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

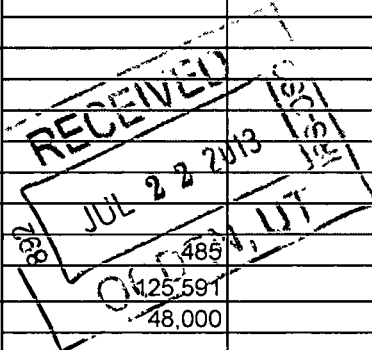
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

For calendar year 2012 or tax year beginning , and ending

Name of foundation TWANDA FOUNDATION		A Employer identification number 20-3508036
Number and street (or P O box number if mail is not delivered to street address) PO BOX 986		B Telephone number (see instructions) (408) 541-1225
City or town, state, and ZIP code ALAMO CA 94507		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <input type="checkbox"/> \$ 48,723	J Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ <i>(Part I, column (d) must be on cash basis)</i>	
		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Part I Analysis of Revenue and Expenses <i>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))</i>				
1 Contributions, gifts, grants, etc., received (attach schedule)	125,000			
2 Check <input type="checkbox"/> if the foundation is not required to attach Sch B				
3 Interest on savings and temporary cash investments	106	106		
4 Dividends and interest from securities				
5 a Gross rents				
b Net rental income or (loss)				
6 a Net gain or (loss) from sale of assets not on line 10				
b Gross sales price for all assets on line 6a				
7 Capital gain net income (from Part IV, line 2)				
8 Net short-term capital gain				
9 Income modifications				
10 a Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss) (attach schedule)				
11 Other income (attach schedule)	485	172		
12 Total. Add lines 1 through 11	125,591	278	0	
13 Compensation of officers, directors, trustees, etc	48,000			
14 Other employee salaries and wages				
15 Pension plans, employee benefits	4,067			
16 a Legal fees (attach schedule)				
b Accounting fees (attach schedule)	2,720			
c Other professional fees (attach schedule)				
17 Interest				
18 Taxes (attach schedule) (see instructions)	4,278	172		
19 Depreciation (attach schedule) and depletion	253			
20 Occupancy				
21 Travel, conferences, and meetings				
22 Printing and publications				
23 Other expenses (attach schedule)	1,089	300		
24 Total operating and administrative expenses. Add lines 13 through 23	60,407	472	0	0
25 Contributions, gifts, grants paid	183,450			183,450
26 Total expenses and disbursements. Add lines 24 and 25	243,857	472	0	183,450
27 Subtract line 26 from line 12				
a Excess of revenue over expenses and disbursements	-118,266			
b Net investment income (if negative, enter -0-)		0		
c Adjusted net income (if negative, enter -0-)			0	

SCANNED JUL 25 2013
 Revenue



Handwritten initials/signature

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year	End of year	
			(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash—non-interest-bearing			
	2	Savings and temporary cash investments	166,989	47,530	47,530
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable ▶			
		Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10 a	Investments—U S and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)			
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment basis ▶			
	Less accumulated depreciation (attach schedule) ▶				
12	Investments—mortgage loans				
13	Investments—other (attach schedule)				
14	Land, buildings, and equipment basis ▶	1,446			
	Less accumulated depreciation (attach schedule) ▶	253	1,193	1,193	
15	Other assets (describe ▶)				
16	Total assets (to be completed by all filers—see the instructions Also, see page 1, item I)	166,989	48,723	48,723	
Liabilities	17	Accounts payable and accrued expenses			
	18	Grants payable			
	19	Deferred revenue			
	20	Loans from officers, directors, trustees, and other disqualified persons			
	21	Mortgages and other notes payable (attach schedule)			
	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)	0	0	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. <input type="checkbox"/>				
	24	Unrestricted			
	25	Temporarily restricted			
	26	Permanently restricted			
	Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. <input checked="" type="checkbox"/>				
	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds	166,989	48,723	
30	Total net assets or fund balances (see instructions)	166,989	48,723		
31	Total liabilities and net assets/fund balances (see instructions)	166,989	48,723		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	166,989
2	Enter amount from Part I, line 27a	2	-118,266
3	Other increases not included in line 2 (itemize) ▶	3	
4	Add lines 1, 2, and 3	4	48,723
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30	6	48,723

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shs MLC Co)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(i) Gains (Col (h) gain minus col (k), but not less than -0-) or Losses (from col (h))	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any		
a				
b				
c				
d				
e				
2 Capital gain net income or (net capital loss)	{ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	0
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6) If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8	{ If gain, also enter in Part I, line 8, column (c) (see instructions) If (loss), enter -0- in Part I, line 8 }		3	0

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

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

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

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2011	181,007	172,644	1.048441
2010	275,645	135,796	2.029846
2009	305,848	211,609	1.445345
2008	343,982	82,739	4.157435
2007	233,351	89,304	2.612996
2 Total of line 1, column (d)			2 11.294063
3 Average distribution ratio for the 5-year base period—divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years			3 2.258813
4 Enter the net value of noncharitable-use assets for 2012 from Part X, line 5			4 161,370
5 Multiply line 4 by line 3			5 364,505
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 0
7 Add lines 5 and 6			7 364,505
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			8 184,896

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

1	a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1 Date of ruling or determination letter _____ (attach copy of letter if necessary—see instructions)		
	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		
	c All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		0
3	Add lines 1 and 2		0
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		0
6	Credits/Payments		
	a 2012 estimated tax payments and 2011 overpayment credited to 2012	6a	172
	b Exempt foreign organizations—tax withheld at source	6b	
	c Tax paid with application for extension of time to file (Form 8868)	6c	
	d Backup withholding erroneously withheld	6d	
7	Total credits and payments Add lines 6a through 6d		172
8	Enter any penalty for underpayment of estimated tax Check here <input type="checkbox"/> if Form 2220 is attached		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		0
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		172
11	Enter the amount of line 10 to be Credited to 2013 estimated tax <input type="checkbox"/> 172 Refunded <input type="checkbox"/> 11		0

Part VII-A Statements Regarding Activities

	Yes	No
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)? <i>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</i>		X
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year (1) On the foundation <input type="checkbox"/> \$ _____ (2) On foundation managers <input type="checkbox"/> \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers <input type="checkbox"/> \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities</i>		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? <i>If "Yes," attach the statement required by General Instruction T</i>		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col (c), and Part XV</i>	X	
8 a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> CA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation</i>	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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? <i>If "Yes," complete Part XIV</i>		X
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses</i>		X

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)			X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ N/A	X		
14	The books are in care of ▶ WILLIAM HENRY (HANK) DELEVATI Telephone no ▶ 408-541-1225 Located at ▶ P O BOX 986 ALAMO CA ZIP+4 ▶ 94507			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			<input type="checkbox"/>
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country ▶		Yes	No
				X

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

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

		Yes	No
1a	During the year did the foundation (either directly or indirectly)		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ▶ <input type="checkbox"/>	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2012?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5))		
a	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2012? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ▶ 20 _____, 20 _____, 20 _____, 20 _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions)	2b	N/A
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here ▶ 20 _____, 20 _____, 20 _____, 20 _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2012 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 Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2012)	3b	N/A
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012?	4b	X

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

5a During the year did the foundation pay or incur any amount to

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? Yes No

(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive? Yes No

(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see instructions) Yes No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? Yes No

b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here **5b** N/A

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? Yes No
If "Yes," attach the statement required by Regulations section 53.4945–5(d)

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No
If "Yes" to 6b, file Form 8870 **6b** X

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Yes No **7b** N/A

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

1 List all officers, directors, trustees, foundation managers and their compensation (see instructions).

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SIDNE J LONG 1493 PASEO NOGALES ALAMO, CA 94507	DIR/PRES 2 00	0		
LISA K LAIRD 1655 LAS TRAMPAS ROAD ALAMO, CA 94507	DIR/VP 1 00	0		
WILLIAM HENRY (HANK) DELEVATI 1493 PASEO NOGALES ALAMO, CA 94507	DIR/SEC/CFO 15 00	48,000	4,067	
MARDI BECK (ROSEMARY ROBNETT BECK) 716 DANVILLE BLVD DANVILLE, CA 94526	DIRECTOR 50	0		

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

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

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

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

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

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

Total number of others receiving over \$50,000 for professional services ▶ 0

Part IX-A Summary of Direct Charitable Activities

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

	Expenses
1 NONE	
2	
3	
4	

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

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2

	Amount
1 NONE	
2	
3 All other program-related investments See instructions	

Total. Add lines 1 through 3 ▶ 0

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

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	163,827
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	163,827
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	163,827
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see instructions)	4	2,457
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	161,370
6	Minimum investment return. Enter 5% of line 5	6	8,069

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

1	Minimum investment return from Part X, line 6	1	8,069
2a	Tax on investment income for 2012 from Part VI, line 5	2a	
b	Income tax for 2012 (This does not include the tax from Part VI)	2b	
c	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	8,069
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	8,069
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	8,069

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	183,450
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	1,446
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	184,896
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	184,896

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

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1	Distributable amount for 2012 from Part XI, line 7				8,069
2	Undistributed income, if any, as of the end of 2012				
a	Enter amount for 2011 only			0	
b	Total for prior years 20 ____, 20 ____, 20 ____				
3	Excess distributions carryover, if any, to 2012				
a	From 2007	231,284			
b	From 2008	339,881			
c	From 2009	295,268			
d	From 2010	268,855			
e	From 2011	172,375			
f	Total of lines 3a through e	1,307,663			
4	Qualifying distributions for 2012 from Part XII, line 4 \blacktriangleright \$ 184,896				
a	Applied to 2011, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
c	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2012 distributable amount				8,069
e	Remaining amount distributed out of corpus	176,827			
5	Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,484,490			
b	Prior years' undistributed income Subtract line 4b from line 2b		0		
c	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable amount—see instructions				
e	Undistributed income for 2011 Subtract line 4a from line 2a Taxable amount—see instructions			0	
f	Undistributed income for 2012 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2013				0
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)				
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	231,284			
9	Excess distributions carryover to 2013. Subtract lines 7 and 8 from line 6a	1,253,206			
10	Analysis of line 9				
a	Excess from 2008	339,881			
b	Excess from 2009	295,268			
c	Excess from 2010	268,855			
d	Excess from 2011	172,375			
e	Excess from 2012	176,827			

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

N/A

- 1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2012, enter the date of the ruling ▶
- b** Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
2 a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					0
b 85% of line 2a					0
c Qualifying distributions from Part XII, line 4 for each year listed					0
d Amounts included in line 2c not used directly for active conduct of exempt activities					0
e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c					0
3 Complete 3a, b, or c for the alternative test relied upon					
a "Assets" alternative test—enter					
(1) Value of all assets					0
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					0
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0
c "Support" alternative test—enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					0
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					0
(3) Largest amount of support from an exempt organization					0
(4) Gross investment income					0

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

- 1 Information Regarding Foundation Managers:**
- a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2))
- LISA K LAIRD
- b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest
-
- 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**
- Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d
- a** The name, address, and telephone number or e-mail of the person to whom applications should be addressed
-
- b** The form in which applications should be submitted and information and materials they should include
-
- c** Any submission deadlines
-
- d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

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.

OMB No 1545-0047

2012

Name of the organization

TWANDA FOUNDATION

Employer identification number

20-3508036

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

501(c)() (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II

Special Rules

For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LISA K LAIRD TRUST 1655 LAS TRAMPAS ROAD ALAMO CA 94507 Foreign State or Province _____ Foreign Country _____	\$ 125,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
-----	_____ _____ Foreign State or Province _____ Foreign Country _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

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

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

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

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

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry
 For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this information once See instructions) ▶ \$ 0
 Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For Prov Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For Prov Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For Prov Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For Prov Country		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- ----- For Prov Country		----- ----- -----	

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

Recipient(s) paid during the year

Name

EXHALE - AFTER ABORTION SUPPORT

Street

484 Lake Park Ave #63

City

Oakland

State

CA

Zip Code

94610

Foreign Country

Relationship

Foundation Status

Public

Purpose of grant/contribution

Support after abortion talkline

Amount

2,000

Name

LAS TRAMPAS, INC

Street

3460 Lana Lane

City

Lafayette

State

CA

Zip Code

94549

Foreign Country

Relationship

Foundation Status

Public

Purpose of grant/contribution

Red Hat Event

Amount

10,000

Name

CONTRA COSTA COUNTY VETERINARY EMERGENCY FUND

Street

1410 Monument Blvd 08

City

Concord

State

CA

Zip Code

94520

Foreign Country

Relationship

Foundation Status

Public

Purpose of grant/contribution

Support vet assisted pet deaths

Amount

1,000

Name

COVELO COMMUNITY LIBRARY PROJECT

Street

P O Box 620

City

Covelo

State

CA

Zip Code

95428

Foreign Country

Relationship

Foundation Status

Public

Purpose of grant/contribution

Contribute to community library fund

Amount

1,000

Name

NORTHGATE COMMUN PRIDE FOUNDATION

Street

P O Box 31652

City

Walnut Creek

State

CA

Zip Code

94598

Foreign Country

Relationship

Foundation Status

Foundation

Purpose of grant/contribution

Support girls locker room program

Amount

5,000

Name

WOMEN'S INITIATIVE FOR SELF EMPLOYMENT

Street

1398 Valencia St

City

San Francisco

State

CA

Zip Code

94110

Foreign Country

Relationship

Foundation Status

Public

Purpose of grant/contribution

Helps train women for jobs

Amount

1,000

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

Recipient(s) paid during the year

Name

MS FOUNDATION FOR WOMEN

Street

12 Metro Tech Center 26th Flr

City

Brooklyn

State

NY

Zip Code

11201

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

Foundation

Purpose of grant/contribution

Womens education & micro loans

Amount

1,150

Name

JOHN MUIR WOMEN'S HEALTH EDUCATION CENTER

Street

1656 N California Blvd

City

Walnut Creek

State

CA

Zip Code

94596

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

Public

Purpose of grant/contribution

Provide servics & education for low income individuals

Amount

10,000

Name

SF CHRONICLE SEASON OF SHARING

Street

P O Box 44740

City

San Francisco

State

CA

Zip Code

94144

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

Foundation

Purpose of grant/contribution

Feed & clothe needy families

Amount

5,000

Name

CC TIMES SHARE THE SPIRIT

Street

P O Box 5498

City

Walnut Creek

State

CA

Zip Code

94596

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

Public

Purpose of grant/contribution

Feed & clothe needy families

Amount

5,000

Name

START IWTH ONE INTERNATIONAL

Street

717 E Morningside Dr

City

Atlanta

State

GA

Zip Code

30324

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

Public

Purpose of grant/contribution

Support missionary work programs

Amount

2,000

Name

MARCH OF DIMES HAWAII

Street

1451 So King Ste 504

City

Honolulu

State

HI

Zip Code

96814

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

Public

Purpose of grant/contribution

Provide aid to dying children

Amount

500

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

Recipient(s) paid during the year

Name
MEALS ON WHEELS

Street
1300 Civic Dr

City Walnut Creek	State CA	Zip Code 94596	Foreign Country
-----------------------------	--------------------	--------------------------	------------------------

Relationship Foundation Status
Public

Purpose of grant/contribution Provide meals for shut-in seniors	Amount 1,000
---	------------------------

Name
FOOD BANK OF CONTRA COSTA AND SOLANO

Street
P O Box 6324

City Concord	State CA	Zip Code 94524	Foreign Country
------------------------	--------------------	--------------------------	------------------------

Relationship Foundation Status
Public

Purpose of grant/contribution Distribute food to low inome families	Amount 5,000
---	------------------------

Name
SPECIAL OLYMPICS

Street
P O Box 5130

City San Jose	State CA	Zip Code 95150-5130	Foreign Country
-------------------------	--------------------	-------------------------------	------------------------

Relationship Foundation Status
Public

Purpose of grant/contribution Support disabled youth sport competition	Amount 1,000
--	------------------------

Name
HAWAII CHILDRENS DISCOVERY CENTER

Street
111 Ohe St

City Honolulu	State HI	Zip Code 96813	Foreign Country
-------------------------	--------------------	--------------------------	------------------------

Relationship Foundation Status
Foundation

Purpose of grant/contribution Support childrens exploratorium	Amount 1,000
---	------------------------

Name
AVON WALK FOR BREAST CANCER

Street
P O Box 1073

City New York	State NY	Zip Code 10580	Foreign Country
-------------------------	--------------------	--------------------------	------------------------

Relationship Foundation Status
Public

Purpose of grant/contribution Breast cancer research	Amount 500
--	----------------------

Name
WOMEN'S EMPOWERMENT NETWORK

Street
1398 Valencia St

City San Francisco	State CA	Zip Code 94110	Foreign Country
------------------------------	--------------------	--------------------------	------------------------

Relationship Foundation Status
Public

Purpose of grant/contribution Promote womens health	Amount 2,500
---	------------------------

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

Recipient(s) paid during the year

Name

WOMEN'S CANCER RESOURCE CENTER

Street

5741 Telegraph Ave

City Oakland	State CA	Zip Code 94609	Foreign Country
------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Public
---------------------	------------------------------------

Purpose of grant/contribution Treat women with cancer	Amount 5,000
---	------------------------

Name

GLOBAL FUND FOR WOMEN

Street

222 Sutter St Ste 500

City San Francisco	State CA	Zip Code 94108	Foreign Country
------------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Public
---------------------	------------------------------------

Purpose of grant/contribution Support women's education & health programs	Amount 5,000
---	------------------------

Name

HEIFER INTL WOMEN & LIVESTOCK DEVELOPMENT

Street

1 World Ave

City Little Rock	State AR	Zip Code 72202	Foreign Country
----------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Public
---------------------	------------------------------------

Purpose of grant/contribution Provide domestic & work animals for programs	Amount 2,000
--	------------------------

Name

SEVA FOUNDATION

Street

1786 Fifth St

City Berkeley	State CA	Zip Code 94710-1716	Foreign Country
-------------------------	--------------------	-------------------------------	------------------------

Relationship	Foundation Status Foundation
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Purpose of grant/contribution Fund education programs	Amount 2,000
---	------------------------

Name

HOSPICE OF HAWAII

Street

860 Iwilei Rd

City Honolulu	State HI	Zip Code 96817	Foreign Country
-------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Public
---------------------	------------------------------------

Purpose of grant/contribution Assist families of dying relatives in Hawaii	Amount 1,000
--	------------------------

Name

BREAD AND ROSES

Street

233 Tamalpais Dr #100

City Corte Madera	State CA	Zip Code 94925	Foreign Country
-----------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Public
---------------------	------------------------------------

Purpose of grant/contribution Help feed needy families in the EAst Bay	Amount 1,500
--	------------------------

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

Recipient(s) paid during the year

Name

TRUCKEE TAHOE COMM FOUNDATION

Street

P O Box 366

City

Truckee

State

CA

Zip Code

96160

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

Foundation

Purpose of grant/contribution

Support senior service programs

Amount

5,000

Name

DREW SCHOOL

Street

2901 California St

City

San Francisco

State

CA

Zip Code

94115

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

Public

Purpose of grant/contribution

Provide medical & flashlights for school

Amount

2,000

Name

HAWAII PUBLIC RADIO - NPR

Street

738 Kaheka St

City

Honolulu

State

HI

Zip Code

96814

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

Public

Purpose of grant/contribution

Support public radio programs

Amount

1,000

Name

KIVA MICRO LOANS

Street

3180 18th St Ste 202

City

San Francisco

State

CA

Zip Code

94110

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

Public

Purpose of grant/contribution

Provide micro loans to women

Amount

5,000

Name

CAMP KESEM

Street

P O Box 1113

City

Lafayette

State

CA

Zip Code

94549

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

Public

Purpose of grant/contribution

Support childrens camp whose parents have cancer

Amount

5,000

Name

COMMUNITY FOODBANK OF NEW JERSEY

Street

31 Evans Terminal Rd

City

Hillsdale

State

NJ

Zip Code

07205

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

Public

Purpose of grant/contribution

Provide food for victims of hurricane Sandy

Amount

1,000

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

Recipient(s) paid during the year

Name

SÜTTER SOLANO CHARITABLE FOUNDATION

Street

300 Hospital Dr

City Vallejo	State CA	Zip Code 94589	Foreign Country
------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Foundation
---------------------	--

Purpose of grant/contribution Fund ICU Fund for Ultrasound	Amount 5,000
--	------------------------

Name

JOE SERNA CHARTER SCHOOL PTA

Street

19 S Central

City Lodi	State CA	Zip Code 95240	Foreign Country
---------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Public
---------------------	------------------------------------

Purpose of grant/contribution Support charter school for low income families	Amount 500
--	----------------------

Name

BROADWAY CARES - EQUITY FIGHTS AIDS

Street

165 W 46th St #1300

City New York	State NY	Zip Code 10036	Foreign Country
-------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Public
---------------------	------------------------------------

Purpose of grant/contribution Support actors with HIV/AIDS	Amount 1,000
--	------------------------

Name

SENIOR HELPLINE SERVICES

Street

1035 A Carol Lane

City Lafayette	State CA	Zip Code 94549-4715	Foreign Country
--------------------------	--------------------	-------------------------------	------------------------

Relationship	Foundation Status Public
---------------------	------------------------------------

Purpose of grant/contribution Assist seniors with rides, calls, referrals, etc	Amount 2,500
--	------------------------

Name

WOMEN'S FOUNDATION OF CALIFORNIA

Street

340 Pine St

City San Francisco	State CA	Zip Code 94104	Foreign Country
------------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Foundation
---------------------	--

Purpose of grant/contribution Defend women's rights, fight trafficking	Amount 10,000
--	-------------------------

Name

SONRISE EQUESTRIAN FOUNDATION

Street

P O Box 3097

City Danville	State CA	Zip Code 94526	Foreign Country
-------------------------	--------------------	--------------------------	------------------------

Relationship	Foundation Status Foundation
---------------------	--

Purpose of grant/contribution Support horse programs for disabled children	Amount 1,000
--	------------------------

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

Recipient(s) paid during the year

Name

SHAKESPEARE LAKE TAHOE

Street

948 Incline Way

City

Incline Village

State

NV

Zip Code

89451

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

Public

Purpose of grant/contribution

Support Lake Tahoe theater group

Amount

1,000

Name

WALNUT CREEK SENIORS CLUB

Street

1666 N Main St

City

Walnut Creek

State

CA

Zip Code

94596

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

Public

Purpose of grant/contribution

Support programs for seniors

Amount

1,000

Name

SALESIAN HIGH SCHOOL

Street

2851 Salesian Ave

City

Richmond

State

CA

Zip Code

94804

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

Public

Purpose of grant/contribution

Support non-profit high school programs

Amount

2,000

Name

DOWN SYNDROME CONNECTION OF THE BAY AREA

Street

101 J Town & Country Drive

City

Danville

State

CA

Zip Code

94526

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

Public

Purpose of grant/contribution

Support programs for those with down syndrome

Amount

5,000

Name

CARING BRIDGE

Street

P O Box 6032

City

Albert Lea

State

MN

Zip Code

56007-6632

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

Public

Purpose of grant/contribution

Provide medical communication services

Amount

300

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

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

		485	172	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	EXCISE TAX REFUND	172	172	0
2	SMALL BUS HEALTH CARE TAX CREDIT 2010	79	0	0
3	EDD REFUND RECD IN ERROR, REPAID IN 2013	234	0	0
4			0	

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

		2,720	0	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	JoAnn K Kading, CPA	2,720		

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

		0
Disbursements for Charitable Purposes (Cash Basis Only)		
1		

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

		4,278	172	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Tax on investment income	172	172	
2	FICA Medicare EDD taxes	4,106		
3				

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

		0
Disbursements for Charitable Purposes		
1		
2		
3		

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

Description	Date Acquired	Method of Computation	Asset Life	Cost or Other Basis	Beginning Accumulated Depreciation	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1 Laptop computer	3/1/2012	ADS SL Mid Qtr Conven	5	1,446	0	253	0	0
						253	0	0

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

		1,089	300	0
Description		Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income
1	Postage	135		
2	Bank Fee	300	300	
3	Post Office Box fee	120		
4	FTB Filing Fee	10		
5	Charitable Trust Annual Registration Fee	50		
6	Computer setup/restock fees	454		
7	CA Statement of Corp Fee	20		

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

		0
Disbursements for Charitable Purposes		
1		
2		
3		
4		
5		
6		
7		

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

		1,446	0	253	0	1,193	1,193
Asset Description	Cost or Other Basis	Accumulated Depreciation Beg. of Year	Accumulated Depreciation End of Year	Book Value Beg. of Year	Book Value End of Year	FMV End of Year	
1 Laptop Computer	1,446	0	253	0	1,193	1,193	

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

	Name	Check "X" if Business	Street	City	State	Zip Code	Foreign Country	Title	Avg Hrs Per Week	Compensation	Benefits	Expense Account
1	SIDNE J LONG		1493 PASEO NOGALES	ALAMO	CA	94507		DIR/PRES	2.00	0	0	0
2	LISA K LAIRD		1655 LAS TRAMPAS ROAD	ALAMO	CA	94507		DIR/RVP	1.00	0	0	0
3	WILLIAM HENRY (HANK) DELEVA		1493 PASEO NOGALES	ALAMO	CA	94507		DIR/SEC/CF 0	15.00	48,000	4,067	0
4	MARDI BECK (ROSEMARY ROBN		716 DANVILLE BLVD	DANVILLE	CA	94526		DIRECTOR	0.50	0	0	0
										48,000	4,067	0

Form 4562 Statement - 990PF

12/31/2012

Item No	Description of Property	Date Placed in Service	Asset Code	Bus Use %	Cost or Other Basis	Sec 179 Deduction	Credit	Special Allowance	Salvage Value	Recovery Basis	Recovery Period	Method	Convention Code	Prior Accum Deprec, 179, Bonus	2012 Deprec	2012 Accum Deprac
	Listed Property															
	Listed property with more than 50% business use (Line 25 and 26)															
	Laptop Computer	3/1/2012	F-15	100.00%	1,446	0	0	0	0	1,446	5	SL/ADS	MQ1	0	253	253
	Total listed prop with > 50% business use				1,446	0	0	0	0	1,446				0	253	253
	Subtotal Listed Property				1,446	0	0	0	0	1,446				0	253	253
	Total Depreciation and Amortization				1,446	0	0	0	0	1,446				0	253	253

Depreciation and Amortization (Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **179**

Name(s) shown on return TWANDA FOUNDATION	Business or activity to which this form relates 990PF	Identifying number 20-3508036
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Part I Election To Expense Certain Property Under Section 179

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

1 Maximum amount (see instructions)	1	500,000
2 Total cost of section 179 property placed in service (see instructions)	2	1,446
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0-	4	0
5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	500,000
6		
(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7 Listed property. Enter the amount from line 29		
		7
8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7		8 0
9 Tentative deduction. Enter the smaller of line 5 or line 8		9 0
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562		10
11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions)		11
12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11		12 0
13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12		13 0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)

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

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/>		

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

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

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

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

Part IV Summary (See instructions.)

21 Listed property. Enter amount from line 28	21	253
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions.	22	253
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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

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

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

24a Do you have evidence to support the business/investment use claimed? <input type="checkbox"/> Yes <input type="checkbox"/> No					24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No				
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/ investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost	
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)							25		
26 Property used more than 50% in a qualified business use:									
Laptop Computer	3/1/2012	100 00%	1,446	1,446	5	S/L - MQ	253		
27 Property used 50% or less in a qualified business use									
		%				S/L -			
		%				S/L -			
		%				S/L -			
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1							28	253	
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1							29	0	

Section B—Information on Use of Vehicles

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

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

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

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

Part VI Amortization

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2012 tax year (see instructions)					
43 Amortization of costs that began before your 2012 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44
					0

Elections

Election to Use MACRS Alternative Depreciation System (ADS) - 5 Year Property

*Pursuant to IRC Section 168(g)(7), the Taxpayer elects to use the Alternative Depreciation System in computing the deduction for all 5-year property placed in service during the current tax year.

Election to Exclude Property From MACRS Depreciation

Pursuant to IRC Section 168(f)(1), the Taxpayer elects to exclude certain property (see depreciation schedule) placed in service during the current tax year from MACRS Depreciation.

Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(iii), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year

COPY

Form 8868

(Rev. January 2013) Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

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

Enter filer's identifying number, see instructions

Table with 2 columns: Type or print, Name of exempt organization or other filer, see instructions. TWANDA FOUNDATION, Employer identification number (EIN) or 20-3508036, Number, street, and room or suite no. PO BOX 986, Social security number (SSN), City, town or post office, state, and ZIP code. ALAMO CA 94507

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

Table with 4 columns: Application Is For, Return Code, Application Is For, Return Code. Rows include Form 990 or Form 990-EZ, Form 990-BL, Form 4720 (individual), Form 990-PF, Form 990-T (sec 401(a) or 408(a) trust), Form 990-T (trust other than above), Form 990-T (corporation), Form 1041-A, Form 4720, Form 5227, Form 6069, Form 8870.

The books are in the care of WILLIAM HENRY (HANK) DELEVATI

Telephone No (408) 541-1225 FAX No

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

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year 2012 or tax year beginning and ending

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

Table with 3 columns: Description, 3a, 3b, 3c. Rows include nonrefundable credits, refundable credits and estimated tax payments made, Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev 1-2013)