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Form **990-PF** 

#### Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

DMB No 1545-0052

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements Department of the Treasury For calendar year 2012 or tax year beginning JUL 17, 2012 DEC 31, 2012 , and ending A Employer Identification number Name of foundation TW FOUNDATION 35-2451182 Number and street (or P O box number if mail is not delivered to street address) Room/suite 8 Telephone number PO BOX 50790 307-472-3116 City or town, state, and ZIP code C If exemption application is pending, check here 82605-0790 CASPER, WY X Initial return Check all that apply Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 499,995. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses Part I (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for chantable purposes (cash basis only) expenses per books income income 500,000. N/A Contributions, gifts, grants, etc., received 2 Check ▶ if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 500,000 0. 12 Total Add lines 1 through 11 0. 0. 13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professiona 17 Interest 18 Taxes Š Depreciation and depletion 9 2013 19 Occupanc 20 21 Travel, conferences: and Printing and publications 22 STMT 23 5. 0. 5. Operating Other expenses 24 Total operating and administrative 0 expenses Add lines 13 through 23 Ō. 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 5. 5 0 Add lines 24 and 25 27 Subtract line 26 from line 12 499,995. 3 Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A

LHA For Paperwork Reduction Act Notice, see instructions.

c Adjusted net income (if negative, enter -0-)

Form 990-PF (2012)

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)

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

5 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

6 499,995

|                                                                       | FOUNDATION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                    |              | 35-245                                           | 1182 Page <b>3</b>               |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------------------------------|--------------|--------------------------------------------------|----------------------------------|
| Part IV Capital Gains a                                               | and Losses for Tax on In                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | vestment Income                                 | 1                                  | <del> </del> |                                                  |                                  |
|                                                                       | ribe the kind(s) of property sold (e.g.<br>rehouse, or common stock, 200 shs                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                 | (b) How ac<br>P - Purc<br>D - Dona | hase         | (c) Date acquired (mo , day, yr )                | (d) Date sold<br>(mo , day, yr ) |
| 1a                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  | <del></del>                      |
| b NOI                                                                 | NE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                 |                                    |              |                                                  |                                  |
| C                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  | <del></del>                      |
| d                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| e_                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    | -            |                                                  |                                  |
| (e) Gross sales price                                                 | (f) Depreciation allowed (or allowable)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (g) Cost or other basis<br>plus expense of sale |                                    | ,            | (h) Gain or (loss)<br>(e) plus (f) minus (       |                                  |
| a                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| b                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| С                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| d                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  | <del></del>                      |
| е                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| Complete only for assets showin                                       | g gain in column (h) and owned by t                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | he foundation on 12/31/69                       |                                    |              | (I) Gains (Col. (h) gain                         | minus                            |
| (i) FMV as of 12/31/69                                                | (j) Adjusted basis<br>as of 12/31/69                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (k) Excess of col (i)<br>over col (j), if any   |                                    |              | l (k), but not less than<br>Losses (from col (l  | 1-0-) or                         |
| _a                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| b                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| C                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              | ·                                                |                                  |
| d                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| е                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| 2 Capital gain net income or (net ca                                  | pital loss) { If gain, also enter If (loss), enter -0-                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | in Part I, line 7<br>in Part I, line 7          | } 2                                |              |                                                  |                                  |
| 3 Net short-term capital gain or (los                                 | •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                 |                                    |              |                                                  |                                  |
| If gain, also enter in Part I, line 8,                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | u (U)                                           | J                                  |              |                                                  |                                  |
| If (loss), enter -0- in Part I, line 8                                | (0)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                 | ß   3                              |              |                                                  |                                  |
| Part V Qualification U                                                | nder Section 4940(e) for                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Reduced Tax on Ne                               | t Investm                          | nent in      | come                                             |                                  |
| (For optional use by domestic private                                 | foundations subject to the section 4                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 940(a) tax on net investment                    | income )                           |              |                                                  | N/A                              |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,         |                                    |              |                                                  |                                  |
| If section 4940(d)(2) applies, leave th                               | nis part blank                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                 |                                    |              |                                                  |                                  |
| Was the foundation liable for the sect                                | ion 4942 tax on the distributable am                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ount of any year in the base or                 | eriod?                             |              |                                                  | Yes No                           |
| If "Yes," the foundation does not quali                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | • • • • • • • • • • • • • • • • • • • •         |                                    |              |                                                  |                                  |
|                                                                       | each column for each year, see the in                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                 | entries                            |              |                                                  |                                  |
| (a)                                                                   | (b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | ,                                               | (c)                                |              |                                                  | (d)                              |
| Base periód years<br>Calendar year (or tax year beginnir              | مناها بالأراكيات والمحمد بالمحمد المحمد المح | ributions   Net value of n                      |                                    | use assets   | Distrib                                          | ution ratio<br>ided by col. (c)) |
| 2011                                                                  | 19 117                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                 |                                    |              | (001 (0) 0141                                    | ded by cor (c))                  |
| 2010                                                                  | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                    |              |                                                  | <del></del>                      |
| 2009                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              | <del></del>                                      |                                  |
| 2009                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | -                                  |              |                                                  |                                  |
| 2007                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              | <del>-                                    </del> |                                  |
| O Total of head and and 10                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| 2 Total of line 1, column (d)                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 | _                                  |              | 2                                                |                                  |
| 3 Average distribution ratio for the 5                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | n line 2 by 5, or by the numbe                  | r of years                         |              |                                                  |                                  |
| the foundation has been in existen                                    | ice if less than 5 years                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                 |                                    |              | 3                                                |                                  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| 4 Enter the net value of noncharitable                                | le-use assets for 2012 from Part X, II                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | ne 5                                            |                                    |              | 4                                                |                                  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| 5 Multiply line 4 by line 3                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              | _ 5                                              |                                  |
|                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              |                                                  |                                  |
| 6 Enter 1% of net investment incom                                    | e (1% of Part I, line 27b)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                 |                                    |              | 6                                                | <del></del>                      |
| 7 Add lines 5 and 6                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              | 7                                                |                                  |
| 8 Enter qualifying distributions from                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                 |                                    |              | 8                                                |                                  |
| If line 8 is equal to or greater than<br>See the Part VI instructions | line 7, check the box in Part VI, line                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 1b, and complete that part usi                  | ng a 1% tax r                      | ate          |                                                  |                                  |
|                                                                       | <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                 |                                    |              | <del> </del>                                     |                                  |

|     | 1990-PF (2012) TW FOUNDATION                                                                                                                                       |                 | <u>-2451</u> |          |      | Page 4      |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------|----------|------|-------------|
|     | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),                                                                                    | or 4948         | - see i      | nstru    | ctio | าร)         |
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here   ightharpoonup 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     L   and enter 1%                                                         | 1               |              |          |      | 0.          |
|     | 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, coi (b)                                              |                 |              | •        |      |             |
| 2   | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                          | 2               | <b>↓</b>     |          |      | 0.          |
| 3   | Add lines 1 and 2                                                                                                                                                  | 3               |              |          |      | 0.          |
| 4   | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)                                                        | 4               | <b>└</b>     |          |      | 0.          |
| 5   | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-                                                                            | 5               | ļ.,          |          |      | 0.          |
| 6   | Credits/Payments                                                                                                                                                   |                 |              |          |      |             |
| а   | 2012 estimated tax payments and 2011 overpayment credited to 2012 6a                                                                                               |                 |              |          |      |             |
|     | Exempt foreign organizations - tax withheld at source                                                                                                              |                 |              |          |      |             |
| C   | Tax paid with application for extension of time to file (Form 8868)  6c                                                                                            |                 |              |          |      |             |
| d   | Backup withholding erroneously withheld 6d                                                                                                                         |                 |              |          |      | _           |
| 7   | Total credits and payments Add lines 6a through 6d                                                                                                                 | 7               | <del> </del> |          |      | 0.          |
| 8   | Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached                                                                    | 8               | <u> </u>     |          |      |             |
| 9   | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed                                                                                      | ▶ 9             | <del> </del> |          |      | 0.          |
|     | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid                                                                          | ▶ 10            | <u> </u>     |          |      |             |
|     | Enter the amount of line 10 to be Credited to 2013 estimated tax ▶ Refunder                                                                                        | <u>d</u> ▶   11 | <u> </u>     |          |      |             |
|     | art VII-A Statements Regarding Activities                                                                                                                          |                 |              |          | 14   |             |
| 1 a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte                               | ervene in       |              |          | Yes  |             |
|     | any political campaign?                                                                                                                                            |                 |              | 1a       |      | <u>X</u>    |
| b   | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definiti                                 |                 |              | 1b       |      | X           |
|     | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials pu                                                 | blished or      |              |          |      |             |
|     | distributed by the foundation in connection with the activities                                                                                                    |                 |              | ١.       |      | v           |
|     | Did the foundation file Form 1120-POL for this year?                                                                                                               |                 |              | 10       |      | X           |
| d   | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year                                                                  | 0               |              |          |      |             |
|     | (1) On the foundation ► \$ 0 • (2) On foundation managers ► \$                                                                                                     | 0.              |              |          |      |             |
| е   | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation                                        |                 |              |          |      |             |
| _   | managers ►\$ 0.                                                                                                                                                    |                 |              |          |      | х           |
| 2   | Has the foundation engaged in any activities that have not previously been reported to the IRS?                                                                    |                 |              | 2        |      |             |
| •   | If "Yes," attach a detailed description of the activities                                                                                                          | tion or         |              |          |      |             |
| 3   | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorpora                                        | dion, or        |              | 2        |      | х           |
| 4.  | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes                                                                             |                 |              | 3<br>4a  |      | X           |
|     | Did the foundation have unrelated business gross income of \$1,000 or more during the year?                                                                        | N               | I/A          | 4b       |      |             |
|     | ) If "Yes," has it filed a tax return on Form 990-T for this year?  Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 11              | .,           | 5        |      | X           |
| J   | If "Yes," attach the statement required by General Instruction T.                                                                                                  |                 |              | <u> </u> |      |             |
| 6   | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either                                                                   |                 |              |          |      |             |
| ٠   | By language in the governing instrument, or                                                                                                                        |                 |              |          |      |             |
|     | <ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the</li> </ul>                   | e state law     |              |          |      |             |
|     | remain in the governing instrument?                                                                                                                                | 0 01010 1011    |              | 6        | Х    |             |
| 7   | Did the foundation have at least \$5,000 in assets at any time during the year?                                                                                    |                 |              | 7        | Х    |             |
| •   | If "Yes," complete Part II, col. (c), and Part XV                                                                                                                  |                 |              |          |      | ·····       |
| 82  | Enter the states to which the foundation reports or with which it is registered (see instructions)                                                                 |                 |              |          |      |             |
| Ja  | WY                                                                                                                                                                 |                 |              |          |      |             |
| h   | of 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? If "No," attach explanation                                                                                    |                 |              | 86       | 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                                     | or calendar     |              | <u></u>  |      | <del></del> |
| •   | year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV                                                       |                 |              | 9        |      | Х           |
| 10  | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses                                 | STMT            | 2            | 10       | Х    |             |
|     |                                                                                                                                                                    |                 |              |          |      |             |

| orm | 990-PF (2012) TW FOUNDATION 35-245                                                                                                                                       | 1182     |          | Page 5        |
|-----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|---------------|
| Pa  | rt VII-A Statements Regarding Activities (continued)                                                                                                                     |          |          | r age o       |
| 11  | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of                                                   |          |          | T             |
|     | 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       |          | Х             |
| 13  | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?                                                      | 13       | Х        |               |
|     | Website address ► NONE                                                                                                                                                   |          |          |               |
| 14  | The books are in care of ► DAN GUERTTMAN Telephone no ►307-4                                                                                                             | 72-3     | 116      |               |
|     | Located at ►PO BOX 50790, CASPER, WY                                                                                                                                     | 2605     | -07      | 90            |
| 15  | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here                                                                      |          | <b></b>  | $\overline{}$ |
|     | and enter the amount of tax-exempt interest received or accrued during the year                                                                                          | N        | /A       |               |
| 16  | At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,                                             |          | Yes      | No            |
|     | securities, or other financial account in a foreign country?                                                                                                             | 16       |          | X             |
|     | See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign                                                |          |          |               |
|     | country <b>&gt;</b>                                                                                                                                                      |          |          |               |
| Pa  | art 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            |
| 1 a | 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?                                                                                   |          |          |               |
|     | (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?                                                                               |          |          |               |
|     | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X 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)?                                                                                                                        |          |          |               |
|     | (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 )                                                                                                       |          |          |               |
| þ   | If any answer is "Yes" to 1a(1)-(6), did <b>any</b> 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       | ļ        | ļ             |
|     | 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 were not corrected                                          |          |          |               |
|     | before the first day of the tax year beginning in 2012?                                                                                                                  | 10       |          | 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))                                                                                                                             |          |          |               |
| а   | 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?                                                                                                                                                             |          |          |               |
| _   | If "Yes," list the years                                                                                                                                                 |          |          |               |
| Ð   | 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.)  N/A |          |          |               |
|     | •                                                                                                                                                                        | 2b       |          |               |
| G   | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here                                                   |          |          |               |
| 2-  | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time                                                                |          |          |               |
| Ja  | during the year?  Yes X No                                                                                                                                               |          |          |               |
| h   | If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after                                   |          |          |               |
| U   | 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)  N/A                                                                                     | 25       |          |               |
| 42  | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?                                                          | 3b<br>4a | <u> </u> | X             |
|     | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that                                   | 70       |          | - * *         |
|     | had not been removed from jeopardy before the first day of the tax year beginning in 2012?                                                                               | An       |          | х             |

| Form 990-PF (2012) TW FOUNDATION                                                                                                                                                                                                                                                                        | 4700 M                                                          |                                                 | 35-24511                                                                       | 82 Page 6                             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------|-------------------------------------------------|--------------------------------------------------------------------------------|---------------------------------------|--|
| Part VII-B   Statements Regarding Activities for Which                                                                                                                                                                                                                                                  | Form 4/20 May Be I                                              | Required (contin                                | ued)                                                                           | · · · · · · · · · · · · · · · · · · · |  |
| <ul> <li>5a During the year did the foundation pay or incur any amount to</li> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section</li> <li>(2) Influence the outcome of any specific public election (see section 4955), or</li> </ul>                                 |                                                                 |                                                 | es X No                                                                        |                                       |  |
| any voter registration drive? (3) Provide a grant to an individual for travel, study, or other similar purposes                                                                                                                                                                                         | ?                                                               | Ye                                              | es X No                                                                        |                                       |  |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio                                                                                                                                                                                                                       | n described in section                                          |                                                 |                                                                                |                                       |  |
| 509(a)(1), (2), or (3), or section 4940(d)(2)?                                                                                                                                                                                                                                                          |                                                                 |                                                 | es X 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?  b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 | in Regulations                                  | N7 / D                                                                         | _                                     |  |
| section 53 4945 or in a current notice regarding disaster assistance (see instru                                                                                                                                                                                                                        | •                                                               |                                                 | N/A                                                                            | 5b                                    |  |
| Organizations relying on a current notice regarding disaster assistance check h  c. If the answer is "Yes" to question 5a(4), does the foundation claim exemption f                                                                                                                                     |                                                                 | d                                               |                                                                                |                                       |  |
| expenditure responsibility for the grant?                                                                                                                                                                                                                                                               | N                                                               | I/A Y                                           | es No                                                                          |                                       |  |
| If "Yes," attach the statement required by Regulations section 53 494.  6a Did the foundation, during the year, receive any funds, directly or indirectly, to                                                                                                                                           |                                                                 |                                                 |                                                                                |                                       |  |
| a personal benefit contract?                                                                                                                                                                                                                                                                            | pay premiums on                                                 |                                                 | s X No                                                                         |                                       |  |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p                                                                                                                                                                                                                     | personal henefit contract?                                      | · · ·                                           | S A NU                                                                         | 6b X                                  |  |
| If "Yes" to 6b, file Form 8870                                                                                                                                                                                                                                                                          | organiar dentant contract                                       |                                                 |                                                                                |                                       |  |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s                                                                                                                                                                                                                    | helter transaction?                                             | Ye                                              | s X No                                                                         |                                       |  |
| b if "Yes," did the foundation receive any proceeds or have any net income attribu                                                                                                                                                                                                                      |                                                                 |                                                 | N/A                                                                            | 7b                                    |  |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors                                                                                                                                                                                                                  |                                                                 | anagers, Highly                                 | /                                                                              |                                       |  |
| 1 List all officers, directors, trustees, foundation managers and their                                                                                                                                                                                                                                 | <del>,</del>                                                    | Y = ===                                         |                                                                                |                                       |  |
| (a) Name and address                                                                                                                                                                                                                                                                                    | (b) Title, and average<br>hours per week devoted<br>to position | (c) Compensation<br>(If not paid,<br>enter -0-) | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense account, other allowances |  |
| CDD COMMENSOR 2                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
| SEE STATEMENT 3                                                                                                                                                                                                                                                                                         |                                                                 | 0.                                              | 0.                                                                             | 0.                                    |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
| 2 Compensation of five highest-paid employees (other than those inc                                                                                                                                                                                                                                     | luded on line 1). If none,                                      | enter "NONE."                                   |                                                                                |                                       |  |
| (a) Name and address of each employee paid more than \$50,000                                                                                                                                                                                                                                           | (b) Title, and average<br>hours per week<br>devoted to position | (c) Compensation                                | (d) Contributions to<br>employee benefit plans<br>and deferred<br>compensation | (e) Expense account, other allowances |  |
| NONE                                                                                                                                                                                                                                                                                                    |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         | <del>-</del> -                                                  |                                                 |                                                                                | · · · · · · · · · · · · · · · · · · · |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 | <del></del> .                                                                  |                                       |  |
|                                                                                                                                                                                                                                                                                                         |                                                                 |                                                 |                                                                                |                                       |  |
| Total number of other employees paid over \$50,000                                                                                                                                                                                                                                                      |                                                                 | L                                               | <b>&gt;</b>                                                                    | 0                                     |  |

Form **990-PF** (2012)

All other program-related investments. See instructions

Total. Add lines 1 through 3

Page 8

4940(e) reduction of tax in those years

| P  | art X Minimum Investment Return (All domestic foundations                                           | must complete this part. For   | oreign foundation   | ns, see instructions.) |
|----|-----------------------------------------------------------------------------------------------------|--------------------------------|---------------------|------------------------|
| 1  | Fair market value of assets not used (or held for use) directly in carrying out charita             | ble, etc., purposes            |                     |                        |
| a  | Average monthly fair market value of securities                                                     |                                | 1a                  | 0.                     |
| þ  | Average of monthly cash balances                                                                    |                                | 1b                  | 0.<br>499,995.         |
| Ç  | Fair market value of all other assets                                                               |                                | 10                  |                        |
| đ  | Total (add lines 1a, b, and c)                                                                      |                                | 1d                  | 499,995.               |
| 6  | Reduction claimed for blockage or other factors reported on lines 1a and                            |                                | -                   |                        |
|    | 1c (attach detailed explanation)                                                                    | 1e                             | 0.                  |                        |
| 2  | Acquisition indebtedness applicable to line 1 assets                                                |                                | 2                   | 0.                     |
| 3  | Subtract line 2 from line 1d                                                                        |                                | 3                   | 499,995.               |
| 4  | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount               | nt, see instructions)          | 4                   | 7,500.                 |
| 5  | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and                  | on Part V, line 4              | 5                   | 492,495.               |
| 6  | Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SE                                       | ORT TAX PERIO                  | D 6                 | 11,334.                |
| P  | art XI Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here |                                | ndations and certa  | ın                     |
| 1  | Minimum investment return from Part X, line 6                                                       |                                | 1                   | 11,334.                |
| 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                             |                     |                        |
| ε  | Add lines 2a and 2b                                                                                 |                                | 2c                  | 0.                     |
| 3  | Distributable amount before adjustments. Subtract line 2c from line 1                               |                                | 3                   | 11,334.                |
| 4  | Recoveries of amounts treated as qualifying distributions                                           |                                | 4                   | 0.                     |
| 5  | Add lines 3 and 4                                                                                   |                                | 5                   | 11,334.                |
| 6  | Deduction from distributable amount (see instructions)                                              |                                | 6                   | 0.                     |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Pa                  | rt XIII, line 1                | 7                   | 11,334.                |
| P  | art XII Qualifying Distributions (see instructions)                                                 |                                |                     |                        |
| 1  | Amounts paid (including administrative expenses) to accomplish charitable, etc., pu                 | ırposes                        |                     |                        |
| а  | Expenses, contributions, gifts, etc total from Part I, column (d), line 26                          |                                | 1 <u>a</u>          | 5.                     |
| p  | Program-related investments - total from Part IX-B                                                  |                                | 1b                  | 0.                     |
| 2  | Amounts paid to acquire assets used (or held for use) directly in carrying out charit               | able, etc., purposes           | 2                   |                        |
| 3  | Amounts set aside for specific charitable projects that satisfy the                                 |                                |                     |                        |
|    | 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                   | 5.                     |
| 5  | Foundations that qualify under section 4940(e) for the reduced rate of tax on net in                | vestment                       |                     | _                      |
|    | income Enter 1% of Part I, line 27b                                                                 |                                | 5                   | 0.                     |
| 6  | Adjusted qualifying distributions Subtract line 5 from line 4                                       |                                | 6                   | 5.                     |
|    | Note: The amount on line 6 will be used in Part V, column (b) in subsequent years                   | when calculating whether the t | oundation qualifies | s for the section      |

Form **990-PF** (2012)

Page 9

Part XIII Undistributed Income (see instructions)

|                                                                                                                                         | (a)<br>Corpus | (b)<br>Years prior to 2011 | (c)<br>2011                            | (d)<br>2012                           |
|-----------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------|----------------------------------------|---------------------------------------|
| 1 Distributable amount for 2012 from Part XI, line 7                                                                                    |               | ,                          |                                        | 11,334.                               |
| 2 Undistributed income, if any, as of the end of 2012                                                                                   |               |                            |                                        |                                       |
| a Enter amount for 2011 only                                                                                                            |               | İ                          | 0.                                     |                                       |
| b Total for prior years                                                                                                                 |               |                            |                                        |                                       |
| ,                                                                                                                                       |               | 0.                         |                                        |                                       |
| 3 Excess distributions carryover, if any, to 2012                                                                                       |               |                            |                                        |                                       |
| <b>a</b> From 2007                                                                                                                      |               |                            |                                        |                                       |
| b From 2008                                                                                                                             |               |                            |                                        |                                       |
| c From 2009                                                                                                                             |               |                            |                                        |                                       |
| d From 2010                                                                                                                             |               |                            |                                        |                                       |
| e From 2011                                                                                                                             |               |                            |                                        |                                       |
| f Total of lines 3a through e                                                                                                           | 0.            |                            | ······································ |                                       |
| 4 Qualifying distributions for 2012 from                                                                                                |               |                            |                                        |                                       |
| Part XII, line 4 🕨 \$5 .                                                                                                                |               |                            | •                                      |                                       |
| a Applied to 2011, but not more than line 2a                                                                                            |               |                            | 0.                                     |                                       |
| b Applied to undistributed income of prior                                                                                              |               |                            |                                        |                                       |
| years (Election required - see instructions)                                                                                            |               | 0.                         | · · · · · · · · · · · · · · · · · · ·  | , , , , , , , , , , , , , , , , , , , |
| c Treated as distributions out of corpus                                                                                                | _             |                            |                                        |                                       |
| (Election required - see instructions)                                                                                                  | 0.            |                            | · · · · · · · · · · · · · · · · · · ·  |                                       |
| d Applied to 2012 distributable amount                                                                                                  |               |                            |                                        | 5.                                    |
| e Remaining amount distributed out of corpus                                                                                            | 0.            |                            |                                        |                                       |
| 5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount must be shown in column (a))      | 0.            |                            |                                        | 0.                                    |
| 6 Enter the net total of each column as indicated below:                                                                                |               |                            |                                        |                                       |
| 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5                                                                                       | 0.            |                            |                                        |                                       |
| b Prior years' undistributed income Subtract                                                                                            | -             |                            |                                        |                                       |
| line 4b from line 2b                                                                                                                    |               | 0.                         |                                        |                                       |
| c Enter the amount of prior years'                                                                                                      |               |                            |                                        |                                       |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed |               | 0.                         |                                        |                                       |
| d Subtract line 6c from line 6b. Taxable                                                                                                |               |                            |                                        |                                       |
| amount - see instructions                                                                                                               |               | 0.                         |                                        |                                       |
| e Undistributed income for 2011 Subtract line                                                                                           |               |                            |                                        |                                       |
| 4a from line 2a Taxable amount - see instr                                                                                              |               |                            | 0.                                     |                                       |
| f Undistributed income for 2012 Subtract                                                                                                |               |                            |                                        |                                       |
| lines 4d and 5 from line 1. This amount must                                                                                            |               |                            |                                        |                                       |
| be distributed in 2013                                                                                                                  |               |                            |                                        | 11,329.                               |
| 7 Amounts treated as distributions out of                                                                                               |               |                            |                                        |                                       |
| corpus to satisfy requirements imposed by                                                                                               |               |                            |                                        |                                       |
| section 170(b)(1)(F) or 4942(g)(3)                                                                                                      | 0.            |                            |                                        |                                       |
| 8 Excess distributions carryover from 2007                                                                                              |               |                            |                                        |                                       |
| not applied on line 5 or line 7                                                                                                         | 0.            |                            |                                        |                                       |
| 9 Excess distributions carryover to 2013.                                                                                               | -             |                            |                                        |                                       |
| Subtract lines 7 and 8 from line 6a                                                                                                     | 0.            |                            |                                        |                                       |
| 10 Analysis of line 9                                                                                                                   |               |                            |                                        |                                       |
| a Excess from 2008                                                                                                                      |               |                            |                                        |                                       |
| b Excess from 2009                                                                                                                      |               |                            |                                        |                                       |
| c Excess from 2010                                                                                                                      |               |                            |                                        |                                       |
| d Excess from 2011                                                                                                                      |               |                            |                                        |                                       |
|                                                                                                                                         |               |                            |                                        |                                       |
| e Excess from 2012                                                                                                                      | l             |                            | L                                      |                                       |

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

| Part XVI-A | Analysis of Income-Producing Activities |
|------------|-----------------------------------------|
|            | range of moonie incoming recurring      |

| Enter gross amounts unless otherwise indicated                  | Unrelate                | d business income           |                        | ided by section 512, 513, or 514 | (e)                                   |
|-----------------------------------------------------------------|-------------------------|-----------------------------|------------------------|----------------------------------|---------------------------------------|
| 1 Program service revenue                                       | (a)<br>Business<br>code | (b)<br>Amount               | Exclu-<br>sion<br>code | (d)<br>Amount                    | Related or exempt function income     |
|                                                                 | Code                    |                             |                        |                                  |                                       |
| a<br>b                                                          | <del> </del>            | <del></del>                 | <del> </del>           |                                  | <del> </del>                          |
| <del></del>                                                     |                         |                             |                        |                                  |                                       |
| · · · · · · · · · · · · · · · · · · ·                           | <u> </u>                |                             | <del> </del>           |                                  |                                       |
|                                                                 |                         | <del></del>                 | <del> </del>           |                                  |                                       |
| 1                                                               |                         |                             |                        |                                  |                                       |
| g Fees and contracts from government agencies                   |                         |                             |                        |                                  | <del></del>                           |
| 2 Membership dues and assessments                               |                         |                             |                        |                                  |                                       |
| 3 Interest on savings and temporary cash                        |                         |                             |                        |                                  |                                       |
| Investments                                                     |                         |                             |                        |                                  |                                       |
| 4 Dividends and interest from securities                        |                         |                             |                        |                                  |                                       |
| 5 Net rental income or (loss) from real estate                  |                         |                             |                        |                                  |                                       |
| a Debt-financed property                                        |                         |                             | <u> </u>               |                                  |                                       |
| b Not debt-financed property                                    |                         |                             |                        |                                  |                                       |
| 6 Net rental income or (loss) from personal                     |                         |                             | Ì                      |                                  |                                       |
| property                                                        |                         |                             | <u> </u>               |                                  | · · · · · · · · · · · · · · · · · · · |
| 7 Other investment income                                       |                         |                             |                        |                                  |                                       |
| 8 Gain or (loss) from sales of assets other                     |                         |                             |                        |                                  |                                       |
| than inventory                                                  |                         |                             |                        |                                  |                                       |
| 9 Net income or (loss) from special events                      |                         |                             |                        |                                  |                                       |
| 10 Gross profit or (loss) from sales of inventory               |                         |                             | <u> </u>               |                                  |                                       |
| 11 Other revenue                                                |                         |                             |                        |                                  |                                       |
| a                                                               |                         |                             |                        |                                  |                                       |
| b                                                               |                         |                             | <u> </u>               |                                  |                                       |
| C                                                               | ļ                       |                             | <u> </u>               |                                  |                                       |
| d                                                               |                         |                             |                        | <u> </u>                         |                                       |
| e                                                               |                         | 0.                          |                        | 0                                | 0.                                    |
| 12 Subtotal Add columns (b), (d), and (e)                       | L                       | <u> </u>                    | <u> </u>               |                                  |                                       |
| 13 Total. Add line 12, columns (b), (d), and (e)                |                         |                             |                        | 13                               | 0.                                    |
| (See worksheet in line 13 instructions to verify calculations ) |                         |                             |                        | _                                |                                       |
| Part XVI-B Relationship of Activities to                        | o the Acc               | omplishment of Ex           | emp                    | ot Purposes                      |                                       |
| Line No Explain below how each activity for which incor         | me is reported          | in column (e) of Part XVI-A | contri                 | buted importantly to the accor   | mplishment of                         |
| the foundation's exempt purposes (other than t                  |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        | <del> </del>                     |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             | _                      |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
|                                                                 |                         |                             |                        |                                  |                                       |
| 223621                                                          |                         |                             |                        |                                  | 50 000 DE (0010)                      |

CASPER, WY 82601

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of Yes No the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of (1) Cash 1a(1) (2) Other assets 1a(2) Х **b** Other transactions (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 16(4) (5) Loans or loan guarantees 16(5) (6) Performance of services or membership or fundraising solicitations 16(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described X No Yes in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes." complete the following schedule (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr.)? correct, and of papiete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Sign Here X Yes Signature of officer or trustee Title Date Print/Type preparer's name Preparer's sygnature Date Check ıf self-employed 8/12/13 Paid RICK MASON P00073068 Preparer Firm's name LENHART, MASON & ASSOCIATES, LLC Firm's EIN ► 83-0327383 **Use Only** Firm's address ▶ 135 NORTH ASH STREET

(307) 234-7800

Phone no

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

**Schedule of Contributors** 

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990, Form 990-EZ, or Form 990-PF.

Employer identification number

| TT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | TW FOUNDATION                                                                                                                                                                                                                                                                                                                                                    |                                          |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|--|--|--|--|--|
| 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                                                                                                                                                                                                                                                                                        | 1                                        |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 527 political organization                                                                                                                                                                                                                                                                                                                                       |                                          |  |  |  |  |  |
| Form 990-PF                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | X 501(c)(3) exempt private foundation                                                                                                                                                                                                                                                                                                                            |                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 4947(a)(1) nonexempt charitable trust treated as a private foundation                                                                                                                                                                                                                                                                                            |                                          |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 501(c)(3) taxable private foundation                                                                                                                                                                                                                                                                                                                             |                                          |  |  |  |  |  |
| •                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | is covered by the <b>General Rule</b> or a <b>Special Rule.</b><br>c)(7), (8), or (10) organization can check boxes for both the General Rule and a Spe                                                                                                                                                                                                          | ecial Rule See instructions.             |  |  |  |  |  |
| General Rule                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |  |  |  |  |
| =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | on filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or mor plete Parts I and II.                                                                                                                                                                                                                                                       | re (in money or property) from any one   |  |  |  |  |  |
| Special Rules                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |  |  |  |  |
| 509(a)(1) and 170                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | (c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of 0(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II.                                                                                                  |                                          |  |  |  |  |  |
| total contribution                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year |                                                                                                                                                                                                                                                                                                                                                                  |                                          |  |  |  |  |  |
| but it must answer "No" of certify that it does not med                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | that is not covered by the General Rule and/or the Special Rules does not file Sch<br>in Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or ce<br>the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).                                                                                                           | on Part I, line 2 of its Form 990-PF, to |  |  |  |  |  |
| LHA For Paperwork Rec                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | luction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Sch                                                                                                                                                                                                                                                                                    | 160016 p (L01111 220' 230-FT') (5015)    |  |  |  |  |  |

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| Na | une | Βı | ora | anı | Zau  | un  |

Employer identification number

#### TW FOUNDATION

35-2451182

| Part I     | Contributors (see instructions) Use duplicate copies of Part I | if additional space is needed. |                                                                               |
|------------|----------------------------------------------------------------|--------------------------------|-------------------------------------------------------------------------------|
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions     | (d)<br>Type of contribution                                                   |
| 1          | W.N. MCMURRY PO BOX 2499 CASPER, WY 82602                      | \$\$                           | Person X Payroll                                                              |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions     | (d) Type of contribution                                                      |
|            |                                                                | <b>\$</b>                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c) Total contributions        | (d) Type of contribution                                                      |
|            |                                                                | \$                             | Person Payroll Noncash (Complete Part II if there is a noncash contribution)  |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions     | (d)<br>Type of contribution                                                   |
|            |                                                                | <b>\$</b>                      | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c)<br>Total contributions     | (d)<br>Type of contribution                                                   |
|            |                                                                | *                              | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a)<br>No. | (b)<br>Name, address, and ZIP + 4                              | (c) Total contributions        | (d)<br>Type of contribution                                                   |
|            |                                                                | <b>\$</b>                      | Person Payroll Oncash (Complete Part II if there is a noncash contribution.)  |
| 23452 12-2 | 1-12                                                           | Schedule B (Form               | 990, 990-EZ, or 990-PF) (2012)                                                |

Employer identification number

#### TW FOUNDATION

35-2451182

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

Employer identification number

| 111                                    | OATION<br>Exclusively religious, charitable, etc., indi                                            | vidual contributions to section 501(c                                              | 35-2451182<br>(7), (8), or (10) organizations that total more than \$1,000 for |  |  |  |  |  |
|----------------------------------------|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--|--|--|--|--|
|                                        | year. Complete columns (a) through (e) and t<br>the total of exclusively religious, charitable, et | he following line entry For organization  c , contributions of \$1,000 or less for | ns completing Part III, enter the year (Enter this information once)           |  |  |  |  |  |
|                                        | Use duplicate copies of Part III if addition                                                       |                                                                                    |                                                                                |  |  |  |  |  |
| ło.<br>m<br>t l                        | (b) Purpose of gift                                                                                | (c) Use of gift                                                                    | (d) Description of how gift is held                                            |  |  |  |  |  |
| _                                      |                                                                                                    |                                                                                    |                                                                                |  |  |  |  |  |
|                                        |                                                                                                    | (e) Transfer of gif                                                                | t                                                                              |  |  |  |  |  |
|                                        | Transferee's name, address, a                                                                      | nd ZIP + 4                                                                         | Relationship of transferor to transferee                                       |  |  |  |  |  |
| -                                      |                                                                                                    |                                                                                    |                                                                                |  |  |  |  |  |
| lo.<br>m<br>t 1                        | (b) Purpose of gift                                                                                | (c) Use of gift                                                                    | (d) Description of how gift is held                                            |  |  |  |  |  |
| _   _                                  |                                                                                                    |                                                                                    |                                                                                |  |  |  |  |  |
|                                        | (e) Transfer of gift                                                                               |                                                                                    |                                                                                |  |  |  |  |  |
|                                        | Transferee's name, address, a                                                                      | nd ZIP + 4                                                                         | Relationship of transferor to transferee                                       |  |  |  |  |  |
|                                        |                                                                                                    |                                                                                    |                                                                                |  |  |  |  |  |
| No.<br>m<br>t I                        | (b) Purpose of gift                                                                                | (c) Use of gift                                                                    | (d) Description of how gift is held                                            |  |  |  |  |  |
| _   _                                  |                                                                                                    |                                                                                    |                                                                                |  |  |  |  |  |
|                                        | Transferee's name, address, a                                                                      | (e) Transfer of gif                                                                | Relationship of transferor to transferee                                       |  |  |  |  |  |
|                                        |                                                                                                    |                                                                                    |                                                                                |  |  |  |  |  |
| 10.                                    | (b) Purpose of gift                                                                                | (c) Use of gift                                                                    | (d) Description of how gift is held                                            |  |  |  |  |  |
| וווייייייייייייייייייייייייייייייייייי |                                                                                                    |                                                                                    |                                                                                |  |  |  |  |  |
| m<br>t I                               |                                                                                                    |                                                                                    |                                                                                |  |  |  |  |  |
| — — — — — — — — — — — — — — — — — — —  |                                                                                                    | (e) Transfer of gift                                                               |                                                                                |  |  |  |  |  |
|                                        | Transferee's name, address, a                                                                      |                                                                                    | Relationship of transferor to transferee                                       |  |  |  |  |  |

| TW FOUNDATION               |                              |                                   |             | 35-2451182                    |  |
|-----------------------------|------------------------------|-----------------------------------|-------------|-------------------------------|--|
| FORM 990-PF                 | OTHER EXPENSES               |                                   | STATEMENT 1 |                               |  |
| DESCRIPTION                 | (A)<br>EXPENSES<br>PER BOOKS | (B)<br>NET INVEST-<br>MENT INCOME |             | (D)<br>CHARITABLE<br>PURPOSES |  |
| BANK FEES                   | 5.                           | 0.                                |             | 5.                            |  |
| TO FORM 990-PF, PG 1, LN 23 | 5.                           | 0.                                |             | 5.                            |  |
|                             | F SUBSTANTIA<br>PART VII-A,  | L CONTRIBUTORS                    | S S         | TATEMENT 2                    |  |
| NAME OF CONTRIBUTOR         | ADDR                         | RESS                              |             |                               |  |
| W.N. MCMURRY                | PO B                         | OX 2499                           |             |                               |  |

CASPER, WY 82602

|                                                                   | I - LIST OF OFFICERS, DIRECTORS<br>EES AND FOUNDATION MANAGERS |             |                                 | STATEMENT 3        |  |
|-------------------------------------------------------------------|----------------------------------------------------------------|-------------|---------------------------------|--------------------|--|
| NAME AND ADDRESS                                                  | TITLE AND<br>AVRG HRS/WK                                       |             | EMPLOYEE<br>BEN PLAN<br>CONTRIB | EXPENSE<br>ACCOUNT |  |
| DAN W. GUERTTMAN<br>PO BOX 50790<br>CASPER, WY 82605              | PRESIDENT/DIRE                                                 | CTOR 0.     | 0.                              | 0.                 |  |
| DORIS M. MCMURRY<br>PO BOX 2499<br>CASPER, WY 82602               | VICE PRESIDENT<br>0.00                                         | DIRECTOR 0. | 0.                              | 0.                 |  |
| THOMAS N. LONG<br>2120 CAREY AVE, SUITE 300<br>CHEYENNE, WY 82001 | SECRETARY/DIRE<br>0.00                                         | CTOR 0.     | 0.                              | 0.                 |  |
| RICK MASON<br>135 N ASH ST<br>CASPER, WY 82601                    | TREASURER/DIRE                                                 | CCTOR 0.    | 0.                              | 0.                 |  |
| W.N. MCMURRY<br>PO BOX 2499<br>CASPER, WY 82602                   | DIRECTOR<br>0.00                                               | 0.          | 0.                              | 0.                 |  |
| TOTALS INCLUDED ON 990-PF, PAGE                                   | 6, PART VIII                                                   | 0.          | 0.                              | 0.                 |  |

#### Form **8868**

(Rev. January 2013)

Department of the Treasury
Internal Revenue Service

### Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

 $\triangleright [X]$  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 Chanties & Nonprofits 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 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 Type or Name of exempt organization or other filer, see instructions. Employer identification number (EIN) or print 35-2451182 TW FOUNDATION File by the Number, street, and room or suite no. If a P O. box, see instructions. Social security number (SSN) filing your PO BOX 50790 return See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. CASPER, WY 82605-0790 0 4 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Code Is For Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) 07 02 Form 990-BL Form 1041-A 08 Form 4720 (individual) 03 Form 4720 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 DAN GUERTTMAN The books are in the care of ▶ PO BOX 50790 - CASPER, WY 82605-0790 FAX No. ► 307-235-1485 Telephone No ► 307-472-3116 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 In and attach a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: \_\_ calendar year \_ ► X tax year beginning JUL 17, 2012 , and ending DEC 31, 2012 If the tax year entered in line 1 is for less than 12 months, check reason: X Initial return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. 3ь \$ 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.