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Form 990-PF

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation
▶ Do not enter social security numbers on this form as it may be made public.

20**14**

Open to Public Inspection

Department of the Treasury Internal Revenue Service Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

2014, and ending For calendar year 2014 or tax year beginning A Employer identification number Name of foundation 74-2463820 TWC FOUNDATION, INC. Number and street (or P O box number if mail is not delivered to street address) B Telephone number (see instructions) Room/suite) 8080 SOUTH HOLLY STREET City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here • • CENTENNIAL, CO 80122 G Check all that apply. Initial return Initial return of a former public charity D 1. Foreign organizations, check here. Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: Section 501(c)(3) exempt private foundation E If private foundation status was terminated X | Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here . J Accounting method. X Cash I Fair market value of all assets at Accrual If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > 1,597,854. 16) ▶ \$ (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per purposes income income books column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to Check > attach Sch B 3 Interest on savings and temporary cash investments. ATCH 1 4,989 4,954. 4,989. Dividends and interest from securities 102,337 102,337. 102,337 5a Gross rents Net rental income or (loss) 2.4 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 24 Capital gain net income (from Part IV, line 2). Net short-term capital gain. Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold . Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 107,350. 107,315. 107,326. 12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employed salaries and wages 15 Pension plans employee benefits ... 16a Legal fees lettach schedule) 3715 TCH22 1,400. 840. 840. 560 Other professional fees (attach schedule) Interest ... OGOGN, U.I. 17 1,951. Taxes (attach schedule) (see instructions)[3]. 19 Depreciation (attach schedule) and depletion. 20 21 Travel, conferences, and meetings -∝ਲ|22 Printing and publications 3,384 3,384. 3,384. ;E 23 Other expenses (attach schedule) ATCH . 4 . ä 24 Total operating and administrative expenses. 6,735 4,224 4,224 560 Add lines 13 through 23. 65,400. 65,400. :O 25 Contributions, gifts, grants paid 72,135. 4,224. 4,224 65,960 26 Total expenses and disbursements Add lines 24 and 25 27 Subtract line 26 from line 12: 35,215 a Excess of revenue over expenses and disbursements . 103,091 b Net investment income (if negative, enter -0-) 103,102. Adjusted net income (if negative, enter -0-).

Do-All	Attached schedules and amounts in the Balance Sheets description column should be for end-of-year	Beginning of year	End of	
Part I	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments	313,510.	348,652.	348,652.
3	Accounts receivable ▶			
•	Less: allowance for doubtful accounts ▶			
4	Pledges receivable			
-	Less: allowance for doubtful accounts	1	,	
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other	-		
"				
1_	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
	Less: allowance for doubtful accounts ▶			
ssets c c	Inventories for sale or use			
SS	Prepaid expenses and deferred charges			
	Investments - U S and state government obligations (attach schedule).	292,470.	292,470.	378,481.
b	Investments - corporate stock (attach schedule) ATCH 5	292,470.	292,470.	370,401.
11 6	Investments - corporate stock (attach schedule) Investments - corporate bonds (attach schedule) Investments - land, buildings, and equipment, basis			ATCH 6
1''	Investments - land, buildings, and equipment, basis Less: accumulated depreciation (attach schedule) 315,000.	510 000	F10 000	
	(attach schedule)	510,000.	510,000.	870,000.
12	Investments - mortgage loans			
13	Investments - other (attach schedule)			
14	Land, buildings, and equipment: basis		1	
	Less: accumulated depreciation (attach schedule)			
15	(attach schedule) Other assets (describe ATCH 7	648.	721.	721.
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	1,116,628.	1,151,843.	1,597,854.
17	Accounts payable and accrued expenses			
18	Grants payable			
ဖ္က 19	Deferred revenue			
<u>≅</u> 20	Loans from officers, directors, trustees, and other disqualified persons			
Ciabilities 20 21 20 21	Mortgages and other notes payable (attach schedule)			
تًا 22	Other liabilities (describe			
23	Total liabilities (add lines 17 through 22)	o	0	
	Foundations that follow SFAS 117, check here			
,	and complete lines 24 through 26 and lines 30 and 31.			
8	Uncontricted	1,116,628.	1,151,843.	
ᇤ	Temperarily restricted			
8 2	Permanantly restricted			`
밑 40	and complete lines 24 through 26 and lines 30 and 31. Unrestricted			
리	check here and complete lines 27 through 31			
히 ,,	Capital stock, trust principal, or current funds			
sta	Park to as contain surplus, or land, bldg. and any properties d			
SSI	Retained earnings, accumulated income, endowment, or other funds	-	· · · · · · · · · · · · · · · · · ·	
# 23	Total net assets or fund balances (see instructions)	1,116,628.	1,151,843.	
Ž 31	Total liabilities and net assets/fund balances (see			
"	instructions)	1,116,628.	1,151,843.	
Part	III Analysis of Changes in Net Assets or Fund Bala			
	tal net assets or fund balances at beginning of year - Part		must agree with	
	d-of-year figure reported on prior year's return)			1,116,628
				35,215
2 0	nter amount from Part I, line 27a		3	33,213
	ther increases not included in line 2 (itemize)			1,151,843
	Id lines 1, 2, and 3			1,131,043
5 De	ecreases not included in line 2 (itemize) ► otal net assets or fund balances at end of year (line 4 minus		5	1,151,843
6 To	otal net assets of fund balances at end of year (line 4 minus	s iine 5) - Paπ II, column (t	b), line 30 6	1,131,043

Page 3

	and Laccas tar Lay on Inva	etment income			
	and Losses for Tax on Inve		(h) Umu	() B.L.	
	d describe the kind(s) of property sold (e		(b) How acquired P - Purchase	(c) Date acquired	(d) Date sold (mo, day, yr)
	rick warehouse; or common stock, 200 s	siis. Wild Co)	D - Donation	(mo,day,yr)	(mo, day, j,)
a SEE PART IV SCHE	DOPE				<u> </u>
b				<u> </u>	
C					
<u>d</u>					
9				L	Ĺ <u>.</u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
·					
<u> </u>					
	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) g	ain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (j), ıf any		(k), but not less t Losses (from co	than -0-) or
				· -	
					 _
			-		
<u> </u>					
Capital gain net income of		gain, also enter in Part I, line 7			2.4
	(17	(loss), enter -0- in Part I, line 7	2		24.
	iin or (loss) as defined in sections 1				
If gain, also enter in Pa	art I, line 8, column (c) (see inst	ructions) If (loss) enter -0- in 📗			
	, , , , , , , , , , , , , , , , , , , ,	ruotiono). Il (loco), cilici c ili	L L		
Part I, line 8	- · · ·		3		0
	Jnder Section 4940(e) for Red	J	3 ncome		0
Part V Qualification Use by domestic	Under Section 4940(e) for Record private foundations subject to the	duced Tax on Net Investment I		me)	0
or optional use by domestic section 4940(d)(2) applies, as the foundation liable for	Under Section 4940(e) for Recomprise private foundations subject to the leave this part blank.	duced Tax on Net Investment Inves	nent inco	_	
art V Qualification User optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does	Inder Section 4940(e) for Recomprise private foundations subject to the leave this part blank. the section 4942 tax on the distribution of qualify under section 4940(e).	duced Tax on Net Investment In e section 4940(a) tax on net investr utable amount of any year in the ba Do not complete this part.	ment inco	d? [
cor optional use by domestic section 4940(d)(2) applies, as the foundation liable for "Yes," the foundation does Enter the appropriate an	Under Section 4940(e) for Recomprise private foundations subject to the leave this part blank.	duced Tax on Net Investment In e section 4940(a) tax on net investr utable amount of any year in the ba Do not complete this part.	ment inco	d?	
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Pai	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see in	<u>ıstru</u>	ctions	<u>) </u>
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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		2,0	<u>62.</u>
	here and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2		2,0	62
3	Add lines 1 and 2		2,0	02.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4		2,0	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2,0	<u></u>
6	Credits/Payments: 2014 estimated tax payments and 2013 overpayment credited to 2014 6a 1,900.			
a	2011 Columnica (CA) paymont of California (Ca) (CA)			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for excession of time to the (1 of the coco).			
_d	Backup withholding erroneously withheld		4.4	00.
7	Total stocks and payments. Add miss out the state of the		-, -	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9 10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		2,3	38.
11	Enter the amount of line 10 to be Credited to 2015 estimated tax 2,338 . Refunded 11			
_	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
•••	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			
	Instructions for the definition)?	1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.		j	
С	Did the foundation file Form 1120-POL for this year?	1c		<u> X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		j	
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$		Ì	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on			
	foundation managers. > \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	_	X
	If "Yes," attach a detailed description of the activities.			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			Х
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	_3 4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			X
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
Ü	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	X	
	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	CO,			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8ь	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"	1		
	complete Part XIV	9_		Х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ļ		
	names and addresses	10	<u> </u>	X
		~ ~	~ ~ ~	

				-
	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	l		
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	ı	1	
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13		<u> </u>
	N/A		. .	
14	The books are in care of ▶ DANIEL WARNER Telephone no. ▶ 303-779	-882	2	
	Located at ▶8080 S HOLLY ST CENTENNIAL, CO ZIP+4 ▶ 80122			
15	Website address ► INTA The books are in care of ► DANIEL WARNER Telephone no. ► 303-779 Located at ►8080 S HOLLY ST CENTENNIAL, CO ZIP+4 ► 80122 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		. ▶	X
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		_
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If			
	"Yes," enter the name of the foreign country			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1 a	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? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person? Yes X No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(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			ı
	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)			
1	b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	1		
(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 2014?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	ļ		ļ
i	a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and		}	
	6e, Part XIII) for tax year(s) beginning before 2014?			
	If "Yes," list the years ▶,,,			
1	b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	1		
	all years listed, answer "No" and attach statement - see instructions.)	2b		X
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
				
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	Ì	1	
	at any time during the year? Yes X No			
	b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or		ł	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1	1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		1	1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		1	
	foundation had excess business holdings in 2014.)	3b		<u> </u>
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	<u> </u>	X
	${f b}$ Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	<u> </u>	<u> </u>
	F	QC	an_DF	(2014)

Form 9	990-PF (2014)	TWC FOUNDATION	, INC.		74-	-2463820	Page 6
Par	t VII-B	Statements Regarding Activities	for Which Form	4720 May Be Req	uired (continued)		
5a	During the	year did the foundation pay or incur any amou	unt to				
	(1) Carry	on propaganda, or otherwise attempt to influe	nce legislation (section	n 4945(e))?	Yes X N	io	- 1
	•	ice the outcome of any specific public ele					
	-	y or indirectly, any voter registration drive?				lo o	
	(3) Provide	e a grant to an individual for travel, study, or o	ther similar purposes?	, 	Yes X N	lo	
		e a grant to an organization other than a					
	• •	1 4945(d)(4)(A)? (see instructions)			Yes X N	ol ot	
		e for any purpose other than religious, ch				} }	
		ses, or for the prevention of cruelty to children			1 1 1 1/1.	lo	
b		swer is "Yes" to 5a(1)-(5), did any of the				in	
		s section 53.4945 or in a current notice regard				. 5b	
	-	ons relying on a current notice regarding disas				<u> </u>	
_	-	swer is "Yes" to question 5a(4), does the					
G		maintained expenditure responsibility for the				10	
		that the statement required by Regulations see				"	
٥		, , ,	• •	anthe to now promise	20		
6a		oundation, during the year, receive any fun	•		Yes X	40	
		nal benefit contract?			. — —	6ь	x
Ь			city of indirectly, on a	personal benefit contra	ICI /	. 00	
		6b, file Form 8870.		aboltos tronocation?	Yes X	40	
		e during the tax year, was the foundation a paid the foundation receive any proceeds or have					x
	rt VIII	Information About Officers, Director	rs Trustees For	Indation Manager	S Highly Paid En	nlovees.	
		and Contractors				.p.oy 000,	
1	List all of	ficers, directors, trustees, foundation r		r compensation (see (c) Compensation	instructions). (d) Contributions to		
		(a) Name and address	(b) Title, and average hours per week	`(If not paid,	employee benefit plans	(e) Expense other allow	account, wances
			devoted to position	enter -0-)	and deferred compensation	<u> </u>	
ATC	н 8			0		d	0
							
						-	
~			·			1	
				· - -		-	
	<u> </u>	ation of five highest-paid employees	/other than the	a included on lin	o 4 ooo inotrus	tions) If no	no ontor
2	"NONE."	ation of five ingliest-paid employees	(Other than the	se piciaded on iiii	e i - see mistruc	tions). It tion	ne, enter
			(b) Title, and average		(d) Contributions to	(a) Expanse	
(a)) Name and a	ddress of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	(e) Expense other allow	
			1010100 10 101010		compensation	-	
	NONE					i	
	NONE		 				
							
	·			-		 	
			l	I			
Tota	I number o	of other employees paid over \$50,000	<u> </u>	<u> </u>	<u></u>		

Form 990-PF (2014)

Total. Add lines 1 through 3.

Page 8

Part	Minimum Investment Return (All domestic foundat see instructions.)	ions must complete this part. Foreig	gn foundat	ions,
1	Fair market value of assets not used (or held for use) direct	ctly in carrying out charitable, etc.		
	purposes:			
а	a Average monthly fair market value of securities		1a	390,997.
b			1b	333,181.
C	c Fair market value of all other assets (see instructions)		1c	870,721.
d			1d	1,594,899.
е	e Reduction claimed for blockage or other factors reported on lines	1a and		
	1c (attach detailed explanation)	1e		
2			2	
3			3	1,594,899.
4				
	instructions)`		4	23,923. 1,570,976.
5		e 3. Enter here and on Part V, line 4	5	
6	Minimum investment return. Enter 5% of line 5		6	78,549.
Par	art XI Distributable Amount (see instructions) (Section 494: and certain foreign organizations check here ▶ □ and		dations	
1	Minimum investment return from Part X, line 6		1	78,549.
2a				
b				
C			2c	2,062.
3		line 1	3	76,487.
4	•		4	
5			5	76,487.
6			6	
7				
	line 1		7	76,487.
Pari	art XII Qualifying Distributions (see instructions)		-	
1	Amounts paid (including administrative expenses) to accomplis	h charitable, etc., purposes		
а			1a	65,960.
b			1b	
2		ctly in carrying out charitable, etc.,		
	purposes		2	
3				
а	a Suitability test (prior IRS approval required)		3a	
b			3b	
4		on Part V, line 8, and Part XIII, line 4	4	65,960.
5				
	Enter 1% of Part I, line 27b (see instructions)		5	0
6			6	65,960.
	Note. The amount on line 6 will be used in Part V, column qualifies for the section 4940(e) reduction of tax in those	nn (b), in subsequent years when c	alculating	whether the foundation

Form 990-PF (2014)

Form 990-PF (2014)

Page 9

Pa	rt XIII Undistributed Income (see instruc	tions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2014 from Part XI,	Corpus	Years prior to 2013	2013	76,487.
_	line 7				10,401.
2	Undistributed income, if any, as of the end of 2014		}	34,453.	
a	Enter amount for 2013 only	· · · · · · · · · · · · · · · · · · ·	26,000.		
3	Excess distributions carryover, if any, to 2014				
	From 2009			Ì	
	From 2010				
	From 2011				
	From 2012				
	From 2013				
f	Total of lines 3a through e	0			
4	Qualifying distributions for 2014 from Part XII, line 4 > \$ 65,960.				
а	Applied to 2013, but not more than line 2a			34,453.	
b	Applied to undistributed income of prior years (Election required - see instructions)				
C	Treated as distributions out of corpus (Election required - see instructions)				
ď	Applied to 2014 distributable amount				31,507.
	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2014				
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5			l.	
	Prior years' undistributed income. Subtract				
	line 4b from line 2b		26,000.		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable	ĺ	06.000		
_	amount - see instructions		26,000.		
е	Undistributed income for 2013. Subtract line 4a from line 2a Taxable amount - see instructions				
f	Undistributed income for 2014 Subtract lines	Í			
	4d and 5 from line 1. This amount must be				44,980.
7	Amounts treated as distributions out of corpus				, 300.
7	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
8	Excess distributions carryover from 2009 not				
	applied on line 5 or line 7 (see instructions)				·
9	Excess distributions carryover to 2015.	0			
	Subtract lines 7 and 8 from line 6a				
10	1				
a b	Excess from 2010 Excess from 2011	•			
	Excess from 2012				
d					
e	Excess from 2014				

b The form in which applications should be submitted and information and materials they should include: WRITTEN REQUEST INCLUDING ALL INFORMATION ABOUT ORGANIZATION c Any submission deadlines. REQUESTS ACCEPTED AT ANY TIME d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors NONE

Form 990-PF (2014)				Page 11
Part XV Supplementary Information	(continued)	 -		
3 Grants and Contributions Paid Dur Recipient Name and address (home or business)	ing the Year or Appl	roved for Fu	uture Payment	
Nome and address (house as business)	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
a Paid during the year				
ATCH 10				
		1		
			Ì	
		1		
		1		
		1		
		j j		
		1 1		
	,			
		1		
		1		
		1		
		1		
Total			▶ 3a	65,400
b Approved for future payment				
• • • • •				
·				
		-		
		[
			<u> </u>	
Total			▶ 3b	

JSA 4E1491 1 000

Form 990-PF (2014)

Page	- 1	2

art XVI-A Analysis of Income-Produ					
nter gross amounts unless otherwise indicated.	Unrela (a)	ated business income (b)	Excluded by	/ section 512, 513, or 514 (d)	(e) Related or exempt function income
Program service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions)
a					
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash investments			14	4,989.	
Dividends and interest from securities			14	4,909.	
Net rental income or (loss) from real estate:			-	-	
a Debt-financed property					
b Not debt-financed property			16	102,337.	- , <u>.,</u>
Net rental income or (loss) from personal property				102,001.	
Other investment income	1	<u> </u>	18	24.	
Gain or (loss) from sales of assets other than inventory			 -,		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory Other revenue: a		<u></u>			
b					
c		-			
d	ļ				
e					
Subtotal. Add columns (b), (d), and (e)				107,350.	
Total. Add line 12, columns (b), (d), and (e)				13	107,350
ee worksheet in line 13 instructions to verify calc					
ine No. Explain below how each activity accomplishment of the foundation					
					
					
			•		
		•			

Part XVII	Information Regarding	Transfers To a	and Transactions and	Relationships With	Noncharitable
,	Exempt Organizations				

1	Did the	organization directl	y or indirectly e	engage	ın any of t	he following	with any	other organ	ization o	described		Yes	No
	in sect	ion 501(c) of the Co	de (other than s	section	501(c)(3) d	organization	s) or in se	ction 527, re	elating to	political			
	organiz	rations?											
а	Transfe	ers from the reporting	g foundation to	a nonc	haritable ex	cempt organ	zation of						
	(1) Cas	sh									1a(1)		X
	(2) Oth	ner assets									1a(2)		X
b	Other t	ransactions [.]											
	(1) Sal	es of assets to a nor	ncharitable exen	npt org	anization	<i>.</i>					1b(1)		X
		chases of assets fro									1b(2)		X
		ntal of facilities, equi									1b(3)		X
		imbursement arrange									1b(4)		X
		ans or loan guarantee									1b(5)		X
		rformance of service:											X
		g of facilities, equipm									1 1		X
d	If the	answer to any of the	e above is "Yes	s," con	plete the 1	following so	hedule C	olumn (b) si	nould al	ways show	the	fair m	arket
		of the goods, other a											
	value i	n any transaction or	sharing arrang	jement,	show in c	olumn (d) ti	he value d	of the goods,	other a	ssets, or s	ervice	s rec	eived
(a) Li	ne no	(b) Amount involved	(c) Name of n	oncharit	able exempt org	ganization	(d) Desc	ription of transfe	rs, transac	tions, and sha	nng arra	ngeme	nts
		N/A					N/A						
											-		
									-				
								-					
							,						
								-					
		•											
								·-					
										•			
					·								
											_		
							İ						
2a	Is the	foundation directly	or indirectly aff	filiated	with, or re	lated to, on	e or more	tax-exempt	organiz	ations			
	descri	bed in section 501(c)	of the Code (of	ther tha	an section 5	01(c)(3)) or	in section	527?			Y	es 🛂	No
b	If "Yes	," complete the follo	wing schedule										
		(a) Name of organization	n		(b) Type of	organization		(c) Descrip	tion of relation	ship		
		r penalties of perjury, I decla ct, and complete Declaration o							the best	of my knowled	ge and	belief, i	t is true,
Sigi		or, and complete bedaration o)	афајступ			_	•		May the IR	S discu	se this	rotum
		DANIEL WARNER			5-11-	2015	PRE	SIDENT			reparer		
Her	e Sig	nature of officer or trostee	11/		Date		Title			(see instructio	ns)? 2	Yes	No
	7	1 Jours	lelom					·- <u></u>	1				
Dal.	1	Print/Type preparer's na		Pre	parer's algnatu	re/		Date	Ch Ch	eck ıf	PTIN		
Paid		SALLY R PETER			Drygg	K		5-7-20	//se	lf-employed	P005		01
	parer		ARRS, SEVIE		COMPANY	LLC			Firm's Ell	▶ 84-1	3158	809	
Use	Only	Firm's address ▶ 23	30 SOUTH HO	LLAN	D STREET								
		L.F.	AKEWOOD, C	0			802	226	Phone no	303-9	22-6	654	
				-						F	m 99	0-PF	(2014)

74-2463820

TWC FOUNDATION, INC.

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

` Kind of P	roperty	INS AND LO	Desc	cription		hrl	Date acquired	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj. basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
				AL GAIN DIV			24.	
mar carn/I	oss)					_	24.	
TAL GAIN(L	355)		• • • • • • • • • •		•••••		24.	
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					-			
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i								
		ļ						
	}							

ATTACHMENT 1 PAGE 18

PART I - DIVIDENDS AND INTEREST FROM SECURITIES FORM 990PF,

ADJUSTED NET INCOME	4,954. 35.	4,989.
NET INVESTMENT INCOME	4,954.	4,954.
REVENUE AND EXPENSES PER BOOKS	4,954.	4,989.
		TOTAL
DESCRIPTION	FIDELITY EXEMPT INTEREST DIVIDENDS	

RENT AND ROYALTY INCOME

Taxpayer's Name TWC FOUNDATION,	INC.							fying Number 63820
DESCRIPTION OF PROPERTY LAND					_			
Yes No Did you ac	tively participate in the	operation o	of the ac	tivity di	uring the tax year?			
TYPE OF PROPERTY:								
REAL RENTAL INCO	ME				· • • • • • • • • • •			
OTHER INCOME:								
RENT						10	2,337.	
TOTAL CROSS INCOME								102,337.
TOTAL GROSS INCOME OTHER EXPENSES:			• • • •	• • • •		 	• • • • • • • •	102/33/.
SEE ATTACHMENT								
OBB III IMCIIIIBNI			 					
		···						
	<u> </u>							
					·			
		.		-	 -			
					·			
DEPRECIATION (SHOWN BELOW)				_				
LESS: Beneficiary's Portion								
AMORTIZATION					· •			
LESS: Beneficiary's Portion								
DEPLETION								
LESS: Beneficiary's Portion					1 '			
TOTAL EXPENSES								3,384.
TOTAL RENT OR ROYALTY INCOME								98,953.
Less Amount to	, , , , , , , , , , , , , , , , , , , ,	<u> </u>					· · · · · · · · · · · · · · · · · · ·	
Rent or Royalty								
Depreciation								
Depletion								
Investment Interest Expense								
Other Expenses								
Net Income (Loss) to Others								
Net Rent or Royalty Income (Loss)								98,953.
Deductible Rental Loss (if Applicable								
SCHEDULE FOR DEPRECIAT	ION CLAIMED							
(a) Description of property	(b) Cost or unadjusted basis	(c) Date acquired	(d) ACRS des.	(e) Bus. %	(f) Basis for depreciation	(g) Depreciation in prior years	(h) (i) Lif	(j) Depreciation
			 			 	 	
							 	
		<u> </u>					 	
			 				 	
	<u> </u>	<u> </u>					 	
		 	 	 				
		-	 			 	 	
		 	-	 		-	 	
		 	 	-		 	 	
		-	_	 	 	1	 	-
		 	 	 		 	 	 -
Totale	 	 		I	<u> </u>	Ļ		
Totals	J		• • • • •	• • •		<u></u>		·

SUPPLEMENT TO RENT AND ROYALTY SCHEDULE

OTHER INCOME

RENT	$\begin{array}{r} 102,337. \\ \hline 102,337. \end{array}$
OTHER DEDUCTIONS INSURANCE	3,384.
	3,384.

RENT AND ROYALTY SUMMARY

PROPERTY	TOTAL INCOME	DEPLETION/ DEPRECIATION	OTHER EXPENSES	ALLOWABLE NET <u>INCOME</u>
LAND	102,337.		3,384.	98,953.
TOTALS	102,337.		3,384.	98,953.

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE	560.	560.
ADJUSTED NET INCOME	840.	840.
NET INVESTMENT INCOME	840.	840.
REVENUE AND EXPENSES PER BOOKS	1,400.	1,400.
DESCRIPTION	MARRS, SEVIER & COMPANY	TOTALS

ATTACHMENT 2 PAGE 22

FORM 990PF, PART I - TAXES

REVENUE

AND

EXPENSES

PER BOOKS

DESCRIPTION FEDERAL TAXES

1,951.

TOTALS

1,951.

FORM 990PF, PART I - OTHER EXPENSES

REVENUE AND

EXPENSES

PER BOOKS

RENT AND ROYALTY EXPENSES

DESCRIPTION

3,384.

TOTALS

3,384.

ENDING	292,470. 378,481.	,470.
ENDING BOOK VALUE	292	292,470
BEGINNING BOOK VALUE	292,470.	292,470.
		TOTALS
DESCRIPTION	FIDELITY	

ATTACHMENT 5 PAGE 25

			INVEST	TENTS - LAND,	INVESTMENTS - LAND, BUILDINGS, EQUIPMENT		ATTACHMENT 6	9 IN		
			FIXED AS	FIXED ASSET DETAIL		ACCI	MULATED DEPRI	ACCUMULATED DEPRECIATION DETAIL	د.	•
ASSET DESCRIPTION	METHOD/ CLASS	BEGINNING	ADDITIONS .	DISPOSALS	ENDING BALANCE	BEGINNING	ADDITIONS	ADDITIONS DISPOSALS	ENDING BALANCE	
DAND	ы	510,000.			510,000.					
DEPRECIABLE PROPERD	SL	315,000.			315,000.	315,000.			315,000.	
TOTALS		825,000.			825,000.	315,000.			315,000.	

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ENDING <u>FMV</u>	721.	721.
ENDING BOOK VALUE	. 721.	721.
BEGINNING BOOK VALUE	648.	648.
		TOTALS
DESCRIPTION	DIVIDENDS RECEIVABLE	

ATTACHMENT 7 PAGE 27

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

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

DANIEL WARNER

CENTENNIAL, CO 80122 8080 S. HOLLY ST.

PRESIDENT

JENNIFER HODGSON 501 ALLIS RANCH ROAD SEDALIA, CO 80135

SECRETARY

ATTACHMENT 8 PAGE 28

FORM 990PF, PART XV - NAME, ADDRESS AND PHONE FOR APPLICATIONS

DANIEL N WARNER 8080 S HOLLY ST CENTENNIAL, CO 80122-4001 303-779-8822

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND	PURPOSE OF GRANT OR CONTRIBITION	AMOUNT
RECIPIENT NAME AND ADDRESS	ECONDATION STATUS OF RECIPIEM		
INNSMONT CENTER FOR CHILDREN	NONE	GENERAL	3,000.
10216 OAK LEAF CT	PC		
HIGHLANDS RANCH, CO 80129			
WESTERN STATE COLLEGE FOUNDATION, INC.	NONE	STUDENT ALD	7,000.
909 EAST ESCALANTE DRIVE	PC		
P.O. BOX 1264			
GUNNISON, CO 80230			
GENEVA GLEN CAMP	NONE	GENERAL	17,000.
PO BOX 248	PC		
INDIAN HILLS, CO 80454			
ИКВАН РЕАК	NONE	GENERAL	4,000.
730 21ST STREET	PC		
DENVER, CO 80205			
SAFEHOUSE DENVER	NONE	GENERAL	3,000.
1649 DOWNING STREET	PC		
DENVER, CO 80218			
ROCKY MOUNTAIN MS CENTER	NONE	GENERAL	5,000.
8845 WAGNER ST	PC		
WESTMINSTER, CO 80031			

ATTACHMENT 10 (CONT'D)

FORM 990PE. PART XY - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

2,000. 5,000. 7,000. 3,000. 1,000. 3,000. AMOUNT PURPOSE OF GRANT OR CONTRIBUTION GENERAL GENERAL GENERAL GENERAL GENERAL GENERAL RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR FOUNDATION STATUS OF RECIPIENT NONE NONE NONE NONE NONE NONE EC. UNIVERSITY OF COLORADO SCHOOL OF BUSINESS NATIONAL MULTIPLE SCLEROSIS SOCIETY GREENWOOD VILLAGE, CO 80111 RECIPIENT NAME AND ADDRESS MOUNTAIN RESOURCE CENTER MAKE-A-WISH FOUNDATION 3800 S. PIERCE STREET 701 E. HAMPTON #420 ENGLEWOOD, CO 80218 2029 LARIMER STREET 1800 GRANT ST #725 CONIFER, CO 80433 7951 E MAPLEWOOD DENVER, CO 80205 DENVER, CO 80203 COLORADO ACADEMY DENVER, CO 80235 STEP THIRTEEN PO BOX 425

ATTACHMENT 10 (CONT'D)

	RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR		
	AND		
RECIPIENT NAME AND ADDRESS	FOUNDATION STATUS OF RECIPIENT	PURPOSE OF GRANT OR CONTRIBUTION	AMOUNT
		-	
AMERICAN ALPINE CLUB	NONE	GENERAL	1,000.
710 10TH STREET, STE 100	PC		
GOLDEN, CO 80401			
BIG BROTHER BIG SISTER	NONE	GENERAL	1,000.
1391 N SPEER BLVD #450	PC		
DENVER, CO 80204			
CAN DO MULTIPLE SCLEROSIS	NONE	GENERAL	1,200.
PO BOX 5860	PC		
AVON, CO 81620-5860			
MARCH OF DIMES COLORADO	NONE	GENERAL	1,200.
1325 COLORADO 2	, ,		
DENVER, CO 80222		•	
PROJECT SANCTUARY	NONE	GENERAL	1,000.
PO BOX 1563	Da.		
GRANBY, CO 80446			

TOTAL CONTRIBUTIONS PAID

65,400.

ATTACHMENT 10 PAGE 32

SCHEDULE D (Form 1041)·

Department of the Treasury Internal Revenue Service

Name of estate or trust

Capital Gains and Losses
► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10.

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041.

OMB No. 1545-0092

Employer identification number

TV	C FOUNDATION, INC.			14-24638	<u> 20</u>		
Note:	Form 5227 filers need to complete only Parts I and II						
Part	Short-Term Capital Gains and Losses - Ass	ets Held One Year	r or Less				
See ir the lin This fo	estructions for how to figure the amounts to enter on es below. Form may be easier to complete if you round off cents to ble dollars	(d) Proceeds (sales pnce)	(e) Cost (or other basis)	(g) Adjustments to gain or loss fr Form(s) 8949, Pr line 2, column	om art I,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)	
1 f	Totals for all short-term transactions reported on Form 099-B for which basis was reported to the IRS and or which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b.		,				
	otals for all transactions reported on Form(s) 8949 of Box A checked		ر				
2 7 V	otals for all transactions reported on Form(s) 8949 with Box B checked						
	vith Box C checked		1		1		
4 5	Short-term capital gain or (loss) from Forms 4684, 62	porations, and other	estates or trusts		5		
6	Short-term capital loss carryover. Enter the amount Carryover Worksheet		6	()			
7	Net short-term capital gain or (loss). Combine line 17, column (3) on the back	es 1a through 6 in	column (h) Enter	here and on	7	·	
Part	line 17, column (3) on the back	ets Held More Tha	an One Year				
See instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents (g) Adjustments to gain or loss from (sales pince) (g) Adjustments to gain or loss from (sales pince)					rom	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with	
	ole dollars.	(sales price)	(6) 64.6) 226.6)	line 2, column		column (g)	
f I	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and or which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b.						
8b \	Totals for all transactions reported on Form(s) 8949 with Box D checked						
\	Totals for all transactions reported on Form(s) 8949 with Box E checked						
	Totals for all transactions reported on Form(s) 8949 with Box F checked						
	LONG-TERM CAPITAL GAIN DIVIDENDS	I	ATTACHMENT 1		· · ·	24.	
11	Long-term capital gain or (loss) from Forms 2439, 46	884, 6252, 6781, an			11		
12	Net long-term gain or (loss) from partnerships, S corp	porations, and other e	estates or trusts		12		
13	Capital gain distributions				13		
14	Gain from Form 4797, Part I				14		
15	Long-term capital loss carryover. Enter the amount Carryover Worksheet	nt, if any, from line	e 14 of the 2013	Capital Loss	15	()	
16	Net long-term capital gain or (loss). Combine line	here and on		24			
	line 18a, column (3) on the back	🕨	16	24.			

Sched	ule D (Form 1041) 2014					Page	<u> 2</u>
Par	Summary of Parts I and II		(1) Beneficiaries	s' (2) Est	ate's	(a) T ()	
	Caution: Read the instructions before completing this pa	art.	(see instr)	or tru	st's	(3) Total	
17	Net'short-term gain or (loss)	17					
18	Net long-term gain or (loss):	Į					
	Total for year	18a				24	•
b	Unrecaptured section 1250 gain (see line 18 of the wrksht)	18b					
C	28% rate gain	18c					_
19	Total net gain or (loss). Combine lines 17 and 18a ▶	19		l		24	
Note	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 go to Part V, and do not complete Part IV. If line 19, column (3), is a ne	(or Fo	rm 990-T, Part I, lir - complete Part IV	ne 4a). If lines and the Capit	18a ar al Loss	nd 19, column (2), are i s Camvover Worksheet	net as
neces	sary.			and the Supre			
Par	t IV Capital Loss Limitation						
20	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, P	Part I, li	ne 4c, if a trust), the	e smaller of:		,	,
a Note	The loss on line 19, column (3) or b \$3,000			000 T line 24	20	loss complete the Can	<u>)</u> ital
Loss (: If the loss on line 19, column (3), is more than \$3,000, or if Form 1041, Carryover Worksheet in the instructions to figure your capital loss carryover	page	i, lille 22 (di Folili	990-1, IIIIe 34)	, 15 a	ioss, complete the cap	lai
Par							_
Form	1041 filers. Complete this part only if both lines 18a and 19 in coli		2) are gains, or a	in amount is e	ntere	d in Part I or Part II a	ınd
	is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor						
	ion: Skip this part and complete the Schedule D Tax Worksheet in the i	nstrud	ctions if				
	ther line 18b, col (2) or line 18c, col. (2) is more than zero, or						
	th Form 1041, line 2b(1), and Form 4952, line 4g are more than zero. 990-T trusts. Complete this part only if both lines 18a and 19 a	ro ao	une or qualified a	dwidends ere	inalu	dad in income in Ba	→ 1
	orm 990-T, and Form 990-T, line 34, is more than zero Skip this part						
	her line 18b, col. (2) or line 18c, col. (2) is more than zero.	una o	omploto the con-	cualo D Tux .	·	shoot in the medical	
21	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 3	(A)	. 21		1	<u> </u>	—
22	Enter the smaller of line 18a or 19 in column (2)	/¬)	• 21		1		
	but not less than zero						
23	Enter the estate's or trust's qualified dividends						
20	from Form 1041, line 2b(2) (or enter the qualified] [
	dividends included in income in Part I of Form 990-T)						
24	Add lines 22 and 23				l	ļ	
 25	If the estate or trust is filing Form 4952, enter the						
	amount from line 4g, otherwise, enter -0 > 25						
26	Subtract line 25 from line 24 If zero or less, enter -0-		. 26		İ		
27	Subtract line 26 from line 21. If zero or less, enter -0-		27		1		
28	Enter the smaller of the amount on line 21 or \$2,500		. 28		1		
29	Enter the smaller of the amount on line 27 or line 28		. 29	· -	1	İ	
30	Subtract line 29 from line 28. If zero or less, enter -0 This amount is	taxed	at 0%		30		
31	Enter the smaller of line 21 or line 26						
32	Subtract line 30 from line 26		. 32	-]		
33	Enter the smaller of line 21 or \$12,150		. 33				
34	Add lines 27 and 30			····]		
35	Subtract line 34 from line 33. If zero or less, enter -0				1		
36	Enter the smaller of line 32 or line 35			_			
37	Multiply line 36 by 15%			🕨	37		
38	Enter the amount from line 31				1		
39	Add lines 30 and 36						
40	Subtract line 39 from line 38. If zero or less, enter -0-				4		
41	Multiply line 40 by 20%		1 1		41		
42	Figure the tax on the amount on line 27. Use the 2014 Tax Rate Schedule for		1 1		1		
	and Trusts (see the Schedule G instructions in the instructions for Form 1041)				4		
43	Add lines 37, 41, and 42				4		
44	Figure the tax on the amount on line 21. Use the 2014 Tax Rate Schedule for		1 1		1		
45	and Trusts (see the Schedule G instructions in the instructions for Form 1041)			Id Cabadale	4		
45	Tax on all taxable income. Enter the smaller of line 43 or line 44				45		
	G, line 1a (or Form 990-T, line 36)	<u></u>	<u> </u>	<u> </u>	45	<u> </u>	

FEDERAL CAPITAL GAIN DIVIDENDS

	ATTACHMENT 1	
15% RATE CAPITAL GAIN DIVIDENDS		
FIDELITY	24.	
TOTAL 15% RATE CAPITAL GAIN DIVIDENDS		24.
TOTAL LONG-TERM CAPITAL GAIN DIVIDENDS	<u></u>	24.

2014

Description of Property TWC FOUNDATION, INC.

. . . .

74-2463820

Current-year amortization Current-year depreciation Current-year 179 expense ACRS CRS class class 20.000 Life Life Me-thod Conv Code SL Accumulated Accumulated amortization Beginning Ending Accumulated depreciation depreciation 315,000. 315,000. 315,000. 315,000. 315,000. 315,000. 315,000. 315,000. Basis for deprectation 315,000. Basis Reduction 179 exp. reduction in basis 100.000 315,000. 100.000 Bus % Unadjusted Cost or basis 510,000. 825,000. 825,000. Cost or basis 02/01/1987 Date placed in service Date placed in service 02/01/1987 Less' Retired Assets Asset description Asset description Subtotals..... TOTALS DEPRECIABLE PROPER AMORTIZATION Less. Retired Assets DEPRECIATION Listed Property TOTALS . . LAND

*Assets Retired JSA 4X9024 1 000

3427

PAGE 36

Form 8868

(Rev January 2014)

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.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No. 1545-1709

	e filing for an Automatic 3-Month Extension, c e filing for an Additional (Not Automatic) 3-Mo						. ► X	
	olete Part II unless you have already been gran						i.	
a corporation 8868 to red Return for instructions	iling (e-file). You can electronically file Form 8 on required to file Form 990-T), or an addition quest an extension of time to file any of the Transfers Associated With Certain Personal b. For more details on the electronic filing of the	al (not aut forms liste I Benefit (is form, vis	tomatic) 3-month exter ed in Part I or Part II w Contracts, which mus sit www.irs.gov/efile an	ision of time. You can el ith the exception of For t be sent to the IRS in d click on e-file for Chant	ectr m 8	onically 1870, li aper fo	y file Form nformation ormat (see	
	tomatic 3-Month Extension of Time. On				-1-4			
Part I only . All other co.	on required to file Form 990-T and requesting				 exte	nsion o		
Name of exempt organization or other filer, see instructions. Employer identification nu								
Type or					, ,			
print	TWC FOUNDATION, INC. 74-246382)		
File by the due date for	Number, street, and room or suite no. If a P.O. box	k, see instruc	ctions.	Social security number (SS	SN)			
filing your	8080 SOUTH HOLLY STREET							
return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions.							
	CENTENNIAL, CO 80122						10141	
Enter the R	eturn code for the return that this application i	is for (file a	a separate application fo	or each return)			0 4	
A martin - Ai - m		Det	LAuntination				Datum	
Application Is For		Return	Application Is For				Return Code	
	r Form 990-EZ	Code 01		tion)			07	
Form 990-B		02	Form 990-T (corporate Form 1041-A	(1011)			08	
	(individual)	03	Form 4720 (other that	un individual)	_		09	
Form 990-P		03	Form 5227	in individual)			10	
	(sec. 401(a) or 408(a) trust)	05	Form 6069				11	
	(trust other than above)	06	Form 8870		_		12	
1 01111 000-1	(trade other trial above)	_00	1 01111 0010	· -			, ,,,,	
	s are in the care of ►DANIEL WARNER, 8 ne No. ► 303 779-8822		HOLLY ST CENTENN	IIAL, CO 80122				
	panization does not have an office or place of I			ck this box				
	for a Group Return, enter the organization's for					. If th		
for the who	le group, check this box ▶	fit is for pa	art of the group, check	this box ►	\Box :	- and att	ach	
a list with th	ne names and EINs of all members the extensi	ion is for.						
1 I requ	est an automatic 3-month (6 months for a cor	poration re	equired to file Form 99	O-T) extension of time				
until_	08/15_, 20_15_, to file the	exempt or	ganization return for the	e organization named ab	ove	. The e	xtension is	
	e organization's return for:							
► <u>X</u>	calendar year 20 14 or							
▶∟	tax year beginning	, 20_	, and ending	'	20_	. – – •		
_	2 If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return							
	Change in accounting period	On-T 4720	or 6060, enter the	tentative tax less any				
3a 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 3a \$ 2,0							2,062.	
	s application is for Form 990-PF, 990-T,	4720 o	r 6069, enter any r	efundable credits and	Ja	-	-, 502.	
	ated tax payments made. Include any prior yea				3b	s	2,500.	
	ce due. Subtract line 3b from line 3a Include				-	<u> </u>		
	tronic Federal Tax Payment System). See instru		•		3с	s	0	
	ou are going to make an electronic funds withdrawa		oit) with this Form 8868, s	ee Form 8453-EO and Form				
instructions.		•						
For Privacy	Act and Paperwork Reduction Act Notice, see Inst	ructions			Form	n 8868	(Rev 1-2014)	