Form-990-PF Department of the Treasury Internal Revenue Service

### **Return of Private Foundation**

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

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

For	calen	dar year <u>2019 or tax year be</u>	ginning		, and ending		
Name of foundation						A Employer identification	number
	TRAVERS FAMILY FOUNDATION					68-6095780	
	Number and street (or P O box number if mail is not delivered to street address)				B Telephone number	4.0	
		7 MT. DIABLO		·····	215	415-250-90	16
		own, state or province, country AYETTE, CA 9	ry, and ZIP or foreign po 4549	ostal code		C If exemption application is pe	anding, check here
G	Check	all that apply:	ıtıal return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	, check here
		Fil	nal return	Amended return		0 -	
		Ac	ddress change	Name change		<ol><li>Foreign organizations me check here and attach co</li></ol>	mputation
H				empt private foundation	. 04	E If private foundation sta	
_ل		ction 4947(a)(1) nonexempt of		Other taxable private foundate method: X Cash		under section 507(b)(1)	•
		arket value of all assets at end	·   —	· —	Accrual	F If the foundation is in a (	
	rom⊦ ►\$	Part II, col. (c), line 16)	925 (Part L colum	her (specify) in (d), must be on cash bas	<u> </u>	under section 507(b)(1)	(B), check here
	art I					(-) Advisted set	(d) Disbursements
<u></u>	arti	(The total of amounts in columns necessarily equal the amounts in	(b), (c), and (d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, e	etc., received	100,000.			
	2	Check X if the foundation is r					
	3	Interest on savings and temporary cash investments	′	1,472,788.	1,472,788.	1,472,788.	
J	4	Dividends and interest from	securities	931,221.	931,221.	931,221.	STATEMENT 2
1	5a	Gross rents					
	. b	Net rental income or (loss)			···		
d	6a	Net gain or (loss) from sale of asse		-431,415.			
	b	Gross sales price for all assets on line 6a	506,176.				
Boyonia	7	Capital gain net income (from Part	IV, line 2)		0.	/-	
	8	Net short-term capital-gain	ECEIVE	)		N/A	
	9	Income modifications Gross sales less returns	CCLIVE				
		and allowances	1111 <b>2.0</b> 2970				
	1	Less Cost of goods sold	JIII 2 0 2870	- <del>[c]</del>			
	I	Gross profit or (loss)		456,698.	456,698.	156 608	STATEMENT 3
	11	Other income Total. Add lines 1 through 1	OGDEN, U	2,529,292.	2,860,707.	2,860,707.	STATEMENT 5
	12 13	Compensation of officers, director		215,000.	215,000.	0.	0.
2021	14	Other employee salaries and		213,0001	213,000.		•
0 2	1	Pension plans, employee ber	-				
		Legal fees	ionto				
- 2	h	Accounting fees	STMT 4	12,950.	12,950.	0.	0.
UCI 2	c	Other professional fees					- ·
У ф	17	Interest		243,339.	243,339.	0.	0.
i	18	Taxes	STMT 5	27,785.	27,785.	0.	0.
<u> </u>	17 18 19 20 21	Depreciation and depletion					
	20	Occupancy					
4	21	Travel, conferences, and mee	etings	431.	431.	0.	0.
ב ב	22	Printing and publications					
5	23	Other expenses	STMT 6	170.	170.	0.	0.
Operation	24	Total operating and adminis					_
غ م		expenses. Add lines 13 thro		499,675.	499,675.	0.	0.
C	25	Contributions, gifts, grants p		1,345,272.			1,345,272.
	26	Total expenses and disburs	ements.	1 044 045	400 555	_	4 04=
_	_	Add lines 24 and 25		1,844,947.	499,675.	0.	1,345,272.
	I	Subtract line 26 from line 12		604 345			
	1	Excess of revenue over expenses	1	684,345.	2 261 222		
	ı	Net investment income (if ne			2,361,032.	2 060 707	
_	l C	Adjusted net income (if negat	tive, enter -0-)			2,860,707.	- 000 PF

1

<u> </u>		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End	i of year
۲	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing	7,952.	7,792	. 7,792.
	2	Savings and temporary cash investments		<del></del>	
		Accounts receivable			
	3	Less; allowance for doubtful accounts			
	١.	· · · · · · · · · · · · · · · · · · ·			1
	4	Pledges receivable			
	۱ ـ	Less: allowance for doubtful accounts			1
	5	Grants receivable			<del> </del>
	6	Receivables due from officers, directors, trustees, and other			
	}	disqualified persons		<del></del> -	<del> </del>
	7	Other notes and loans receivable			<u> </u>
		Less; allowance for doubtful accounts			<del> </del>
ध्र	8	Inventories for sale or use			<del> </del>
Assets	9	Prepaid expenses and deferred charges			
٩		Investments - U.S. and state government obligations	01 245 102	00 250 000	00 250 000
	b	Investments - corporate stock STMT 8	21,345,183.	28,352,028	. 28,352,028.
	C	Investments - corporate bonds			* * * * * * * * * * * * * * * * * * * *
	11	Investments - land, buildings, and equipment basis	u strat t	1	* " (1
		Less accumulated depreciation	10 215 626	2 242 004	2 242 224
	12	Investments - mortgage loans STMT 9		3,349,204	3,349,204.
	13	Investments - other STMT 10	4,082,676.	3,159,801	3,159,801.
	14	Land, buildings, and equipment: basis			
		Less accumulated depreciation			<u> </u>
		Other assets (describe			<del></del>
	16	Total assets (to be completed by all filers - see the	25 751 447	24 060 005	24 060 025
_		instructions. Also, see page 1, item I)	2,460,000.	2,986,017	34,868,825.
	l	Accounts payable and accrued expenses	2,460,000.	2,960,017	•
	18	Grants payable			
es	19	Deferred revenue			+
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable	12,113,300.	3,181,349	
_	22	Other liabilities (describe ► NATL FINL SERVICES)	12,113,300.	3,101,349	* *************************************
	l		14,573,300.	6,167,366	
	23	Total liabilities (add lines 17 through 22)	14,573,300.	0,107,300	+
		Foundations that follow FASB ASC 958, check here			
š	١,,	and complete lines 24, 25, 29, and 30.			
and	l	Net assets without donor restrictions			
Bal	25	Net assets with donor restrictions  Foundations that do not follow FASB ASC 958, check here			
P		and complete lines 26 through 30.		•	1
Ī	26	Capital stock, trust principal, or current funds	21,178,147.	28,701,459	
S	27	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
set	28	Retained earnings, accumulated income, endowment, or other funds	0.	0.0	
Net Assets or Fund Balanc	29	Total net assets or fund balances	21,178,147.	28,701,459	
ş	23	Total list assets of fully salalists			
	30	Total liabilities and net assets/fund balances	35,751,447.	34,868,825	
P	art	Analysis of Changes in Net Assets or Fund Ba			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 2	29		
	(mus	t agree with end-of-year figure reported on prior year's return)		_1	
2	Enter	amount from Part I, line 27a		2	
3	Other	r increases not included in line 2 (itemize)	SEE STA	ATEMENT 7 3	
4	Add I	ines 1, 2, and 3		4	
5	Decre	eases not included in line 2 (itemize)			
^	T-4-1	not appete or fined belonged at and of year (line 4 minus line 5). Best II as	luma (h) luna 00	م ا	28 701 459

6 Enter 1% of net investment income (1% of Part I, line 27b)

6 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

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

Form **990-PF** (2019)

<u>23,610.</u>

1,660,818.

1,345,272.

orm	n 990-PF (2019) TRAVERS FAMILY FOUNDATION 6	<u>8-60</u>	<u> 95780</u>	_	Page 4	_
Pa	irt VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 - se	e instruc	tion	s)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				21.	
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here   ■ and enter 1%  ■ 1						
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)					1
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	4	<u>7,2</u>	21.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			0.	,
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	4	<u>7,2</u>	21.	1
6	Credits/Payments:					
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 28,400.					
þ	Exempt foreign organizations - tax withheld at source	ŀ				
C	Tax paid with application for extension of time to file (Form 8868)  6c  0 •					
d	Backup withholding erroneously withheld 6d 0.					
7	Total credits and payments. Add lines 6a through 6d	7	2	<u>8,4</u>	00.	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8	-		<u>0.</u>	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	1	<u>8,8</u>	<u>21.</u>	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
	Enter the amount of line 10 to be: Credited to 2020 estimated tax	11				
Pa	rt VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	ı	<u> </u>	Yes	No	
	any political campaign?		1a		X	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definiti	on	1b		X	1
	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.					
	Did the foundation file Form 1120-POL for this year?		1c		X	1
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
	(1) On the foundation. ► \$ 0 . (2) On foundation managers. ► \$ 0 .					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$0 .		ļ		<u>                                     </u>	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X	
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				<del>                                     </del>	
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	48		X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	IN / A			x	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		<del>  ^</del>	
_	If "Yes," attach the statement required by General Instruction T.					
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 lagrange and the appropriate productions.	w			X	
_	remain in the governing instrument?		7	X	<u> </u>	
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				$\vdash$	
0-	Enter the states to which the foundation reports or with which it is registered. Can instructions					
82	Enter the states to which the foundation reports or with which it is registered. See instructions.		-			
	CA  If the compart of "You" to line 7, here the foundation furnished a copy of Form 000. PE to the Atternay Congral (or designate)		-			
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		0.	х	$\vdash \vdash \vdash$	
^	of each state as required by General Instruction G? If "No," attach explanation	0.5	8b	<u> </u>	$\vdash$	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calend	ai			x	2
40	year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV		9		X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10 Sorm 990	DE		

X

3b

4a

N/A

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Schedule C. to determine if the foundation had excess business holdings in 2019.)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

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

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations	, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	26,500,000.
Ь	Average of monthly cash balances	1b	,
C	Fair market value of all other assets	1c	9,500,000.
d	Total (add lines 1a, b, and c)	1d	36,000,000.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
Ī	1c (attach detailed explanation) 1e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	3,200,000.
3	Subtract line 2 from line 1d	3	32,800,000.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	492,000.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	32,308,000.
6	Minimum investment return. Enter 5% of line 5	6	1,615,400.
ÎP.	art:XII Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations, check here 🕨 🔛 and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	1,615,400.
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	47,221.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,568,179.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	1,568,179.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,568,179.
(P	art:XII] Qualifying Distributions (see instructions)		
1.4	and the state of t		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,345,272.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,345,272.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,345,272.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation q	ualifies fo	or the section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI,				
line 7				1,568,179.
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			1,345,272.	
b Total for prior years:		_		
		0.		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
<b>b</b> From 2015				
c From 2016				
<b>d</b> From 2017				
e From 2018				
f Total of lines 3a through e	0.		· · · ·	
4 Qualifying distributions for 2019 from	•			
Part XII, line 4: ► \$ 1,345,272.			1 245 272	
a Applied to 2018, but not more than line 2a			1,345,272.	
b Applied to undistributed income of prior		0.	c	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	0.			
(Election required - see instructions)  d Applied to 2019 distributable amount	0.			0.
**	0.		<u></u>	0.
e Remaining amount distributed out of corpus	0.			·
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract		_		
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2018. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2019. Subtract				
lines 4d and 5 from line 1. This amount must	i			4 560 450
be distributed in 2020				1,568,179.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	_			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2014	0.			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9: a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

	FAMILY FOU			68-60	95780 Page 10
Part XIV Private Operating F	oundations (see in:	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	it is a private operating		·	
foundation, and the ruling is effective fo		-	▶ └		
<b>b</b> Check box to indicate whether the found		<u>ig foundation described i</u>		4942(j)(3) or 49	42(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(b) 2018	Prior 3 years (c) 2017	(d) 2016	(e) Total
income from Part I or the minimum	(a) 2019	(b) 2010	(6) 2017	(0) 2010	(6) 10(4)
investment return from Part X for					
each year listed				<del>                                     </del>	
<b>b</b> 85% of line 2a			=	<del>  -/ </del>	<del></del>
c Qualifying distributions from Part XII,					
line 4, for each year listed d Amounts included in line 2c not				1	
used directly for active conduct of				İ	
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
<ul><li>a "Assets" alternative test - enter:</li><li>(1) Value of all assets</li></ul>	1			`	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return		<i>Z.</i>			
shown in Part X, line 6, for each year listed				,	
c "Support" alternative test - enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					-
an exempt organization					
(4) Gross investment income					•
Part XV Supplementary Info			the foundation	had \$5,000 or more	e in assets
at any time during t	he year-see instru	uctions.)		·	
1 Information Regarding Foundation	n Managers:		i		
a List any managers of the foundation wh year (but only if they have contributed n			butions received by the	foundation before the close	of any tax
NONE					
b List any managers of the foundation wh other entity) of which the foundation ha			or an equally large porti	on of the ownership of a par	tnership or
NONE					
2 Information Regarding Contribution Check here  In the foundation of the foundatio				not accept unsolicited reques	sts for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone numl		e person to whom applica	itions should be address	sed:	
b The form in which applications should be	#201, WALNU	· · · · · · · · · · · · · · · · · · ·			
WRITTEN FORM PURPOSE		-		ZATION	
c Any submission deadlines:					
d Any restrictions or limitations on awards NO	s, such as by geographical	areas, charitable fields,	kinds of institutions, or	other factors:	

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or - contribution Foundation show any relationship to **Amount** status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CHILD ADVOCATES - CASA OF SILICON NONE EXEMPT GENERAL PURPOSE VALLEY MILPITAS, CA COMMONWEALTH CLUB OF CALIFORNIA NONE EXEMPT GENERAL PURPOSE 151,369. SAN FRANCISCO, CA EAST BAY SPCA NONE EXEMPT GENERAL PURPOSE 168,500. BERKELEY, CA GUIDE DOGS FOR THE BLIND EXEMPT NONE GENERAL PURPOSE 214,286. SAN RAFAEL, CA HUMANE SOCIETY OF SILICON VALLEY NONE EXEMPT GENERAL PURPOSE SAN JOSE, CA 90,100. CONTINUATION SHEET(S) SEE **▶** 3a 1,345,272. Total **b** Approved for future payment NONE **▶** 3b Total

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Part XVI-A   Analysis of Income-Producing Activities	Part XVI-A	<b>Analysis of Income-Producing Activities</b>
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Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
citor groop amounts amount of the management	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Business   code	Amount	sion	Amount	function income
•					
ab	<u> </u>				
c			1		
d		·····	<b></b>		
e					· · · · · · · · · · · · · · · · · · ·
g Fees and contracts from government agencies		· · · · · · · · · · · · · · · · · · ·	+		
2 Membership dues and assessments	<del>                                     </del>		1		
3 Interest on savings and temporary cash			1		
investments			1		1.472.788.
4 Dividends and interest from securities			1		1,472,788. 931,221.
5 Net rental income or (loss) from real estate:	-		_		
a Debt-financed property			<b>—</b>		<u> </u>
b Not debt-financed property					
6 Net rental income or (loss) from personal	-				
property	!				
7 Other investment income					456,698.
8 Gain or (loss) from sales of assets other					<del>-                                    </del>
than inventory	1				-431,415.
9 Net income or (loss) from special events			1		
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0		0.	2,429,292.
13 Total. Add line 12, columns (b), (d), and (e)				13	2,429,292.
(See worksheet in line 13 instructions to verify calculations.)					-

Part XVI-B	Relationship of	<b>Activities to</b>	the Accomplishment of	f Exempt Purposes
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Line No. ▼	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 (other than by providing funds for such purposes).
	1

Form **990-PF** (2019)

#### 68-6095780 Form 990-PF (2019) TRAVERS FAMILY FOUNDATION Page 13 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Part-XVII **Exempt Organizations** No Yes 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: X 1a(2) (2) Other assets **b** Other transactions: 1b(1) (1) Sales of assets to a noncharitable exempt organization X (2) Purchases of assets from a noncharitable exempt organization 1b(2) X (3) Rental of facilities, equipment, or other assets 1b(3) X (4) Reimbursement arrangements 1b(4) X 1b(5) (5) Loans or loan guarantees X (6) Performance of services or membership or fundraising solicitations 1b(6) X c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 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. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described □ Yes X No in section 501(c) (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (c) Description of relationship (a) Name of organization (b) Type of organization N/A 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 return with the prepare n below? See instr Here X Yes No

Firm's EIN ► 68-0339663

Phone no. 925-295-3024

Form 990-PF (2019)

P00641543

Paid

Preparer

**Use Only** 

STE

Date

Preparer's signature

**CPA** 

CA 94549

Signature of officer or trustee

Print/Type preparer's name

JOHN HARPER

Firm's name ► JOHN HARPER,

Firm's address ▶ 3717 MT. DIABLO BLVD.,

LAFAYETTE,

Check X If

self- employed

Title

Date

215

68-6095780 TRAVERS FAMILY FOUNDATION PAGE OF Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase (c) Date acquired (d) Date sold (a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co. D - Donation (mo., day, yr.) (mo., day, yr.) FINANCIAL SERVICES #3430 DETAIL ON FILE P 1a NATIONAL P b NATIONAL FINANCIAL SERVICES #3430 DETAIL ON FILE SERVICES #3430 ON P c NATIONAL FINANCIAL DETAIL FILE #3430 d NATIONAL DETAIL ON FILE P FINANCIAL SERVICES g h I m n 0 (g) Cost or other basis (h) Gain or (loss) (f) Depreciation allowed (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 53. -16,860. -16,807a 30,395. 554. 30,949. b 286,308. 131,487. 154,821. C 205,726. 775,656. -569,930. d е m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (k) Excess of col. (ı) (j) Adjusted basis (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any \*\* -16,860.a \*\* 554. b 154,821. C -569,930 d е m n if gain, also enter in Part I, line 7 if (loss), enter "-0-" in Part I, line 7 } -431,415. 2 Capital gain net income or (net capital loss) 2

923591 04-01-19

(SHORT-TERM)

-16,306.

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

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

Part XV Supplementary Information Grants and Contributions Paid During the	Year (Continuation)			
Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
LIGHTHOUSE FOR THE BLIND	NONE	EXEMPT	GENERAL PURPOSE	
SAN FRANCISCO, CA				10,000
THE SEMPER FI FUND	NONE	EXEMPT	GENERAL PURPOSE	
CAMP PENDLETON SOUTH, CA				50,000
UNIVERSITY OF CALIFORNIA	NONE	EXEMPT	GENERAL PURPOSE	
BERKELEY, CA				631,017
GRAND BEGINNINGS	NONE	EXEMPT	GENERAL PURPOSE	
PARSHALL, CO				5,000
MCIL	NONE	EXEMPT	GENERAL PURPOSE	
SAN RAFAEL, CA				20,000
GOLDEN GATE LABRADOR	и́оиЕ	EXEMPT	GENERAL PURPOSE	
SAN FRANCISCO, CA				5,000
				:
		<del> </del>		
Total from continuation sheets				721,017

# Schedule B

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

Department of the Treasury Internal Revenue Service

# **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

TRAVERS FAMILY FOUNDATION

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2019

Name of the organization

Employer identification number

68-6095780

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Organization type (chec	sk one)·
Filers of:	Section:
Form 990 or 990-EZ	501(c)( ) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a) any one contrib	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under (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 outor, 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; EZ, line 1. Complete Parts I and II.
year, total cont	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the ributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the ruelty to children or animals. Complete Parts I, II, and III.
year, contribution is checked, ent purpose. Don't	ation described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the consequence one exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box er here the total contributions that were received during the year for an exclusively religious, charitable, etc., complete any of the parts unless the General Rule applies to this organization because it received nonexclusively able, etc., contributions totaling \$5,000 or more during the year
out it must answer "No"	n 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), 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 et the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Page 2 Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Name of organization **Employer identification number** TRAVERS FAMILY FOUNDATION 68-6095780 Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed. (a) (b) (d) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 1 CHARLES TRAVERS Person Payroll 296 VIA LA PAZ Noncash (Complete Part II for GREENBRAE, CA 94904 noncash contributions.) (a) (c) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person

		\$	Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)

Name of organization

**Employer identification number** 

### TRAVERS FAMILY FOUNDATION

68-6095780

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	ganization	Employer identification number					
TD AVEE	RS FAMILY FOUNDATION			68-6095780			
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) to completing Part III, enter the total of exclusively religious, charitable and contributors.	brough (e) and the following line er	ntry For organizations	nat total more than \$1,000 for the year			
	Use duplicate copies of Part III if additional sp	pace is needed.	Tiess for the year (chief this hine one				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
-		(e) Transfer of gi	ft				
	Transferee's name, address, and	d ZIP + 4	Relationship of tra	nsferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
	(e) Transfer of gift  Transferee's name, address, and ZIP + 4  Relationship of transferor to transferee						
	Transferee's name, address, and	3 2 1 2 4 4	Helationship of tra	nsteror to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift (d) Des		ription of how gift is held			
		(e) Transfer of gi	ft				
	Transferee's name, address, and	1 ZIP + 4	nsferor to transferee				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	ription of how gift is held			
		(e) Transfer of gi					
-	Transferee's name, address, and	1 ZIP + 4	Relationship of tra	nsferor to transferee			

FORM 990-PF INTERE	ST ON SAVIN	SS AND	TEMPOR	ARY	CASH	IN	VESTMENTS	S	PATEMENT 1
SOURCE			(A) REVENUE ER BOOK			IN	(B) VESTMENT COME		(C) ADJUSTED WET INCOME
ALERA MANAGEMENT GROUP LLC WELLS FARGO TOTAL TO PART I, LINE 3			2.		1,472,786.		1,472,786.		
					1,	1,472,788.		1,472,788.	
FORM 990-PF	DIVIDENDS	AND I	NTEREST	FRO	M SEC	UR	ITIES	SI	PATEMENT 2
SOURCE	GROSS AMOUNT	GA:	ITAL INS DENDS	RE	(A) VENUE BOOK		(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME
NATL FINL SERVICES #430 WELLS FARGO	931,171. 50.		0.	9:	31,17 5	1.	931,17	1.	931,171.
TO PART I, LINE 4	931,221.		0.	9:	31,22	1.	931,22	1.	931,221.
FORM 990-PF	- Lesson	ОТНІ	ER INCO	ME		-	<u></u>	SI	PATEMENT 3
DESCRIPTION			RE	(A) VENUI BOOI			(B) ET INVEST- ENT INCOME		(C) ADJUSTED NET INCOME
LCGI MORTGAGE FUND, NET PACIFIC WEST LLC, NET ALEXANDER FUND VI, NET ALEXANDER FUND IX, NET CAPITAL HILL, NET AF HOWARD, NET ALEXANDER FUND XII, NET				-13 2 -245 -4 3	,553. ,519. ,296. ,774. ,212. ,259.		-36,553 -13,519 2,296 -245,774 -4,212 3,259 14,291	•	
AF-CRYSTAL HUDSON, AF-GHBM, NET LEGACY OPPORTUNITY, PACIFIC WEST II LLC OTHER INCOME FIDELI ALEXANDER XVI	NET , NET TY #430			-70 10 -9 5 799	-253. ,149. ,432. ,438. ,506.		-253 -70,149 10,432 -9,438 5,506	•	-253. -70,149. 10,432. -9,438. 5,506. 799,460.

185.

1,167.

456,698.

185.

1,167.

456,698.

185.

1,167.

456,698.

ALEXANDER FUND PAC V

TOTAL TO FORM 990-PF, PART I, LINE 11

CADDO YEAGER I

TRAVERS FAMILY FOUNDATION				<u> </u>	
FORM 990-PF	ACCOUNTI	NG FEES	STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	12,950.	12,950.	0	. 0.	
TO FORM 990-PF, PG 1, LN 16B	12,950.	12,950.	0	. 0.	
FORM 990-PF	TAX	ES		STATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FRANCHISE TAX BOARD INTERNAL REVENUE SERVICE CA ATTY GENERAL FOREIGN TAX PAID	10. 27,103. 150. 522.	27,103. 150.	0 0 0 0	. 0. . 0.	
TO FORM 990-PF, PG 1, LN 18	27,785.	27,785.	0	. 0.	
FORM 990-PF	OTHER E	XPENSES		STATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
OFFICE	170.	170.	0	. 0.	
TO FORM 990-PF, PG 1, LN 23	170.	170.	0	. 0.	
FORM 990-PF OTHER INCREASES	IN NET ASS	ETS OR FUND BA	LANCES	STATEMENT 7	
DESCRIPTION		-		AMOUNT	
UNREALIZED INCREASE IN MARKET		6,838,967.			
TOTAL TO FORM 990-PF, PART II	I, LINE 3			6,838,967.	

300K VALUE 28,352,028. 28,352,028.	STATEMENT 8  FAIR MARKET VALUE  28,352,028.
28,352,028.	VALUE
	28,352,028
28,352,028.	
	28,352,028
	STATEMENT 9
OOK VALUE	FAIR MARKET VALUE
3,349,204.	3,349,204.
3,349,204.	3,349,204.
	STATEMENT 10
OOK VALUE	FAIR MARKET VALUE
24,606.	24,606.
	100,000. 4,326.
459,142.	459,142.
116,060.	116,060.
209,163.	
209,163. 357,015.	209,163. 357,015. 947.703.
209,163.	357,015. 947,703.
209,163. 357,015. 947,703. 545,185. 296,601.	357,015. 947,703. 545,185. 296,601.
209,163. 357,015. 947,703. 545,185.	357,015. 947,703. 545,185.
	3,349,204.  3,349,204.  OOK VALUE  24,606. 100,000. 4,326. 459,142.

FORM 990-PF	OTHER LIABILITIES		STATEMENT 11	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
NATL FINL SERVICES MARGIN LOAN	<del>-</del>	12,113,300.	3,181,349.	
TOTAL TO FORM 990-PF, PART II,	LINE 22	12,113,300.	3,181,349.	

FORM 990-PF		LIST OF OFFICERS AND FOUNDATION M		STAT	EMENT 12
NAME AND ADDRESS		TITLE AND AVRG HRS/W		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHARLES N TRAVERS 296 VIA LA PAZ GREENBRAE, CA 9490	04	DIRECTOR 40.00	0.	0.	0.
ELIZABETH TRAVERS 296 VIA LA PAZ GREENBRAE, CA 9490	)4	DIRECTOR 10.00	0.	0.	0.
TODD TRAVERS 296 VIA LA PAZ GREENBRAE, CA 9490	)4	DIRECTOR 10.00	37,500.	0.	0.
GAYLE TRAVERS 296 VIA LA PAZ GREENBRAE, CA 9490	) 4	DIRECTOR 10.00	37,500.	0.	0.
NANCY LUCAS 296 VIA LA PAZ GREENBRAE, CA 9490	) <b>4</b>	DIRECTOR 10.00	37,500.	0.	0.
LARRY LUCAS 296 VIA LA PAZ GREENBRAE, CA 9490	14	DIRECTOR 10.00	37,500.	0.	0.
TARN SUBLETT 11026 SE 31ST STRE BELLEVUE, WA 98004		DIRECTOR 40.00	50,000.	0.	0.
CHELSEA BROWNE 296 VIA LA PAZ GREENBRAE, CA 9494	10	DIRECTOR 10.00	5,000.	0.	0.
JUSTINE TRAVERS 296 VIA LA PAZ GREENBRAE, CA 9490	4	DIRECTOR 10.00	5,000.	0.	0.
TRACE TRAVERS 296 VIA LA PAZ GREENBRAE, CA 9490	4	DIRECTOR 10.00	5,000.	0.	0.

68-6095780

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

215,000.

0.

0.