SCANNED MAY 1 9 2021

Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

OMB No 1545-0047

		llendar year 2019 or tax year beginning				9/11 , 2019	, and endin				31, 20 19
		f foundation						'	Employer identifi		ber
_		WIS FOUNDATION					<u> </u>	4	84-302514		
Νu	mber	and street (or P O box number if mail is not delivered	to stree	et ado	ress)		Room/suite	6	3 Telephone number	er (see instru	ctions)
	2011	NOTE TO LOUD OF THE TOTAL OF TH	7 00						(000) 03	0 1754	
_		NDATION SOURCE 501 SILVERSIDE			 .			-	(800) 83	9-1/54	
Cii	y or t	own, state or province, country, and ZIP or foreign pos	iai code	•				1	If exemption applica	tion is	
		MINGTON DE 10000 1277						`	pending, check here		► [X]
_		MINGTON, DE 19809-1377			1 1 1		11 1	_			
G	Che	eck all that apply X Initial return		<u> </u>		of a former p	oublic charit	y c	1 Foreign organizat		
		Final return			Amended re				2 Foreign organizates 85% test, check h		
-	<u>Cha</u>	Address change	(-)(2)		Name chang	<u></u>		_	computation .		▶∟
7	\neg	eck type of organization X Section 501	(6)(3)					E	If private foundation	status was te	minated
+		Section 4947(a)(1) nonexempt charitable trust	السال.			rivate founda		{	under section 507(b)		
'		I —		_	ethod <u>(4</u>) C ecify)	asn Acc	ruai	F	If the foundation is		
		"), must be on c	each bacie \		-	under section 507(b)	i(i)(b), check i	lere .
		Analysis of Revenue and Expenses (The	Ţ			asii basis j	 			(d) Dist	oursements
ш	ait	total of amounts in columns (b), (c), and (d)	(evenue and enses per	(b) Net inve		(c)	Adjusted net	`for c	haritable
		may not necessarily equal the amounts in column (a) (see instructions))			books	incom	ne		income		rposes basis only)
٦	1	Contributions, gifts, grants, etc., received (attach schedule) .	+	6	,693,238.				-	,	
	2	Check if the foundation is not required to				 					
	3	Interest on savings and temporary cash investments.			7.		7.				
	4	Dividends and interest from securities			27,320.	2	6,037.		-		
	ъ 5а	Gross rents									
		Net rental income or (loss)				-					
و		Net gain or (loss) from sale of assets not on line 10			-17,446.						
릵	b	Gross sales price for all 3, 128, 000.									
Revenue	7	Capital gain net income (from Part IV, line 2) .					0.				
∞ّا	8	Net short-term capital gain									
	9	Income modifications							DEDEN :=		
-	10 a	Gross sales less returns and allowances							SECTIVE		
	b	Less Cost of goods sold .								ည္ဟ	
	С	Gross profit or (loss) (attach schedule)					<u> </u>	<u> </u>	JUI 0 1 292	n jöj	
	11	Other income (attach schedule)	<u> </u>		702 110		- 0.4	L		\(\frac{1}{2}\)	
4	12	Total Add lines 1 through 11	↓	6	,703,119.		6,044	-	CCEN L		
S	13	Compensation of officers, directors, trustees, etc $$.			0.			=	OBEN, U		
enses	14	Other employee salaries and wages				 					
	15	Pension plans, employee benefits	 		_	 					
X		Legal fees (attach schedule)	\vdash			 -					
ē	b	Accounting fees (attach schedule)	-			-					
늵	_ C	Other professional fees (attach schedule)	-			 				· 	
Str	17	Interest	-			 					
	18	Taxes (attach schedule) (see instructions)	 			 					
튀	19 20	Depreciation (attach schedule) and depletion.									
ĕ∣	21	Occupancy				 					
밀	22	Printing and publications	 			 -			-	-	
Ď.	23	Other expenses (attach schedule)			-						
.=।	24	Total operating and administrative expenses.			· -						
era		Add lines 13 through 23			0.						
8	25	Contributions, gifts, grants paid									
- 1	26	Total expenses and disbursements Add lines 24 and 25			0.						0
\neg	27	Subtract line 26 from line 12				N 16	44. , 1	•		C 3,	
		Excess of rôvênue over expenses and disbursements		6	,703,119.	, · `	<u> </u>	,	$\frac{1}{T}$		
	b	Net investment income (if negative, enter -0-)				2	6,044.				
١	С	Adjusted net income (if negative, enter -0-)									

JSA For Paperwork Reduction Act Notice, see instructions 9E1410 1 000

9-26

Form 990-PF (2019)

_		PF (2019)	CLAVIS FOUNDATION			14-3023143 Page Z				
P	art II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year (a) Book Value	(b) Book Value	(c) Fair Market Value				
_	1	Cash - non-interest-bear	ing	(4) 2001 1410	(0, 200	(6)				
			•	vestments						
			cash investments	and the same with the	James Park Car Back					
			btful accounts ▶		-					
			bildi docodinis P	, s	i .	3				
	•	Locs allowance for dou	btful accounts -			1 - 4 - 1 - 10 - make ske				
			Dirdi accounts -							
	_		officers, directors, trustees, and other			 				
	6	Receivables due from	officers, directors, trustees, and other							
	_	disqualified persons (at	tach schedule) (see instructions)	way a second of the second		u .				
	7	Other notes and loans r	eceivable (attach schedule)	•••						
۲Δ.	ļ	Less allowance for dou	ottui accounts -							
ä	8		e							
Assets	9		eferred charges		3,127,990	. 3,130,750				
⋖	1.04		e government obligations (attach schedule)[1,]		3,127,990					
			stock (attach schedule) ATCH 2							
	11	Investments - land, buildings and equipment basis Less accumulated deprecia			101,000	. 100,750				
		(attach schedule)								
	13 14	Investments - other (atta Land, buildings, and	loansach schedule)							
		(attach schedule)	ation							
	15	Other assets (describe	·)							
	16	Total assets (to be instructions Also, see p	completed by all filers - see the age 1, item l)	0.	6,703,119	6,798,761				
	17	Accounts payable and a	ccrued expenses							
	18	Grants payable								
es	19	Deferred revenue								
Liabilities	20	Loans from officers, directo	ors, trustees, and other disqualified persons							
ap	21	Mortgages and other no	otes payable (attach schedule)							
	22	Other liabilities (describe	e ▶)							
_	23	Total liabilities (add line	es 17 through 22)	0.	<u></u>).				
Ś		Foundations that follow	w FASB ASC 958, check here							
alances		and complete lines 24,	25, 29, and 30.							
lar	24	Net assets without done	or restrictions							
Ba	25	Net assets with donor re	estrictions · · · · · · · · · · · · · · · · · · ·							
힏		Foundations that do not for	ollow FASB ASC 958, check here							
뎔	•	and complete lines 26 thre	ough 30			ļ				
Ξ	25 26	Capital stock, trust prine	cipal, or current funds		:					
S	27 28 29 30	•	r land, bldg , and equipment fund							
se	28	•	ulated income, endowment, or other funds		6,703,119	•				
As	29	•	i balances (see instructions)	0.	6,703,119					
t e	30		net assets/fund balances (see							
Ž	}		``	0.	6,703,119	.]				
P			nges in Net Assets or Fund Bala	nces	<u> </u>					
			palances at beginning of year - Part		must agree with					
•			ed on prior year's return)			0				
2			line 27a			6,703,119				
						 				
						6,703,119				
		reases not included in			5					
			valances at end of year (line 4 minus	line 5) - Part II, column 6		6,703,119				
	1010	n not assets of fully b	raiantes at enu or year (iine 🖛 iiiilus	, iii io oj - i aitii, colulliii l	,					

	(a) List and des 2-story br	and Losses for Tax on Invescribe the kind(s) of property sold (for rick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	SEE PART IV SCHEI	DULE				
b					·	
Ç				<u> </u>		
d						
е				<u> </u>	<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (los ((e) plus (f) minu	
a				+		
b						
<u> </u>				 		
d				_		
е		howing gain in column (h) and owned	d by the foundation on 12/31/69			
	Complete only for assets si		T .		Gains (Col (h) ga (k), but not less the	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	"	Losses (from col	
				 		
a b		***************************************		 		
C				+		
d				+		
e			<u> </u>			
		. If o	լու, also enter in Part I, line 7 🔒 ነ	- 		
2	Capital gain net income	or inet canital ineel	loss), enter -0- in Part I, line 7	2		0.
3	Net short-term capital ga	، ain or (loss) as defined in sections	,			
-			structions If (loss), enter -0- in \mathbf{l}			
	•		` '	` ₃		0.
Рa			educed Tax on Net Investment I	ncome		
			butable amount of any year in the b	ase peno	d?	Yes N
1		't qualify under section 4940(e)	ear, see the instructions before mak	IDO 30V AT	otries	
<u>'</u>	(a)		T	ling any er	(d)	
Cal	Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		Distribution ra (col (b) divided by	
Cai	2018			+	(cor (b) divided by	(6) /
	2017		 	1		
	2016			+		
	2015					··
	2014		1	 	* ·-	
2	Total of line 1, column (c	d)		2		
3			de the total on line 2 by 5 0, or by			
ŭ	-	-	of less than 5 years	3		
	the number of years the	Touridation has been in existence	in less than o years			
4	Enter the net value of no	oncharitable-use assets for 2019	from Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investm	ent income (1% of Part I, line 27b))	6		
7	Add lines 5 and 6			7		
8			x in Part VI, line 1b, and complete		using a 1% tax	crate See th

Form :	990-PF (2019) CLAVIS FOUNDATION 84-302	5143	. F	age 4	
Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)	
1a _	Exempt operating foundations described in section 4940(d)(2), check here	-	. <u>-</u> -	i	
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			المست	
	Domestic foundations that meet the section 4940(e) requirements in Part V, check			21.	
	here 🕨 🔛 and enter 1% of Part I, line 27h		4,	10	
	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of	-		- í	
	Part I, line 12, col (b)				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	_		21.	
	Add lines 1 and 2			0.	
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			21.	
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			1	
	Credits/Payments				
	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				
b	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to the (i citi doco)			,	
d -	Backup withholding erroneously withheld	•		0.	
	Total credits and payments Add lines 6a through 6d				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			21.	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2020 estimated tax Refunded 11				
	t VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1a		X	
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition	1b		Х	
	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				
С	Did the foundation file Form 1120-POL for this year?	1c		X	
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ►\$(2) On foundation managers ►\$				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
	on foundation managers \$			٠,,	
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				
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			х	
	of incorporation, or 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?	4a	<u>-</u>	<u> </u>	
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		Х	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>	
	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 law remain in the governing instrument?	6	Х		
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	7	Х	<u> </u>	
	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	DE,			,	
ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		_		
-	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8ь	X		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				_
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"				
	complete Part XIV	9		X	4
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			1	
	names and addresses . ATCH . 4	10	X	<u> </u>	

Pai	rt VIIA Statements Regarding Activities (continued)			
		<u> </u>	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	1		
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address N/A			
14	The books are in care of ▶ FOUNDATION SOURCE Telephone no ▶ 800-839-	175	4	
	Located at ▶501 SILVERSIDE ROAD, SUITE 123 WILMINGTON, DE ZIP+4 ▶ 19809-13	77_		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	l	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			'
	the foreign country			
Pai	rt 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.	ــــــ	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		
	the benefit or use of a disqualified person)?	-		
	(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)			
t	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in			
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		-
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	10		X
	were not corrected before the first day of the tax year beginning in 2019?	1c	 	
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))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
				ĺ
	If "Yes," list the years ,,,			
ŗ	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			
		2b	1	
	all years listed, answer "No" and attach statement - see instructions)		 	
,				
3.	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			ŀ
36	at any time during the year?			
ı	of f "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	[
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019)	3b		
4=	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
· ·	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		Х

Par	t VISB Statements Regarding Activities	for Which Form	4720 May Be R <u>e</u> q	uired (continued)				
5a	During the year, did the foundation pay or incur any amo		-			Yes	No	
•	(1) Carry on propaganda, or otherwise attempt to influe	ence legislation (section	n 4945(e))?	. Yes X N	0		'	
	(2) Influence the outcome of any specific public election (see section 4955), or to carry on,							
	directly or indirectly, any voter registration drive?							
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No							
	(4) Provide a grant to an organization other than a				ĺ		,	
	section 4945(d)(4)(A)? See instructions			. Yes X N	•		1	
	(5) Provide for any purpose other than religious, ch	aritable, scientific, l	iterary, or educationa				,	
	purposes, or for the prevention of cruelty to children	or anımals?		. Yes XN	0			
ь	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described i	ın _			
	Regulations section 53 4945 or in a current notice regard	ding disaster assistan	ce? See instructions.		<u>5b</u>			
	Organizations relying on a current notice regarding disas	ster assistance, check	here	🕨	· 🗀			
С	If the answer is "Yes" to question 5a(4), does the	foundation claim e	xemption from the t	ax — —				
	because it maintained expenditure responsibility for the g	grant?		. L Yes N	0		}	
	If "Yes," attach the statement required by Regulations se	ection 53 4945-5(d)						
6a	Did the foundation, during the year, receive any fun	ids, directly or indire	ectly, to pay premiur	ns				
	on a personal benefit contract?				0			
b	Did the foundation, during the year, pay premiums, dire	ctly or indirectly, on a	personal benefit contra	ıct [?]	. <u>6b</u>		X	
	If "Yes" to 6b, file Form 8870						· '	
7a	At any time during the tax year, was the foundation a pa							
ь	If "Yes," did the foundation receive any proceeds or have			on7	. 7b	-	-	
8	Is the foundation subject to the section 4960 tax on pay							
_	remuneration or excess parachute payment(s) during the tyll Information About Officers, Director	year?	ndation Manager	. Yes X N		L.—		
	and Contractors							
1	List all officers, directors, trustees, and foundati	on managers and	their compensation	. See instructions.				
		(b) Title, and average	(c) Compensation	(d) Contributions to	(a) Evnens		unt	
	(a) Name and address		(c) Compensation (If not paid, enter -0-)		(e) Expens			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		es	
ATCI	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	other all			
ATCI	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		es	
ATCI	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		es	
ATCI	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		es	
ATCI	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		es	
ATCI	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other all		es	
ATCI	(a) Name and address 1 5 Compensation of five highest-paid employees	(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	other all	lowance	0 .	
ATCI	(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 0 .	tions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	other all	one,	0.	
2	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than thos	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 .	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
2 (a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week hours per week	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	
(a)	(a) Name and address 1 5 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position (other than thos (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) 0 .	(d) Contributions to employee benefit plans and deferred compensation 0 . (d) Contributions to employee benefit plans and deferred	ions). If n	one,	0.	

Part	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	/ees,
3	ive highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	: n
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		_
		0.
		
-		
	umber of others receiving over \$50,000 for professional services	· -
Part		
	e foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of izations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N	'A	·
_		
2	-	
3		
4		
Part		Amaunt
	ibe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 ONE	Amount
1 _^	- I	
	-	
2		
		<u> </u>
All o	ner program-related investments. See instructions	
3	NIE .	
	DNE	

Form 990-PF (2019) Page **8**

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		-
_	purposes Avarage monthly fair market valve of equivation	1a	1,695,335.
	Average monthly fair market value of securities		4,678.
	Average of monthly cash balances	1c	1,0,0.
	Fair market value of all other assets (see instructions)	1d	1,700,013.
a	Total (add lines 1a, b, and c)	10	
е			
_	1c (attach detailed explanation)	2	
2	Acquisition indebtedness applicable to line 1 assets	3	1,700,013.
3	Subtract line 2 from line 1d	-	1,700,013.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see		25,500.
_	instructions)	4	1,674,513.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	25,691.
6	Minimum investment return. Enter 5% of line 5	6	23,091.
Par	Tt XI Distributable Amount (see Instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations, check here ▶ and do not complete this part.)	ndations	
1	Minimum investment return from Part X, line 6	1	25,691.
	Tax on investment income for 2019 from Part VI, line 5 2a 521.		
2 a	Income tax for 2019 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	2c	521.
3	Distributable amount before adjustments Subtract line 2c from line 1		25,170.
3 4 、	• • • • • • • • • • • • • • • • • • • •		20,1.0.
5	Add lines 3 and 4	5	25,170.
	Deduction from distributable amount (see instructions)		
6 7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
′		7	25,170.
	line 1	<u> </u>	
Par	t XII Qualifying Distributions (see instructions)		
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	
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		
а	Suitability test (prior IRS approval required)	3a	
	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	
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4		0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating w	hether the foundation
	qualifies for the section 4940(e) reduction of tax in those years	•	

Form **990-PF** (2019)

Page 9

Ρa	rt XIII Undistributed Income (see insti	ructions)			
1	Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
•	line 7				25,170.
2	Undistributed income, if any, as of the end of 2019			-	· · · · · · · · · · · · · · · · · · ·
	Enter amount for 2018 only				
	Total for pnor years 20 17 ,20 16 ,20 15				
	Excess distributions carryover, if any, to 2019				
_	From 2014				
b.	From 2015				
c	From 2016	, , , , , , , , , , , , , , , , , , , ,		1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	From 2017				
	From 2018				
_	Total of lines 3a through e		*	. 6 %	
	Qualifying distributions for 2019 from Part XII, line 4 > \$				
а	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years				
_	(Election required - see instructions)				
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2019 distributable amount				
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
	line 4b from line 2b				
С	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	4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2019 Subtract lines				
	4d and 5 from line 1. This amount must be				25 170
	distributed in 2020			<u>.</u>	25,170.
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)			<u>-</u>	
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)				
9	Excess distributions carryover to 2020.	0.			
	Subtract lines 7 and 8 from line 6a	J			
	Analysis of line 9	• -		* - · ·	٠
	Excess from 2015	j		•	
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
е	Excess from 2019		<u> </u>		<u> </u>

orm	990-PF (2019)	CLAVIS FO	UNDATION			84-	3025143	Page 1 ,0
Рa	rt XIV. Private Op	erating Foundations	(see instructions a	and Part VII-A, quest	ion 9)	N	OT APPLI	CABLE
1 a	If the foundation has	received a ruling or d	etermination letter the	at it is a private oper	ating			
•	foundation, and the ruling	g is effective for 2019, e	nter the date of the ruling	g <i>.</i>	▶			
ь	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section	4942(j)	(3) or 4	942(յ)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years			/	
	justed net income from Part	(a) 2019	(b) 2018	(c) 2017	(d)	2016	(e) Tot	tal
	I or the minimum investment	(4) 2010	(5) 25 15	(0) 20	- (-)			
	return from Part X for each	1						
	year listed							
b	85% of line 2a							
C	Qualifying distributions from Part					1		
	XII, line 4, for each year listed .				4			
d	Amounts included in line 2c not used directly for active conduct							
	of exempt activities							
е	Qualifying distributions made							
	directly for active conduct of exempt activities. Subtract line							
	2d from line 2c							
3	Complete 3a, b, or c for the							
а	"Assets" alternative test - enter							
_	(1) Value of all assets							
	(2) Value of assets qualifying							
	under section							
b	4942(j)(3)(B)(i) "Endowment" alternative test-							
	enter 2/3 of minimum invest-							
	ment return shown in Part X,							
_	line 6 for each year listed				+		1	
·	"Support" alternative test - enter (1) Total support other than							
	gross investment income							
	(interest, dividends, rents, payments on secunites							
	loans (section 512(a)(5)),							
	or royalties)				<u> </u>			
	(2) Support from general public and 5 or more							
	exempt organizations as							
	provided in section 4942 ()(3)(B)(ii)							
	(3) Largest amount of sup-							
	port from an exempt organization		·					
	(4) Gross investment income .							
Рa				t only if the found	ation had	\$5,000 o	r more in a	ssets at
		uring the year - see						
1	Information Regarding	g Foundation Manage	rs:					
а	List any managers of						ed by the fo	undation
	before the close of any	tax year (but only if th	ey have contributed	more than \$5,000) (S	See section	507(d)(2))		
	NONE							
b	List any managers of	the foundation who	own 10% or more	of the stock of a corp	poration (or	an equally	large portic	n of the
	ownership of a partner							
	N/A							
2	Information Regarding	a Contribution, Grant	Gift, Loan, Scholars	hip. etc Programs:				
_	Check here ► X if t	-		- · · · · · · · · · · · · · · · · · · ·	ritable eres	anizatione c	and door no	t accon
	unsolicited requests for	or funds if the found:	ation makes difts or	rants etc. to individua	als or orga	nizations iir	ind does no	nditions
	complete items 2a, b,			and, etc., to marriade	als 01 01gu	inzations ai		Jiiditions,
_	The name, address, a			the person to whom an	nlications et	ould be add	resed	
а	rne name, address, a	na telephone number	or email address or	the person to whom ap	piications si	iouid be add	resseu	
_	The faces in this base	landana abasıldıka asıl			اممد اماد مما	d a		
D	The form in which app	iications snould be suf	omited and informat	ion and materials they	SHOULD INCI	uue		
				 				
С	Any submission deadli	nes						
d	Any restrictions or li	mitations on awards	, such as by geog	raphical areas, charit	able fields,	kinds of	institutions,	or other
	factors							

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Part XV Supplementary Information (continued)								
3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient frecipient is an individual, show any relationship to any foundation manager or substantial contributor Purpose of grant or contribution Amount Name and address (home or business) Amount Purpose of grant or contribution Purpos								
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount				
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution					
a Paid during the year								
		ļ						
				1				
				1				
		•						
		1						
Total	<u>I</u>		▶ 3a					
b Approved for future payment								
b Approved for lattire payment								
				•				
	•							
	_							
Total	<u></u>	, .	▶ 3b_					

Form 990-PF (2019)

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Part XVI-	A Analysis of Income-Prod	ucing Acti	ivities			
	amounts unless otherwise indicated		ated business income	Excluded b	y section 512, 513, or 514	(e)
_		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
-	service revenue					(See mandenons)
a b	····					
, —						-
	and contracts from government agencies					
•	ship dues and assessments					
	n savings and temporary cash investments -			14	7.	
	Is and interest from securities			14	27,320.	
	al income or (loss) from real estate					
	-financed property					
	lebt-financed property					
6 Net renta	I income or (loss) from personal property					
7 Other in	vestment income					
8 Gain or (I	oss) from sales of assets other than inventory			18	-17,446.	
9 Net inco	me or (loss) from special events		_			=:= .
	rofit or (loss) from sales of inventory		_			
11 Other re	venue a					
b				 		
c				<u> </u>		
d			_	_		
e					9,881.	
	Add columns (b), (d), and (e)			<u></u>		
	dd line 12, columns (b), (d), and (e) neet in line 13 instructions to verify calc				13	J,001.
Part XVI-			ccomplishment of E	vemnt Pur	20200	
Line No. ▼	Explain below how each activit accomplishment of the foundation					
					· -	

Form 9	90-PF (2	2019)	CLAVI	S FOUNDATION				84-3025143	Pa	ge 13
Part	: XVII	Information Ro Organizations	egarding	Transfers to and	Transaction	s and Relationship	s With	Noncharitabl	e Ex	empt
a	in sec organz Transfe	ction 501(c) (other cations? ers from the reportin	than sect	tion 501(c)(3) orga on to a noncharitable	inizations) or exempt organi		ating to	political	Yes	No
	(2) Oth	er assets								X
		ransactions: les of assets to a no	ncharitable	exempt organization.				1b(1)		_x_
										X
	• •	•	•							Х
		_								Х
										X
					-	hedule. Column (b) s			fair n	
		-				ndation. If the found				
(a) Lii	T	(b) Amount involved	·	rangement, snow in e of nonchantable exempt		e value of the goods (d) Description of transfe				
(-,		N/A	(0)			N/A	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
			-			·· · · · ·		<u> </u>		
				 		 			-	
								····		
		· · · · · · · · · · · · · · · · · · ·	 							
		·····								 _
	descrit	ped in section 501(c)) (other than	n section 501(c)(3)) o		or more tax-exempt	-		es X] No
<u> </u>	it "Yes	" complete the follo (a) Name of organizatio		· · · I · · · · · · · · · · · · · · · ·	of organization		c) Description	on of relationship		
					- · · · · · · · · · · · · · · · · · · ·					
	-		 							
		· · 								
								······································		
Sign Here	correc	a, and complete Declaration of		than taxpayer) is based on all ii		Presiden	the best of	May the IRS discus	s this	return below?
	Sign	nature of officer or trustee	V	Date		Title	l	See instructions X	Yes	No
Paid		Print/Type preparer's na		Preparer's signa		Date	Chec			
	arer	JEFFREY D HAS	KELL UNDATION		D HASKELL	03/23/2		employed P013 ► 51039834		0
-	Only	7 III.II 0 III.II 0	E HOLLOW			· · · · · · · · · · · · · · · · · · ·	Firm's EIN	▶ J1039634		
	,		KE SUCCE	•		11042	Phone no	800-839-1		
					<u> </u>			Form 990)-PF	(2019)

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

Employer identification number

CLAVIS FOUNDATION 84-3025143 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, 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 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).

Employer identification number 84-3025143

Part I	Contributors (see instructions). Use duplicate copi	es of Part I if additional space is ne	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MCCLURE, STUART C.		Person X Payroll
	1866 PORT TAGGART PLACE	\$10,000.	Noncash
	NEWPORT BEACH, CA 92660		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	THE MCCLURE VOPAT TRUST		Person
	1886 PORT TAGGART PLACE	\$6,625,831.	Payroll X
	NEWPORT BEACH, CA 92660		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	VOPAT, TUSDI D.		Person
	1866 PORT TAGGART PLACE	\$57,407.	Payroll X
	NEWPORT BEACH, CA 92660		(Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	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 Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization CLAVIS FOUNDATION

Employer identification number 84-3025143

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
	SPDR GOLD SHARES		
2	GLD, 2136 SH.		
_			
		\$\$	12/05/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	SPDR S&P 500 ETF TRUST		
2	SPY, 2870 SH.		
	,		
		\$893,761.	12/05/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	INVESCO QQQ TRUST		
2	QQQ, 4250 SH.		
		\$ 860,604.	12/05/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	ODDD OCD DYNTDDND DEED		
^	SPDR S&P DIVIDEND ETF		
2	SDY, 5090 SH.	 	
			12/05/2019
(a) No. from	(b)	(c) FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions)	Date received
	VANCUADO CHODE BEDM MAY BURNER DO TOUTO		·
2	VANGUARD SHORT TERM TAX EXEMPT FD ADMIR	<u> </u>	
2	VWSUX, 6438.299 SH.		
		\$\$	12/05/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	-		
_	NUVEEN HIGH YIELD MUNICIPAL BD FD CL R		
2	NUVEEN HIGH YIELD MUNICIPAL BD FD CL R NHMRX, 6589.557 SH.		
2	NUVEEN HIGH YIELD MUNICIPAL BD FD CL R NHMRX, 6589.557 SH.	_	
2			12/05/2019

Name of organization CLAVIS FOUNDATION

Employer identification number 84-3025143

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

raitii	Tioncasti Property (see instructions) ose duplicate copies t	27 1 GIC II II	additional space is nee	
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
2	VANGUARD CA INTMDT-TERM TAX EXEMPT FUND VCAIX, 9011.675 SH.			
		_ \$_	108,951.	12/05/2019
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
2	NUVEEN CALIFORNIA TAX FREE VALUE FUND C NCSPX, 9299.901 SH.	_		
		_ \$_	106,484.	12/05/2019
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
2	ZEO STRATEGIC INCOME FUND CL I ZEOIX, 10248.118 SH.			
		_ \$_	102,174.	12/05/2019
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
2	NUVEEN SHORT DURATION HIGH YIELD MUNICI NVHIX, 25540.705 SH.			
		_ \$_	269,199.	12/05/2019
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
2	WACHOVIA CAPITAL TR BONDS - 5.800% - 03 92978AAAO, 100000 SH.			
		_ \$_	101,000.	12/05/2019
(a) No. from Part I	(b) Description of noncash property given		(c) FMV (or estimate) (See instructions)	(d) Date received
2	US TREASURY - 0.000% - 12/12/2019 912796SW0, 3128000 SH.			
		_ \$_	3,127,617.	12/09/2019

Name of organization CLAVIS FOUNDATION

Employer identification number 84-3025143

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
3	INVESCO QQQ TRUST QQQ, 27 SH.		
		\$	12/03/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	PIMCO TOTAL RETURN ETF BOND, 28 SH.		
		\$\$	12/03/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	SPDR S&P 500 ETF TRUST SPY, 31 SH.		
		\$ 9,560.	12/03/2019
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
3	FACEBOOK INC FB, 200 SH.		
		\$39,401.	12/03/2019
(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
		<u> </u>	

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization CLAVIS FOUNDATION

Employer identification number 84-3025143

Part III	Exclusively religious, charitable, etc., (10) that total more than \$1,000 for the following line entry. For organization	e year from any one one completing Part III, e	contributor. Contributor contributor.	Complete columns (a) through (e) and of exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the Use duplicate copies of Part III if addition	year. (Enter this inform: hal shace is needed	ation once. Se	ee instructions.) > 5
(a) No from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Tenneforcelle come address and	(e) Transfer of g		
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	uft	
	Transferee's name, address, and	-		nship of transferor to transferee
(a) No.			<u> </u>	
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
				· · · · · · · · · · · · · · · · · · ·
		(e) Transfer of g	ıft	
	Transferee's name, address, and	ZIP + 4	Relation	nship of transferor to transferee
				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of g	ift	
	Transferee's name, address, and	ZIP + 4	Relation	ship of transferor to transferee

ATTACHMENT 1	ENDING BOOK VALUE FMV	3,127,990.	3,127,990.
FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS	DESCRIPTION	US T BILL - 0.000% - 03/12/202	US OBLIGATIONS TOTAL

ATTACHMENT 1

CLAVIS FOUNDATION

FORM 990PF, PART II - CORPORATE STOCK

ENDING <u>FMV</u>	41,050. 909,333. 106,617. 118,952. 270,151. 3,019. 305,234. 933,717. 547,531. 109,132. 102,945.	3,549,840.
ENDING BOOK VALUE	39, 401. 866, 014. 106, 710. 118, 821. 269, 895. 3, 036. 297, 160. 903, 322. 538, 420. 109, 132. 102, 159.	3,456,708.
DESCRIPTION	FACEBOOK INC INVESCO QQQ TRUST NUVEEN CALIFORNIA TAX FREE VAL NUVEEN HIGH YIELD MUNICIPAL BD NUVEEN SHORT DURATION HIGH YIE PIMCO TOTAL RETURN ETF SPDR GOLD SHARES SPDR S&P 500 ETF TRUST SPDR S&P DIVIDEND ETF VANGUARD CA INTMDT-TERM TAX EX VANGUARD SHORT TERM TAX EX VANGUARD SHORT TERM TAX EX	TOTALS

ATTACHMENT 3

BONDS
i i
CORPORATE
1
II
PART
990PF,
FORM

ENDING FMV	000.
ENDING . BOOK VALUE	101,000.
NC	WACHOVIA CAPITAL TR BONDS - 5.
DESCRIPTION	WACHOVIA C

TOTALS

100,750.

100,750.

ATTACHMENT 3

FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

CAPITAL GAINS AND LOSSES FOR TAX ON Kind of Property Description				P 0 0	Date acquired	Date sold		
Gross sale price less expenses of sale	Depreciation allowed/	Cost or other	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
expenses of sale	allowable	basis			<u>ı adı basıs</u>	$\dagger \dagger$	(loss)	-
3,128,000.		PUBLICLY-TR 3,128,000.	RADED SECURI	TIES				
3,120,000.		3,120,000.						
OTAL GAIN(L	oss)							

PART VII-A, LINE 10 - SUBSTANTIAL CONTRIBUTORS FORM 990PF,

CLAVIS FOUNDATION

NAME AND ADDRESS

THE MCCLURE VOPAT TRUST 1886 PORT TAGGART PLACE NEWPORT BEACH, CA 92660

ATTACHMENT 4

ATTACHMENT 5

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
EVAN MCCLURE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	SEC 1.00	.0	.0	Ö
STUART C MCCLURE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR, TREAS 1.00	Ö	.0	
JESSICA MOORE FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	VP 1.00	Ċ	.0	.0
TUSDI D VOPAT FOUNDATION SOURCE 501 SILVERSIDE RD WILMINGTON, DE 19809-1377	DIR, PRES 1.00	Ċ	.0	.0
	GRAND TOTALS	0	0.	0