Supports social and environmental justice worldwide	5,245 5,000 10,000 15,500 10,000 5,000 5,000 1,025 2,000 2,000 2,000
Total . . . See Attached Statement ▶ 3a				221,818
b Approved for future payment				
Total ▶ 3b				0



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

- 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
(2) Other assets
b Other transactions:
(1) Sales of assets to a noncharitable exempt organization
(2) Purchases of assets from a noncharitable exempt organization
(3) Rental of facilities, equipment, or other assets
(4) Reimbursement arrangements
(5) Loans or loan guarantees
(6) Performance of services or membership or fundraising solicitations
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees
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.

Table with 3 columns: Yes, No, and a central column for responses. Rows correspond to items 1a(1), 1a(2), 1b(1) through 1b(6), and 1c.

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?
b If "Yes," complete the following schedule.

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

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: [Signature] Date: [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: 6/5/2021
Check [X] if self-employed
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
PTIN: P01218482

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 - Navian

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

2,045

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

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

5,195

Name

Bread and Roses - East Bay Outreach Prgm

Street

233 Tamalpais Dr, #100

City

Corte Madera

State

CA

Zip Code

94925

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

PC

Purpose of grant/contribution

Helps feed needy families in East Bay Area, pediatric hospitals, special needs schools

Amount

2,000

Name

Contra Costa County Crisis Center

Street

PO Box 3364

City

Walnut Creek

State

CA

Zip Code

94598

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

PC

Purpose of grant/contribution

Provides consulting for individuals in family or health crisis

Amount

10,000

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

1,534

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

Recipient(s) paid during the year

Name

Sierra Comm House - Kings Beach

Street

PO Box 2810

City

Truckee

State

CA

Zip Code

96143

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

GROUP

Purpose of grant/contribution

Provide Community Support in Kings Beach, CA

Amount

1,584

Name

Urgent Action Fund via Network for Good

Street

660 13th Street, Suite 200

City

Oakland

State

CA

Zip Code

94612

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

PC

Purpose of grant/contribution

Supports Women's Human Rights Urgently

Amount

25,750

Name

Commonwealth Club of Calif

Street

110 Embarcadero Street

City

San Francisco

State

CA

Zip Code

94105

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

PC

Purpose of grant/contribution

Public Forum presentations

Amount

1,000

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

2,000

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

5,210

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

Community Library Bldg Fund

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

George Mark Children's House

Street

2121 George Mark Lane

City

San Leandro

State

CA

Zip Code

94578

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

PC

Purpose of grant/contribution

Pediatric Palliative Care

Amount

1,030

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

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

Supports Public Radio

Amount

1,000

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

Supports Public Radio

Amount

1,500

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

2,000

Name

Shakespeare Lake Tahoe

Street

948 Incline Way

City

Incline Viillage

State

NV

Zip Code

89451

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

PC

Purpose of grant/contribution

Lake Tahoe Theater Group

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

Down Syndrome Connection of the Bay Area

Street

101 J Town & Country Drive

City

Danville

State

CA

Zip Code

94526

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

PC

Purpose of grant/contribution

Down Syndrome school

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

Name

Berkeley Repertory Theatre

Street

2025 Addison St, Berkeley

City

Berkeley

State

CA

Zip Code

94704

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

PC

Purpose of grant/contribution

Creative Theater Group in Berkeley

Amount

1,000

Name

Common Good Comm Foundation

Street

364 Johnsville Rd

City

Blairsden

State

CA

Zip Code

96103

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

PC

Purpose of grant/contribution

Community Fdn in Blairsden

Amount

10,000

Name

Common Good Comm Foundation

Street

364 Johnsville Rd

City

Blairsden

State

CA

Zip Code

96103

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

PC

Purpose of grant/contribution

Community Fdn in Blairsden

Amount

5,000

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

Inspiring and training girls in Oakland

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

Girls Inc of West Contra Costa

Street

260 Broadway

City

Richmond

State

CA

Zip Code

94804

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

PC

Purpose of grant/contribution

Inspiring and training girls in West Contra Costa

Amount

1,049

Name

Actors Fund

Street

729 Seventh Ave, 10th Floor

City

New York

State

NY

Zip Code

10102-1841

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

PC

Purpose of grant/contribution

Safety net for aging actors

Amount

5,150

Name

Broadway Cares

Street

165 West 46 Street

City

New York

State

NY

Zip Code

10036

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

PC

Purpose of grant/contribution

HIV/AIDS Service Organization

Amount

5,160

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 Autistic children

Amount

7,000

Name

Aim High - Summer pgm for Tahoe/Truckee

Street

PO Box 410715

City

San Francisco

State

CA

Zip Code

94141-0715

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

PC

Purpose of grant/contribution

Summer learning pgm for Tahoe/Truckee

Amount

2,105

Name

Lower East Side Tenement Museum

Street

91 Orchard St, New York

City

New York

State

NY

Zip Code

10002-4387

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

PC

Purpose of grant/contribution

Historic Tenement Museum

Amount

1,036

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

Recipient(s) paid during the year

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

Non Profit College Prep HS

Amount

1,000

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

Non Profit College Prep HS

Amount

5,000

Name

San Francisco Symphony - # 186969

Street

201 Van Ness Ave

City

San Francisco

State

CA

Zip Code

94102

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

PC

Purpose of grant/contribution

Music Education Programs in SF

Amount

1,030

Name

Presentation HS

Street

2281 Plummer Ave

City

San Jose

State

CA

Zip Code

95126

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

PC

Purpose of grant/contribution

Catholic HS Fund Raiser

Amount

5,000

Name

Alzheimer's Assoc

Street

PO Box 96011

City

Washington

State

DC

Zip Code

20090-6011

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

PC

Purpose of grant/contribution

Finding a cure for Alzheimer's

Amount

1,500

Name

Care Parent Network

Street

1340 Arnold Dr, # 115

City

Martinez

State

CA

Zip Code

94553

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

PC

Purpose of grant/contribution

Disabled Adult Support

Amount

5,000

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

Recipient(s) paid during the year

Name

Project Avery - Supporting Children of Incarcerated Parents

Street

1623 Fifth Ave

City

San Rafael

State

CA

Zip Code

94901

Foreign Country

Relationship

Foundation Status

PC

Purpose of grant/contribution

Supports children with parents in prison

Amount

4,120

Name

White Pony Express

Street

3380 Vincent Rd, #107

City

Pleasant Hill

State

CA

Zip Code

94523

Foreign Country

Relationship

Foundation Status

PC

Purpose of grant/contribution

Food and Clothing for needy in CCC

Amount

5,025

Name

KPIX5 & Red Cross - Fire Relief

Street

431 18 Street NW

City

Washington

State

DC

Zip Code

20006

Foreign Country

Relationship

Foundation Status

PC

Purpose of grant/contribution

Fire Relief for SF Bay Area fires

Amount

2,000

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 Yourh Sport Competition

Amount

1,025

Name

Street

City

State

Zip Code

Foreign Country

Relationship

Foundation Status

Purpose of grant/contribution

Amount

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**

Name(s) shown on return TWANDA FOUNDATION	Business or activity to which this form relates 990PF	Identifying number 20-3508036
--	--	----------------------------------

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.

1 Maximum amount (see instructions)	1	
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	
4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	0
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29	7	
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction. Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2019 Form 4562.	10	
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	0
13 Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	0

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.)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	
				MM	S/L	

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

20 a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	176
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	176
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	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. 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 176 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 28 176 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? 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 2020 tax year (see instructions): 43 Amortization of costs that began before your 2020 tax year 43 44 Total. Add amounts in column (f). See the instructions for where to report 44 0

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

OMB No. 1545-0047

2020

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

Name of the organization TWANDA FOUNDATION	Employer identification number 20-3508036
---	--

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

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

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 or 990-EZ), 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, 990-EZ, or 990-PF), 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, 990-EZ, or 990-PF).

Name of organization TWANDA FOUNDATION	Employer identification number 20-3508036
--	--

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	Lisa K Laird ----- 1655 Las Trampas Rd ----- Alamo CA 94507 Foreign State or Province: ----- Foreign Country: -----	\$ 300,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	Sidne J Long ----- 1493 Paseo Nogales ----- Alamo CA 94507 Foreign State or Province: ----- Foreign Country: -----	\$ 175,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	----- ----- ----- Foreign State or Province: ----- Foreign Country: -----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization TWANDA FOUNDATION	Employer identification number 20-3508036
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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
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization TWANDA FOUNDATION	Employer identification number 20-3508036
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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 information once. See instructions.) ▶ \$ 0
 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
----- ----- ----- For. Prov. Country	----- ----- -----

(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
----- ----- ----- For. Prov. Country	----- ----- -----

(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
----- ----- ----- For. Prov. Country	----- ----- -----

(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
----- ----- ----- For. Prov. Country	----- ----- -----

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

		3,300	1,100	0	2,200
	Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes (Cash Basis Only)
1	JOANN K KADING, CPA	3,300	1,100		2,200

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

									176	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	Laptop Computer	6/27/2017	GDS DDG HY Conv	5	1,527	1,087	176				

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

		1,229	300	0	929
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
1	Office Supplies	306	0		306
2	Blue Host	388	0		388
3	U S Post Office	150	0		150
4	Franchise Tax Board Filing Fee	10	0		10
5	Attorney General Registry of Charitable Trusts	75	0		75
6	Merrill Lynch Account Fee	300	300		0

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

		1,527	1,087	1,263	440	264	264
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	Laptop Computer	1,527	1,087	1,263	440	264	264

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

											72,000	13,217	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			
2	LISA K LAIRD		1655 LAS TRAMPAS ROAD	ALAMO	CA	94507		DIR/VP	1.00	0			
3	WILLIAM HENRY (HANK) DELEVA		1493 PASEO NOGALES	ALAMO	CA	94507		DIR/SEC/CF	15.00	72,000	13,217		
4	TINA MARIE FRANKLIN		1026 CHERRY AVE	SAN JOSE	CA	95125		TRUSTEE	0.50	0			
5	FRANK ANDREW FRANKLIN		1026 CHERRY AVE	SAN JOSE	CA	95125		TRUSTEE	0.50	0			

Summary of Unadjusted Basis of Qualified Property (4562)

12/31/2020

Summary of Qualified Property by Activity

Activity		Unadjusted Cost or Basis
1	990PF	1,527

Detail of Qualified 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	6/27/2017	5	4	1,527	100.00%	1,527