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#### <sup>៳</sup> 990-PF

#### Return of Private Foundation or Section 4947(a)(1) Non-xempt Charitable Trust Treated as a Private Foundation

OMB No	1545-005

2010

Department of the Treasury \*
Internal Revenue Service

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

For	calend	lar year 2010, or tax year beginning		07-01 , 2010,	and endir	ng	06-	30 , 20 11
G (	Check a	Il that apply Initial return	Initial reti	urn of a former public	charity		Final return	
		Amended return	n Addr	ess change	Name o	hange		
N.	ame of fou	undation				A Employer ide	ntification number	
L	.P. &	TERESA ANDERSON FOUNDATIO	ON			81-0479	060	
N	umber and	street (or P O box number if mail is not delivered	d to street address)	Ro	oom/suite	B Telephone n	umber (see page 10 of the in	structions)
P	о вох	190				(406) 23	2-3920	
		, state, and ZIP code				<del>                                     </del>	application is pending, che	ck here
м	ILES	CITY, MT 59301				1	organizations, check here	
			ction 501(c)(3) exempt priv	ate foundation		2 Foreign o	organizations meeting the 85	% test,
.,		on 4947(a)(1) nonexempt charitable tru		axable private founda	tion	check he	re and attach computation	
			J Accounting method		Accrual	E if private for	indation status was terminat (b)(1)(A), check here	ed under
		rear (from Part II, col. (c),	Other (specify)		100/001	section 507	(b)(1)(A), Gleck here	- ( )
	ine 16)	` '	(Part I, column (d) must be	e on cash hasis )		F If the found	ation is in a 60-month termin on 507(b)(1)(B), check here	ation
$\overline{}$				c on cash basis )		under section	on 507(b)( 1)(b), check here	
P	art I	Analysis of Revenue and Ex amounts in columns (b), (c), and (d) may not nee		(a) Revenue and	(b) Net	investment	(c) Adjusted net	(d) Disbursements for charitable
		the amounts in column (a) (see page 11 of the in	,	expenses per books	1 ''	come	income	purposes (cash basis only)
_	T-				<del> </del>			(Casil basis offly)
	1	Contributions, gifts, grants, etc., received	F					
	1	Check ► X if the foundation is not requ	F	<del></del>	<del> </del>			
		Interest on savings and temporary cas	t t	10 663	<del> </del> -	12 663	<del></del>	<del></del>
	4	Dividends and interest from securities	- L	12,663	<u> </u>	12,663		
	1	Gross rents · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • •		ļ			<del></del>
R	1	Net rental income or (loss)		10.24				
е	1	Net gain or (loss) from sale of assets i		(8,34)	9)			
e n	b		71,605		ļ			
	7	Capital gain net income (from Part IV,	,		ļ			- <del></del>
u	8	Net short-term capital gain · · · ·			<u> </u>			<del></del>
Е	9	Income modifications • • • • • •	• • • • • • • • • • •					
	1	Gross sales less returns and allowances • •						
		Less Cost of goods sold · · · · ·	<u> </u>					
	С	Gross profit or (loss) (attach schedule	) • • • • • • • •					
	11	Other income (attach schedule)	TILL STM106	1,311	L			
	12			5,628	3	12,663		
	13	Compensation of officers, directors, tr						
,	14	Other employee salaries and wages	∜ ∙ 2:0ଶ• • ∤ଦ୍∤ • • •					
		Pension plans, employee benefits		_				
e v e n u e Administratione Expe	' <sup> </sup> 16a	Legal fees (attach schedule)	\$TM108					
	ט  י	Legal fees (attach schedule) Accounting fees (attach schedule)	STM109	3,83	1	2,556		1,278
p:	s   c	Other professional fees (attach sched		2,26	5	1,510		755
		Interest · · · · · · · · · · · · · · · · · · ·						
а	18	Taxes (attach schedule) (see page 14	of the instructions) • •	6	7		67	
1 1	19	Depreciation (attach schedule) and de	epletion • • • • • •					
		Occupancy · · · · · · · · · · ·		2,48	7	1,659		828
	24	Travel, conferences, and meetings .		6	8	34		34
	3	Printing and publications • • • • •						
d l	9	Other expenses (attach schedule) •	STMIUS	1,45	i	242	· · · · · · · · · · · · · · · · · · ·	173
		Total operating and administrative			<del> </del>			
7011	ā	Add lines 13 through 23 · · · · ·	•	10,17:	2	6,001	67	3,068
		Contributions, gifts, grants paid • •		23,900		-,		23,900
5	*  <sub>2</sub> _	Total expenses and disbursements		34,07		6,001	67	
6	27	Subtract line 26 from line 12		34,072	<del> </del>	3,001	0 /	20,900
NOV	1 "	Excess of revenue over expenses a	and dishursaments -	(28,44	ما			
Z	a b	Net investment income (if negative,		(20,44	1'	6,662	<del></del>	<u></u>
	- !	Adjusted net income (if negative, en			<del> </del>	0,002		
W.	C Paper	rwork Reduction Act Notice, see pag		<u> </u>	<del></del>			200 57 (22:2:
ے	· rape	mon neudolion Act Nolice, see pag	ie en ei me manachous.			EEA		Form 990-PF (2010)

Cert # 9405 5036 9930 0285 4502 16



Part I	Cash - non-interdst-bearing	End of y	/ear	
- alt II	should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	· · · · · · · · · · · · · · · · · · ·	26,938	16,050	16,050
2	Savings and temporary cash investments · · · · · · · · · · · · · · ·			
3	Accounts receivable 1,311			
	Less allowance for doubtful accounts		1,311	1,311
4	Pledges receivable			
	Less allowance for doubtful accounts			
5		<del></del>		<del></del>
6	La company de			
A	· · · · · · · · · · · · · · · · · · ·			
ſ	· · · · · · · · · · · · · · · · · · ·			
<b>-</b>				
e   t   g				
s	<b>-</b>			
9	· · ·	250	183	183
10a	Investments - U.S. and state government obligations (attach schedule)			
t	Investments - corporate stock (attach schedule) · · · · STM137	434,425	403,230	438,364
0	: Investments - corporate bonds (attach schedule)			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans · · · · · · · · · · · · · · · · · · ·			
13				
14				
	<del></del>			
15	Ecos decamated depression (and or locally)			
	· · · · · · · · · · · · · · · · · · ·	<del></del>	<del></del>	
''		461 613	420,774	455,908
17		401,013	405	433,300
i   .	i i i i i i i i i i i i i i i i i i i	20 200		
2		20,300	7,500	
13	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·			
į 21				
e 22	· · · · · · · · · · · · · · · · · · ·			
s 23	Total liabilities (add lines 17 through 22) · · · · · · · · · · · · · · · · · ·	20,300	7,905	
	Foundations that follow SFAS 117, check here · · · · · • X			
N F 24	· -	441 313	412,869	
6 n 22	<u> </u>	441,313	412,005	
n	<b>-</b>			
d 26	· — ·			
A	· · · · · · · · · · · · · · · · · · ·	1		
S B	· ·			
e 1 2/				
~ ~	Paid-in or capital surplus, or land, bldg, and equipment fund • • • [			
<sup>S</sup> n 29	Retained earnings, accumulated income, endowment, or other funds			
	Total net assets or fund balances (see page 17 of the			
o s	instructions) · · · · · · · · · · · · · · · · · · ·	441,313	412,869	
31	Total liabilities and net assets/fund balances (see page 17			
	of the instructions)	461,613	420,774	
Part	III Analysis of Changes in Net Assets or Fund Balance	es		
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line			-
	l-of-year figure reported on prior year's return)			441,313
2 Ent	er amount from Part I, line 27a · · · · · · · · · · · · · · · · · · ·	. <i>.</i>	2	(28,444
	er increases not included in line 2 (itemize)		3	
			4	412,869
	creases not included in line 2 (itemize)		5	··
	al net assets or fund balances at end of year (line 4 minus line 5) - Part II,	column (b), line 30 · · · ·		412,869
		EEA		Form 990-PF (2010
		•		

Part IV Capital Gains	and Losses for Tax on Inve	stment Income	)		
' (a) List and describe	e the kind(s) of property sold (e g , real estate, ouse, or common stock, 200 shs MLC Co )		(b) How acquired P-Purchase D-Donation	(c) Date acquired (yr, mo, day)	(d) Date sold (yr , mo day)
1a 630 SH CLAVERT G	LOBAL ALTERN ENERGY		P	2009-06-26	2010-11-19
b 4787 SH CALVERT	GLOBAL ALTERN ENERG		P	2009-06-26	2010-11-29
c 136 SH 1ST EAGLE	OVERSEAS FUND		P	2009-06-29	2011-03-11
d 1148 SH INCOME FO	JND OF AMERICA		P	2003-10-17	2011-05-17
e 291 SH WASHINGTO	MUTUAL		P	2003-10-17	2010-11-02
(e) Gross sales pnce	(f) Depreciation allowed (or allowable)	(g) Cost or other plus expense			Gain or (loss) s (f) minus (g)
a 5,004			5,817		(813)
ь 36,089			44,183		(8,094)
c 3,004			2,325		679
d 20,004			19,823	-	181
e 7,504			4,804		2,700
Complete only for assets sho	owing gain in column (h) and owned	by the foundation or	n 12/31/69		
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess o		col (k), but no	Col (h) gain minus ot less than -0-) or (from col (h))
a	<del></del>				(813)
b					(8,094)
С					679
d					181
е					2,700
• •	et canital inee)		ne 7 }	2	(8,346)
(For optional use by domestic pri If section 4940(d)(2) applies, lear Was the foundation liable for the If "Yes," the foundation does not	vate foundations subject to the sective this part blank section 4942 tax on the distributable qualify under section 4940(e) Do not in each column for each year, see	e amount of any yea to complete this part	et investment inc ir in the base per	come )	Yes X No
(a)	Threach column for each year, see	page 16 of the illistic	actions before in	aking any entities	(d)
Base period years Calendar year (or tax year beginning i	, , , , , , , , , , , , , , , , , , , ,		(c) onchantable-use asse	ts (col (t	istribution ratio b) divided by col (c))
2009	23,0		424,		0.054355
2008	9,	736	404,	708	0.024057
2007	26,2	201	625,	108	0.041914
2006	26,0	000	669,	461	0.038837
2005	32,0	085	617,	797	0.051935
3 Average distribution ratio for	the 5-year base period - divide the ti	otal on line 2 by 5, o	or by the		0.211098
4 Enter the net value of nonch	arıtable-use assets for 2010 from Pa	art X, line 5		4	433,328
5 Multiply line 4 by line 3 · ·				5	18,295
6 Enter 1% of net investment i	ncome (1% of Part I, line 27b) • • •			6	67
7 Add lines 5 and 6 · · · ·				7	18,362
	from Part XII, line 4				26,968
Part VI instructions on page	than line 7, check the box in Part V	i, line ib, and comp	ete that part usir	ng a 1% tax rate S	ee tne

Par	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the ins	tructio	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1	_		
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			67
	here ▶ X and enter 1% of Part I, line 27b · · · · · · · · · · · · · · · · · · ·			
С	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			0
3	Add lines 1 and 2			67
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) • 4			O
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- · · · · · · · · 5			67
6	Credits/Payments			_
а	2010 estimated tax payments and 2009 overpayment credited to 2010 · ·   6a   250			
b	Exempt foreign organizations - tax withheld at source · · · · · · · · · · · · · · · 6b			
С	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			250
8	Enter any penalty for underpayment of estimated tax. Check here I if Form 2220 is attached • • • • • 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed • • • • • • • • • • • • • • • • • • •			
10	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			183
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ 183 Refunded ▶ 11			
	t VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		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 page 19			
	of the instructions for definition)?	1b		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			- 23
	published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			- 11
_	(1) On the foundation ►\$ (2) On foundation managers ►\$			
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		Х
_	If "Yes," attach a detailed description of the activities	-		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year? • • • • • • • • • • • • • • • • • • •	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
•	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6		Х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
, 8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the	- +	Λ	
va	instructions) MT			
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation ••••••••••••••••••••••••••••••••••••	8b	v	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	90	X	
3	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV · · · · · · · · · · · · · · · · · · ·	9		\ <sub>V</sub>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	3	_	X
10	names and addresses	10		\ <sub>V</sub>
	numbo uno undicessos	וטו		X

L.P. & TERESA ANDERSON FOUNDATION

Form 990-PF (2010)

EEA

81-0479060

Form	990-PF (2010) L.P. & TERESA ANDERSON FOUNDATION 81-0479	060	F	age 5
Pai	t VII-A Statements Regarding Activities (continued)			<u> </u>
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions)	11		LX_
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		_ X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? • •	13	X	
	Website address   N/A			
14	The books are in care of ▶ SANDRA K ANDERSON Telephone no ▶ 406-	232-3	920	
	Located at ▶ PO BOX 190 MILES CITY, MT ZIP+4 ▶ 593	301		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here · · · · · · · · · · · · · · · · · ·			
	and enter the amount of tax-exempt interest received or accrued during the year · · · · · · · · ▶ 15			
16	At any time during calendar year 2010, 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		<u> </u>
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter			
	the name of the foreign country			
Pa	t VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? · · · · · · · Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		1	,
	disqualified person? $\cdots$ Yes $\overline{X}$ No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? • • • • • • Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? $\cdots$ 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)? · · · · · · · · · · · · · · · · · · ·		1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			Ì
	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 ) · · · · · · · · · · · · · · · · · ·			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	ŀ		
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? • • • • • • • • • • • • • • • • • • •	1b	ļ	
	Organizations relying on a current notice regarding disaster assistance check here · · · · · · · · · ▶			
С	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 2010?	1c	ļ	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 2010, did the foundation have any undistributed income (lines 6d and			İ
	6e, Part XIII) for tax year(s) beginning before 2010?			
_	If "Yes," list the years , 2007 , 2009	ì		
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 22 of the instructions )	2b	<del>                                     </del>	X
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
_				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2010 )	3b	-	<del> </del>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? • • • •	4a		<u> </u>
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 2010? • • •	4b	1	ΙX

Par	t VII-B	Statements Regarding Activities	s for W	hich Form	1 4720	May Be F	Require	ed (co	ontinued)			
5a	During t	he year did the foundation pay or incur any a	mount to	)		<u>-</u>	•					
	(1) Carr	y on propaganda, or otherwise attempt to inf	luence le	egislation (sec	tion 494	5(e))? · ·	• • •	Yes	X No			
	(2) Influ	ence the outcome of any specific public elec	tion (see	section 4955	), or to c	carry on,						
directly or indirectly, any voter registration drive? • • • • • • • • • • • • • • • • • • •								ŀ				
	(3) Prov	ride a grant to an individual for travel, study,	or other s	sımılar purpos	es?··			Yes	X No	ļ		
	(4) Prov	vide a grant to an organization other than a c	haritable	, etc , organiza	ation de	scribed in	,	_		1		
	sect	ion 509(a)(1), (2), or (3), or section 4940(d)(2	2)? (see ¡	page 22 of the	instruc	tions) · · ·		Yes	X No			
	(5) Prov	vide for any purpose other than religious, cha	ritable, s	cientific, litera	ry, or ed	ducational	,					
	purp	oses, or for the prevention of cruelty to child	ren or an	ıımals? • •				Yes	X No			
b	If any ar	nswer is "Yes" to 5a(1)-(5), did any of the trai	sactions	s fail to qualify	under ti	he exception	s descri	bed in				
	Regulati	ons section 53 4945 or in a current notice re	garding o	disaster assist	ance (se	ee page 22 c	of the ins	tructions	3)?	5b		
	Organiza	ations relying on a current notice regarding d	ısaster a	ssistance che	ck here				. ▶ 🔲			
С		swer is "Yes" to question 5a(4), does the fou										
	because	e it maintained expenditure responsibility for t	he grant	?				Yes	No			
	If "Yes,"	attach the statement required by Regulation	s section	n 53 4945-5(d)	1		,				<b>i</b>	
6a		foundation, during the year, receive any fund				premiums						
	on a per	sonal benefit contract?						Yes	X No	ļ		
b	Did the	foundation, during the year, pay premiums, d	rectly or	indirectly, on	a perso	nal benefit c	ontract?	<u> </u>	• • • • •	6b		Х
		to 6b, file Form 8870										
7a	At any t	me during the tax year, was the foundation a	party to	a prohibited to	ax shelt	er transactio	n? •	Yes	X No			
b	If yes, d	id the foundation receive any proceeds or ha	ve any n	et income attr	ibutable	to the trans	action?			7b		
Pai	t VIII	Information About Officers, Dire	ctors.	Trustees.	Found	ation Mar	nagers	. Highi	v Paid	Emplo	vees	
		and Contractors	•	•			•	, ,	•	•		
1 L	ist all of	ficers, directors, trustees, foundation mar	agers a	nd their com	pensati	on (see pag	e 22 of	the instr	uctions).			
		(a) Name and address		e, and average s per week		mpensation paid, enter		Contributio			ense acc	
		(a) Name and address		d to position	(ii iick	-0-)		erred compo		other a	allowance	es 
SAN	DRA K	ANDERSON	PRESI	DENT	STM	A01						
PO 1	BOX 19	0 MILES CITY, MT 59301		2		0			0			0
JEF:	FREY A	HUNNES	SECRET	<b>FARY</b>	STM	102						
		77 BILLINGS, MT 59101		1		0			0			0
	OT A P		TREAS	JRER	STM	403						
PO 1	BOX 11:	34 MILES CITY, MT 59301		1		0			0			0
										<u> </u>		
	•	ation of five highest-paid employees (other	er than t	hose include	d on lin	ie 1 - see pa	ge 23 o	f the ins	tructions	)		
!·	f none, e	nter "NONE."				•						
				(b) Title, and a	verage			(d) Contr employe	ibutions to	(e) Evo	ense acc	ount
	(a) Name	and address of each employee paid more than \$50,000		hours per we devoted to pos		(c) Comper	nsation	plans and	l deferred		ilowance	
								compe	nsation			
NON	Ŀ											
										-		
										l		
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								ļ		<del> </del>		
Tata	Laumber	of other employees paid over \$50,000 · · ·										
ota	i number	or other employees paid over \$50,000 • • •		<del></del>	• • • •				• • • •	L		

L.P. & TERESA ANDERSON FOUNDATION

Form 990-PF (2010)

81-0479060

Form 990-PF (2010) L.P. & TERESA ANDERSON FOUNDATION		1-0479060 Page 7
Part VIII Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional services (see pag	e 23 of the instructions). If non	e, enter "NONE."
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
Total number of others receiving over \$50,000 for professional services · · · · · ·		<b>&gt;</b>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inforoganizations and other beneficiaries served, conferences convened, research papers produced, etc.	mation such as the number of	Expenses
1 N/A		
2		
3	4	
4		
Part IX-B Summary of Program-Related Investments (see page 2	24 of the instructions)	

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1	
2	
All other program-related investments See page 24 of the instructions	
3 STM142	
Total. Add lines 1 through 3	•

EEA

Form **990-PF** (2010)

Pai	Minimum Investment Return (All domestic foundations must complete this part. Foreign four see page 24 of the instructions.)	ndatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes		
а	Average monthly fair market value of securities	1a	432,080
b	Average of monthly cash balances	1b	7,437
c	Fair market value of all other assets (see page 25 of the instructions)	1c	1,311
d	Total (add lines 1a, b, and c)	1d	440,828
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) • • • • • • • • • • • • • • • • • • •		
2	Acquisition indebtedness applicable to line 1 assets • • • • • • • • • • • • • • • • • • •	2	0
3	Subtract line 2 from line 1d · · · · · · · · · · · · · · · · · ·	3	440,828
4	Cash deemed held for charitable activities  Enter 1 1/2% of line 3 (for greater amount, see page 25 of		
	the 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	433,328
6	Minimum investment return. Enter 5% of line 5 · · · · · · · · · · · · · · · · · ·	6	21,666
Pa	rt XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private op	erating	
	foundations and certain foreign organizations check here   and do not complete this part )		
1	Minimum investment return from Part X, line 6	1	21,666
2a	Tax on investment income for 2010 from Part VI, line 5 · · · · · · · ·   2a   67		
b	Income tax for 2010 (This does not include the tax from Part VI ) · · · · 2b 253		
С	Add lines 2a and 2b	2c	320
3	Distributable amount before adjustments Subtract line 2c from line 1 · · · · · · · · · · · · · · · · · ·	3	21,346
4	Recoveries of amounts treated as qualifying distributions • • • • • • • • • • • • • • • • • • •	4	
5	Add lines 3 and 4 · · · · · · · · · · · · · · · · · ·	5	21,346
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1 · · · · · · · · · · · · · · · · · ·	7	21,346
Pa	rt XII Qualifying Distributions (see page 25 of the instructions)		
		1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		06.060
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 · · · · · · · · · · · · · · · · · ·	1a	26,968
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes · · · · · · · · · · · · · · · · · ·	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	00.000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	26,968
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	67
6	Adjusted qualifying distributions. Subtract line 5 from line 4 · · · · · · · · · · · · · · · · · ·	6	26,901
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	the for	ındatıon
	qualifies for the section 4940(e) reduction of tax in those years		

Par	XIII Undistributed Income (see page 26 o	of the instructions)			
1	. Distributable amount for 2010 from Part XI,	(a) Corpus	(b) Years prior to 2009	<b>(c)</b> 2009	<b>(d)</b> 2010
	line 7 • • • • • • • • • • • • • • • • •				21,346
2	Undistributed income, if any, as of the end of 2010				
а	Enter amount for 2009 only • • • • • • • • • •			911	
b	Total for prior years 2004 ,		39,088		
3	Excess distributions carryover, if any, to 2010				
а	From 2005 • • • • • • • •				
b	From 2006 • • • • • • 1,337				
С	From 2007 • • • • • • • •				
d	From 2008 • • • • • • • •				
е	From 2009 • • • • • • •				
f	Total of lines 3a through e	1,337			
4	Qualifying distributions for 2010 from Part XII,				
	line 4 ▶\$ 26,968				
а	Applied to 2009, but not more than line 2a · · ·			911	
	Applied to undistributed income of prior years				
_	(Election required - see page 26 of the instructions)		4,096		
c	Treated as distributions out of corpus (Election		•		
Ū	required - see page 26 of the instructions) · · ·				
А	Applied to 2010 distributable amount · · · · ·				21,346
	Remaining amount distributed out of corpus · · ·	615			
е 5	Excess distributions carryover applied to 2010 •				<del></del>
5	(If an amount appears in column (d), the same				
	amount must be shown in column (a)				
_	ı				
6	Enter the net total of each column as				
	Indicated below:	1 052			
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5 -	1,952			
b	Prior years' undistributed income Subtract		24 000		
	line 4b from line 2b · · · · · · · · · · · ·		34,992		
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount - see page 27 of the instructions		34,992		
е	Undistributed income for 2009 Subtract line				
	4a from line 2a Taxable amount - see page				
	27 of the instructions • • • • • • • • • • • • •				
f	Undistributed income for 2010 Subtract lines				
	4d and 5 from line 1 This amount must be				
	distributed in 2011				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the		İ		
	instructions) · · · · · · · · · · · · · · · · · · ·				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the				
	instructions) · · · · · · · · · · · · · · · · · · ·				
9	Excess distributions carryover to 2011.				
	Subtract lines 7 and 8 from line 6a · · · · · ·	1,952			
10	Analysis of line 9	,			
	Excess from 2006 1 , 337				
b	Excess from 2007 · · · · ·				
	Excess from 2008 · · · · ·				
d	Excess from 2009 · · · ·				
a	Excess from 2010				

Ω1	_0	Δ.	7 Q	n	6	ſ

<u>Part</u>	XIV Private Operating Found	lations (see page	27 of the instructions	and Part VII-A, question	on 9)		
1a	If the foundation has received a ruling or						
	foundation, and the ruling is effective for	2010, enter the date	e of the ruling · · ·		<b>&gt;</b>		
b	Check box to indicate whether the found	ation is a private ope	erating foundation des	scribed in section	4942(j)(3) or	4942(j)(5)	
2a	Enter the lesser of the adjusted net	Tax year	T	Prior 3 years	<u> </u>	T	
	income from Part I or the minimum	(a) 2010	<b>(b)</b> 2009	(c) 2008	(d) 2007	(e) Total	
	each year listed	<u></u>		(4) = 3.5	(-)		
b	85% of line 2a · · · · · · · ·						
	<u> </u>						
С	Qualifying distributions from Part XII, line 4 for each year listed • • • • •					<del> </del>	
d	Amounts included in line 2c not used directly for active conduct of exempt activities						
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c · · ·						
3	Complete 3a, b, or c for the						
	alternative test relied upon						
а	"Assets" alternative test - enter (1) Value of all assets						
				_			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i) · · · ·						
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in						
	Part X, line 6 for each year listed						
С	"Support" alternative test - enter						
	(1) Total support other than gross						
	investment income (interest,						
	dividends, rents, payments on securities loans (section						
	512(a)(5)), or royalties) • • • •				,		
	(2) Support from general public						
	and 5 or more exempt						
	organizations as provided in section 4942(j)(3)(B)(iii) · · · ·						
	section 4942(J)(5)(B)(III) • • • •			···	-		
	(3) Largest amount of support from an exempt organization • • • •						
	(4) Gross investment income · · ·						
Part	rt XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at						
· uit	any time during the year - see page 28 of the instructions.)						
1	Information Regarding Foundation M		r the motraction	.,			
a	List any managers of the foundation who	_	nore than 2% of the to	otal contributions receive	ed by the foundation		
_	before the close of any tax year (but onl	y if they have contrib	outed more than \$5,00	00) (See section 507(d)	)(2) )		
	NONE						
	NONE ,						
b	List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest						
		,,		,			
	NONE,						
		Crost Cift Loop 6	Cabalarahin ata De				
2	Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:						
	Check here ▶ ☐ if the foundation only		•	-	· · · · · · · · · · · · · · · · · · ·		
	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or						
	organizations under other conditions, complete items 2a, b, c, and d  The name, address, and telephone number of the person to whom applications should be addressed						
а	•	iber of the person to	wnom applications si	nould be addressed			
	990APP						
b	The form in which applications should b	e submitted and info	ormation and materials	s they should include			
С	Any submission deadlines						
	Any restrictions or limitations on awards	s such as hy geogra	inhical areas, charitah	ile fields, kinds of institu	itions or other		
d	factors	, audii aa by geogra	pinoai aicas, Ciidii(dD	ne neius, kinus Vi institt	mone, or other		

Part XV | Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or contribution Recipient show any relationship to any foundation manager or substantial contributor status of Amount recipient Name and address (home or business) a Paid during the year SEE SCHEDULE ATTACHED 16,400 За 16,400 **b** Approved for future payment SEE SCHEDULE ATTACHED 7,500 7,500 3b Total

	-A   Analysis of income-Floudcing A	Cuvines		<del></del>	<del></del>	
Enter gross	amounts unless otherwise indicated	Unrelated (a) Business	(b) Amount	(c)	(d) Amount	(e)  Related or exempt function income (See page 28 of
1 Progran	n service revenue	code	Anount	code	Amount	the instructions )
a N/A	A					<del> </del>
b		· · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·	<del></del>
С				1	<del></del>	
d			· · · · · · · · · · · · · · · · · · ·			
е ——						
f				<del>                                     </del>		
g Fees	and contracts from government agencies · · ·				· · ·	
-	rship dues and assessments · · · · · · · ·	<del></del>		<del> </del>		
	on savings and temporary cash investments •					
	ds and interest from securities · · · · · · ·				<del></del>	
	tal income or (loss) from real estate					
	t-financed property					
	debt-financed property					-
	tal income or (loss) from personal property · · ·			+ +		-
	estment income • • • • • • • • • • • • • • • • • • •			+ +		
•	(loss) from sales of assets other than inventory-	-		+ +		-
	ome or (loss) from special events · · · · · ·			<del></del>		ļ
	profit or (loss) from sales of inventory · · · ·			<del></del>		
	· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del>                                     </del>		
	evenue a	ļ	·			
		<del>                                     </del>				
		<b></b>				
d		-				
e		<del></del>				
	al Add columns (b), (d), and (e)	1	· · ·	<u> </u>		
	Add line 12, columns (b), (d), and (e)		• • • • • • • •		13	
	heet in line 13 instructions on page 29 to verify ca					
Part XVI	-B Relationship of Activities to the					
Line No.	Explain below how each activity for which inc					
▼	accomplishment of the foundation's exempt	purposes (otl	ner than by providii	ng funds for such	purposes) (See pa	ge 29 of the
	instructions )					
1A	N/A			2 100		
-						-
						<del></del>
					· · · · · · · · · · · · · · · · · · ·	
				-		
				<del></del>	<del> </del>	
			<del></del>			
	-					
			-			

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable

			<u>ganizations</u>						,		
1	Did the or	ganızation dıre	ctly or indirectly enga	age in any of the following with	n any other org	anization d	escribed	t		Yes	No
	ın section	501(c) of the C	Code (other than sect	tion 501(c)(3) organizations) c	r in section 52	7, relating t	o politic	al			
	organizati	ons?									İ
а	Transfers	from the repor	ting foundation to a r	noncharitable exempt organiza	ition of						
	(1) Cash								1a(1)		X
									1a(2)		X
h	Other tran										
U			nanaharitahla ayama	ot organization · · · · · ·					45/4)		\ \v_
									1b(1)		X
				e exempt organization · · ·					1b(2)		X
				ssets • • • • • • • • • • • • • • • • • • •					1b(3)		X
									1b(4)		X
									1b(5)		<u>X</u>
				or fundraising solicitations •					1b(6)		X
С	Sharing o	f facilities, equi	pment, mailing lists,	other assets, or paid employe	es · · · ·	• • • • •			1c		X
d	If the answ	wer to any of th	ie above is "Yes," co	mplete the following schedule	Column (b) s	hould alway	ys show	the fair market			
	value of the	ne goods, othe	r assets, or services	given by the reporting founda	tion If the foun	ndation rece	ived les	s than fair marl	ket		
	value in a	ny transaction	or sharing arrangeme	ent, show in column (d) the va	alue of the goo	ds, other as	sets, o	r services receiv	/ed		
(a) Lir	ne no (b) A	Amount involved	(c) Name of none	charitable exempt organization	(d) Descri	ption of transfe	ers, transa	ctions, and sharing	arranger	nents	
			· · · · · · · · · · · · · · · · · · ·		-						
						<del>-</del>					
										-	
				<del></del>							
					_						
				•							
2a	Is the fou	ndation directly	or indirectly affiliate	d with, or related to, one or m	ore tax-exempt	t organization	ons				
	described	I in section 501	(c) of the Code (other	er than section 501(c)(3)) or in	section 527?				Ye	es 🔀	Nο
b			llowing schedule						_		_
		(a) Name of organi		(b) Type of organization	, 1		(c) De	scription of relations	hip		
	<u>'</u>	(a) Harrie or organi	201011	(2) 1) 10 01 01 921112410	`		(-,				
								· · · · · · · ·			
							· ·				
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	_										
	Lucia		Notes that the construction		bodulos and a	totomonto one	t to the he	et of my kogydodag	and		
e:	مناها ا			ned this return, including accompanying preparer (other than taxpayer or fiducion							
Sig	n ,	11/	DI		11/11	/		•			
Hei	re 📗 💃	www.	15-100	elo,	1////	/// <b>\</b> .		rees_			
	8/9r	nature of officer or to	rustee		Date ´		Title	<del></del>			
D - :	٦//	Print/Type prepa	rer's name	Preparer's signature		Date		Check X If	PTIN		
Pai		Mary L Pa	rtridge	Mary S. Fart	redge 1	1-14-20	11	self-employed			
Pre	parer	Firm's name	Mary L Part	ridge CPA	0		Firm's El	N Þ		<b></b>	
Use	Only	Firm's address	▶ 615 Main St	POB 302			Phone no				
	,		Miles City	MT 59301				406-874-3	3500		
		<del></del>	<del>-</del>							00 DE	(2010)

#### L P AND TERESA ANDERSON FOUNDATION ATTACHMENT TO FORM 990-PF FISCAL YEAR ENDED JUNE 30, 2011 TIN 81-0479060

#### PART XV - SUPPLEMENTARY INFORMATION--

Grant Awards and Contributions Paid During the Year or Approved for Future Payment

Line 3(a) - Paid during the year

#### **GRANT AWARDS AND CONTRIBUTIONS FUNDED**

Name and Address	Foundation Status	Area of Interest	Purpose of Contribution	Amount			
All awards and contributions approved and moneys paid by June 30, 2011 for the Fiscal Year.							
Developmental Educational Assistan (DEAP) Custer, Rosebud & Prairie Counties		Social Services	On going Program Support Senior Caregiver Respite Program	7,500			
Eastern Montana CASA/GAL Miles City, MT	501(c)(3)	Social Services/ Youth at Risk	Capacity Building & Recruitment Project	5 000			
Mt Dept of Justice Miles City, MT	Gov't Agency	Social Services/ Youth Services	Southeasten MT Prescription Drug Abuse Media Campaign	3,000			
Total - Grants Awarded during Fiscal Year							
Discretionary Contributions							
Betty Stabio Memorial Rosebud County Health Foundation Rosebud, MT	501(c)(3)	Social Services	On going Program Support	100			
Archie Stabio Memorial Rosebud County Health Foundation Rosebud, MT	501(c)(3)	Social Services	On going Program Support	100			
Bill Norsby Memorial Miles City Area Boy Scouts Miles City Area Girl Scouts Miles City, MT	501(c)(3)	Youth Programming	On going Program Support	100 100			
Gladys Cain Memorial Range Riders Museum Miles City, MT	501(c)(3)	Social Services	Proneer Home Support	500			
Total - Discretionary Contribution Funding							
Total Grant Awards and Contributions Paid During Fiscal Year							
Line 3(b) - Approved for Future Payment							
		Y ending June 30, 2011, and mon d within 2 1/2 months after end of					
Fitch Foumdation of Montana Miles City, MT	501(c)(3)	Social Services/ Youth Services	Brett Fitch Memorial Skate Park	7,500			
ר	Total Grant Awards and	Contributions Funded During Fig	scal Year	23,900			

#### 2010 PG 01 Federal Supporting Statements Your Social Security Number Name(s) as shown on refurn L.P. & TERESA ANDERSON FOUNDATION 81-0479060

FORM 990PF, PART XV, LINE 2 APPLICATION SUBMISSION INFORMATION 990APP

GRANT PROGRAM

SEE GRANT GUIDELINES

APPLICANT NAME

SANDRA K ANDERSON

**ADDRESS** 

PO BOX 190

MILES CITY MT 59301

TELEPHONE

406-232-3920

FORM & CONTENT

IN ORDER TO BE CONSIDERED, THE ORGANIZATION IS ASKED TO PLEASE CONTACT THE FOUNDATION FOR THE GRANT APPLICATION AND GUIDELINES. THE APPLICATION INCLUDES THE REQUIREMENT OF A CONCISE PROPOSAL NARRATIVE. THIS NARRATIVE MUST INCLUDE THE ORGANIZATION'S READINESS TO COMPLETE THE PROJECT. THE GUIDELINES ARE ATTACHED TO THIS RETURN OR MAY BE REOUESTED FROM ADDRESS ABOVE.

#### SUBMISSION DEADLINE

SEPTEMBER 1 AND MARCH 1

#### RESTRICTIONS ON AWARD

RESTRICTED TO TAX EXEMPT ORGANIZATIONS OPERATING IN MONTANA WITH PREFERENCE GIVEN TO MILES CITY & CUSTER COUNTY. AREAS OF INTEREST -- YOUTH PROGRAMS WHICH INCLUDE YOUTHS AT RISK, SOCIAL SERVICE PROGRAMS, HISTORICAL PRESERVATION PROGRAMS, AND DISASTER VICTIM RELIEF.

# Federal Supporting Statements Name(s) as shown on return L.P. & TERESA ANDERSON FOUNDATION 81-0479060

### FORM 990PF, PART II, LINE 10(B) INVESTMENTS: CORPORATE STOCK SCHEDULE

STATEMENT #137

CATEGORY	BOY	BOOK VALUE	EOY FMV
CALVERT GLOBAL ALERNT ENGY C 1ST EAGLE OVERSEAS FUND C INCOME FUND OF AMERICA C INTL GROWN INCOME C WASHINGTON MUTUAL INV FUND C	50,000 53,480 140,734 54,903 135,308	89,132 127,442 57,052 129,604	109,348 126,052 73,061 129,903
TOTALS	434,425	403,230	438,364

FORM 990PF, PART IX-B, LINE 3
ALL OTHER PROGRAM-RELATED INVESTMENTS

PG 01 STATEMENT #142

DESCRIPTION NONE

AMOUNT

0

PG01

FORM 990PF, PART VIII COMPENSATION EXPLANATION

NAME

SANDRA K ANDERSON

**EXPLANATION** 

SERVES WITHOUT COMPENSATION

	Federal Supporting Statements	2010 <sub>PG01</sub>
Name(s) as shown on return		FEIN
L.P. & TERE	SA ANDERSON FOUNDATION	81-0479060

FORM 990PF, PART VIII COMPENSATION EXPLANATION

NAME

JEFFREY A HUNNES

**EXPLANATION** 

SERVES WITHOUT COMPENSATION

PG01

FORM 990PF, PART VIII COMPENSATION EXPLANATION

NAME

JOHN A TOOKE

**EXPLANATION** 

SERVES WITHOUT COMPENSATION

		Federal Su	Federal Supporting Statements	nents	2010 PG 01	
Name(s) as shown on return L P. & TERESA ANDERSON FOUNDATION	NO				Your Social Secunify Number 81 – 047 90 60	
	FORM 990PF, PART	e, PART I, LINE 23	- OTHER EXPENSES SCHEDULE	снерите	STATEMENT #103	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
DUES INSURANCE MISCELLANEOUS EXPENSES OFFICE SUPPLIES POSTAGE INVESTMENT SERVICE CHARGES TOTALS	65 971 176 121 105 13	0 0 117 60 52 52 13	00000	0 0 59 61 53 0 0		
DESCRIPTION	FORM 990 REVENUE AND EXPENSES	FORM 990PE, PART I, LINE 11 - OTHER INCOME SCHEDULE UE NET ADJUSTED NSES INVESTMENT NET INCOME	1 - OTHER INCOME & ADJUSTED NET INCOME	снерот.	PG 01 STATEMENT #106	
WORKERS COMP AUDIT CREDITS TOTALS	1,311	0	0 0			
·						

		Federal Su	Federal Supporting Statements	nents	2010 PG 01
Name(s) as shown on return L.P. & IERESA ANDERSON FOUNDATION	OUNDATION				Your Social Security Number 81-0479060
	FORM 990PF, PART	PART I, LINE 16(B)	) - ACCOUNTING FEES SCHEDULE	SCHEDULE	STATEMENT #108
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
ACCOUNTING FEES	3,834	2,556	0	1,278	
TOTALS	3,834	2,556	0	1,278	
	FORM 990PF, PAI	FORM 990PF, PART I, LINE 16(C) -	- OTHER PROFESSIONAL FEES SCHEDULE	FEES SCHEDULE	PG 01 STATEMENT #109
DESCRIPTION BOOKKEEPING & SECRETARIAL SERV	REVENUE AND EXPENSES AL SERV 2,265	NET INVESTMENT 1,510	ADJUSTED NET INCOME	CHARITABLE PURPOSE 755	
TOTALS	2,265	1,510	0	755	
	FORM	FORM 990PE, PART I, LINE 18	E 18 - TAXES SCHEDULE	ULE	PG 01 STATEMENT #110
DESCRIPTION FEDERAL TAX	REVENUE AND EXPENSES 67	NET INVESTMENT	ADJUSTED NET INCOME 67	CHARITABLE PURPOSE 0	
TOTALS	67	0	67	0	
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## L. P. AND TERESA ANDERSON FOUNDATION GRANT APPLICATION — GUIDELINES & PROCEDURES

Thank you for your interest in the L. P. AND TERESA ANDERSON CHARITABLE FOUNDATION. We are pleased to offer you our GRANT APPLICATION GUIDELINES AND PROCEDURES and also welcome interested others to request them. We value community involvement and are honored to have the opportunity to join with charitable organizations in shared goals for the betterment of our communities.

#### **BACKGROUND / MISSION**

The L. P. and Teresa Anderson Foundation was founded in 1993 in loving memory of Teresa Anderson in order for the family to contribute to the community where L. P. and Teresa Anderson grew up and were afforded opportunities to raise their family and build their businesses.

The Anderson Foundation is designed to grant financial support to selected community projects submitted by eligible tax-exempt organizations serving Montana with preference given to Miles City and Custer County. The Foundation wishes to stimulate proposals for innovative and effective solutions to local needs and problems; with the potential for leaving an ongoing impact on the development and economics of the local community; submitted by charitable organizations having the capacity for successful implementation and management.

Of special interest to the Foundation are charitable projects which address the positive development of youth; extend assistance and access to those in need with goals leading towards self-sufficiency; preserve the historical heritage of the local area; or provide disaster and emergency relief.

#### WHAT WE FUND

The Foundation plans to grant approximately \$15,000 - 25,000 annually in interest income. Grant awards have generally ranged between \$500 up to \$5,000, although we accept applications for up to \$7,500 where the

scope is very comprehensive and the impact extensive.

Grants for all our Areas of Interest are ordinarily made for these three general purposes:

- As start-up funding for new programs or new special projects that address priority needs or problems (may include planning efforts)
- As expansion funding to enable successful programs or projects to serve broader populations
- As funding to strengthen the existing operations or projects of small and moderate sized nonprofit organizations that are providing exemplary services

Whenever possible, we will favor 1) first-time requests 2) from smaller organizations which demonstrate: a) Excellence in providing services but are not yet adequately funded; and b) Predominant or full use of requested grant funds for direct services rather than administration.

Pending available funds, repeat requests from organizations will be considered as a second priority to new applicants. To qualify, such an application needs to be for a new and different project or program; expansion to a new population; or a new and different phase of program or organizational development.

#### **SELECTION CRITERIA**

Our SELECTION CRITERIA are used to evaluate applications for selection and funding amounts. They are integrated into the Proposal Narrative section of this application for applicants to address accordingly.

#### **AREAS OF INTEREST**

Due to the limitations of the Foundation's resources and the desire to maximize potential impact, we saw a need to focus our grantmaking on the particular interests of the Founders. Thus, we generally accept applications which address one or more of the Areas

of Interest outlined below. We also welcome comments and suggestions regarding future priorities for our Foundation from all who share our commitment to a stronger community.

- Youth projects which enhance the skill levels and positive development of the community's youth and are inclusive of at-risk youth
- Social service projects for those in need which are designed to develop opportunities and skills for selfsufficiency
- Historical projects which preserve the diverse heritage of the community
- Disaster and emergency relief projects to assist victims to recover

#### WHO IS ELIGIBLE TO APPLY

To meet the Foundation's legal requirements and, therefore, to be eligible to apply for funding, an applicant must be:

- A nonprofit organization with <u>tax-exempt</u> status under Section 501(c)(3) of the Internal Revenue Code and not classified as a private foundation
- Located within and serving residents of Montana with preference given to Miles City and Custer County
- Operated and organized so it does not discriminate on the basis of race, ethnicity, creed, gender, age, national origin, disability or socioeconomic status in the provision of services or membership; hiring of staff; or selection of the governing body
- Nonpartisan, nonsectarian
  (A project may be considered from a religious organization if it serves the general public as opposed to only those of a particular religion/denomination, and it is designed to endeavor to serve a general charitable purpose rather than the promotion of particular religious/denominational beliefs and practices)

#### **HOW TO APPLY**

After reviewing these Guidelines and Procedures and determining your organization and project/program/operations (hereafter, project) are within the parameters, we invite you to submit an application.

We assume that, when you submit an application, your organization has made an organizational commitment to undertake your proposed plans. We, thus, discourage applications that are merely speculative in nature.

Regretfully, due to the number of needs and requests, the Foundation will

not have the resources to fully, or even partially, fund every request it receives. This, however, does not indicate a lack of appreciation for the merits or desirability of a worthwhile proposal. We, therefore, 1) recommend you consider sending your proposal to several other prospective funding sources. Also, we 2) encourage "matching grants" whereby the applicant commits to raising funds to match what we grant up to a 4 to 1 ratio. In fact, matching grants are generally regarded more favorably.

Only thorough and complete grant applications can be considered for funding. Incomplete applications will need to be completed and may delay consideration until the next funding cycle. An application is considered incomplete if it does not include the completed Cover Sheet signed and dated or the requested Cover Letter; has unaddressed points or questions within the Proposal Narrative; does not demonstrate adequate planning or the capacity to effectively carry out the proposed project; or is otherwise incomplete.

TO APPLY, please address each item below. Your application needs to be typewritten with page numbers on unbound  $8^{1/2}$  x 11 white paper. Each item to be numbered and responded to in the order here.

#### 1. Cover Sheet

Submit the completed, unaltered, typewritten Grant Application Cover Sheet contained within this packet.

#### **ELIGIBILITY REQUIREMENTS**

Copies of the following must be included in order for your application to be accepted for review:

#### 2. Cover Letter

Submit a cover letter on letterhead on behalf of your governing board signed by your chair or president of the board or your chief executive officer, indicating a) an organizational commitment to undertake the project as stated in your application, and b) support for requesting funding from our Foundation for this particular project. (Since we do not have resources to fund various projects from the same organization, if need be, this process may also serve as a clearinghouse so organizations may prioritize in order to determine which project is best for submission to us at the time.)

#### 3. Nondiscrimination Policy

Submit a copy of your organization's board-approved equal opportunity/nondiscrimination operating policy.

#### 4. IRS letter

Submit a copy of official verification of your organization's IRS 501(c)(3) tax-exempt status. (If you are a tax-exempt government entity, indicate so and specify on the Cover Sheet.)

#### PROPOSAL NARRATIVE

Having found that successful projects result from good planning, we look for applications that clearly address the numbered points below, which are based on the universally-used, standard "Proposal Narrative". This section is included not as an empty exercise merely for the application, but is meant to reflect the standard planning normally needed to assure the successful design and implementation of a project.

For clarification and, if necessary, to help you assess your readiness to carry out your project, each point of the Narrative section below has been defined with questions for you to answer. In addition, to facilitate your response to our SELECTION CRITERIA, they also have been inserted as questions under the related points in this same Narrative section. Since applications are evaluated for funding based on our SELECTION CRITERIA, the importance of addressing all of them is stressed.

Continues.

#### PROPOSAL NARRATIVE continued

Please number and include the points and questions as stated here before each of your responses. The responses should be concise. We ask that this written Proposal Narrative section (numbers 5-14) be within 5 pages or less.

#### 5. Organizational Background

Please indicate a) Name of organization b) When formed c) Mission statement d) How structured e) How governed f)How funded (now and in the future) g) Sponsoring agencies, if applicable h)Describe the extent of your membership and/or participation in your services and any plans to expand it where needed in the community.

#### 6. Capacity of Your Organization

a) In what ways do the history and experience of your organization and its leadership and personnel equip it to plan, implement and manage your proposed project successfully? b) How will your organization develop the leadership needed to sustain the project after our grant, as well as sustain the future stability of the organization and any other ongoing projects? c) How will the project help you to further your mission and increase membership and/or participation in services? d) If you characterize your organization as demonstrating excellence, but not yet recognized and adequately funded by other sources, please specify.

#### 7. Target Population

a) Which group(s) will be served by your proposed project? b) Location(s) c) What outreach and collaboration has been done to assure you are serving the maximum number of people, especially the needy or under-served and under-represented populations having limited access to resources and services?

#### 8. Need/Problem Statement

a) Define the need, problem, issue, or opportunity addressed by your proposed project. b) What do you believe are the causal factors? c) Why is it a priority and what will happen if the situation is unaddressed? d) How does your organization see this need as an opportunity for building community?

#### 9. Purpose/Objectives

a) What will this project specifically accomplish towards addressing the above need in terms of measurable outcomes, including outcomes related to prevention as well as solutions? b) How will the target population be better off by the end of your project? c) Will the benefits remain in the community, and what do you anticipate will be the positive and ongoing impact on the development and/or economics of the local community? d)In what ways does your purpose relate to one or more of our Areas of Interest?

#### 10. Methods/Approach

a) What sequence of activities is needed to accomplish your objectives and implement your proposal? b) As appropriate, also include management and staff responsibilities, employee and volunteer training, client selection procedures, and timeline. c) Why is this method the most effective and/or innovative way to achieve your objectives?

#### 11. Evaluation/Accountability

a) How will you determine your project is working while in progress and b) whether it has successfully accomplished its ultimate purpose/objectives?

(We ask that you share a brief report with the Foundation when the portion of the project we fund is completed.)

#### 12. Other and Future Funding

a) If other funding is needed to fund the project budget now, what funding sources and fundraising activities will be used to fund it? (Indicate which are committed and which are projected.) b) If this project is ongoing, after our grant how will it be integrated into your regular budget and funded without further recourse to our Foundation? c) If you receive tax-supported funding, please explain why you also need to request funding from us.

#### 13. Support and Collaboration

a) What community support is there for your proposal? b) What actions have you taken to collaborate with other agencies and organizations related to your proposal in order to facilitate collaborative funding; coordinated uses of resources; maximum participation; and multifunctional use of facilities and/or equipment while eliminating duplication of effort throughout the community? c) What resulted from this support and collaboration?

#### 14. Additional Information

a) Is there any other information relevant to your project you would like us to know?

Continues.

#### **ENCLOSURES**

#### 15. Project Budget

Enclose your project budget which delineates anticipated income and expenses.

Within the **projected income**, include a) all funding sources (including the amount requested from our Foundation) and b) your fundraisers along with c) donations of time and materials and d) your in-kind contributions, as well as e) all the other related income. If you are applying for a matching grant, please indicate f) which income will be used for matching the amount you are requesting from us and at g) what ratio up to 4 to 1. Also please h) indicate any funding which is already committed at this time rather than just projected.

Within the **projected expenses**, include any a) administrative costs, b) salaries, as well as c) all other expenses related to your project. Please indicate d) which expenses you are proposing we fund and e) which will be covered by your organization's in-kind contributions.

Please include a short statement regarding steps to be taken to spend our grant monies locally where practical.

#### 16. Governing Board

List a) Member names, b) Positions on board, and c) Professional and community affiliations.

#### 17. Staff

List a) names and b) titles of key paid staff and volunteers who will be responsible for implementing your project. Include c) one line noting the key, relevant qualifications each will bring to your project (no résumés).

#### 18. Overall Operating Budget with Balance Sheet

Include the summary of your operating budget and current balance sheet for your overall organization. Please indicate where your Project Budget fits into this overall budget.

#### 19. Additional Supporting Documentation

If directly related to your project, you may enclose items such as letters of support from cooperating agencies and organizations, a brochure (originals only) on your organization or project, and media coverage (clear 8½ x 11 photocopies with the name and date of the publication). Please do not include information extraneous to this application.

#### TECHNICAL ASSISTANCE

If you have questions in completing your application, you are encouraged to contact Sandra Anderson at (406) 347-5336 to avoid going back later, which could cause delays in reviewing your application.

#### **UPDATES**

From time to time our Grant Application Guidelines and Procedures are updated. Therefore, before using these in the future, please check with the Foundation to make sure your copy is current.

#### LETTER OF INQUIRY

We understand that an organization may have plans whereby they are not sure if they fit into our guidelines and funding priorities. If that should be the case for your organization, you may submit a Letter of Inquiry on behalf of your governing body. Please include a summary of the purpose of your plans and inquire whether our Foundation finds them within our funding guidelines and; therefore, suggests you submit a grant application. Such a letter would be due and responded to according to the same schedule outlined below for grant applications. Submit one (1) original and five (5) clear copies of your Letter of Inquiry. Please allow sufficient time before your project starts for review of your letter and then your possible application.

#### DISCRETIONARY GRANTS

In addition to funding grant applications as described above, the Foundation awards unsolicited, discretionary grants to selected, eligible, tax-exempt organizations according to the wishes of the late Founders and the discretion of the Board of Directors.

#### SUBMISSION AND REVIEW PROCESS

Please allow enough time for our review before your project is due to start. Submit one (1) original and five (5) clear copies of your completed application (items 1-19 in order) or Letter of Inquiry to:

#### L. P. AND TERESA ANDERSON FOUNDATION

P.O. Box 190, Hwy. 10 West Miles City, MT 59301-0190 (406) 232-3920

Please keep a file copy of these Guidelines and Procedures and your complete application or Letter of Inquiry for the review process.

The due dates for Letters of Inquiry and completed applications follow: (In case of emergency or disaster, exceptions will be taken in to account.)

Applications and Letters of Inquiry received after the due date will be entered under the due date for the next funding cycle.

Applications will first be pre-screened for eligibility and completeness as well as whether they fit within the Foundation's funding parameters stated in these Guidelines. Again, incomplete applications will need to be completed in order to be considered for funding and could result in a delay until the next grant period. Qualifying applications will be entered into the pool of competition for the current funding cycle. Applications will then be evaluated in relation to the Foundation's Areas of Interest and Selection Criteria. From there applications with recommendations are presented to the full Board of Directors. Their decisions on final selection and grant amounts are based on the funding priorities relative to our budget constraints and an overall perspective of the combined needs.

During this process, there may be a need for the Foundation to work with your contact person to gain additional information through phone conferences, interviews, or site visits. This person needs to be available to respond; know your organization; be conversant with the grant application and project involved; and be sanctioned to serve as the contact.

#### **FOUNDERS**

Mr. Lawrence "L. P." Anderson (1918-1994) Mrs. Teresa L. (Patrick) Anderson (1919-1992)

#### **BOARD OF DIRECTORS**

Sandra K. Anderson, President Jeffery A. Hunnes, Secretary John R. Tooke, Treasurer

SA:rc

10/03 Updated

#### L. P. AND TERESA ANDERSON FOUNDATION

#### GRANT APPLICATION COVER SHEET

Please complete, typewritten within the spaces provided	
Name of Organization	
Address	
Service Area(s)	tlePhone
	tiePhone
(See Guidelines for explanation of terms.)	
Check one ☑  ☐ Tax-exempt 501(c)(3)  (IRS verification letter must be included)  or  ☐ Tax-exempt governmental entity  Specify	Check one ☑  WHAT PURPOSE  Start up of a new program/new special project  Expansion of a program/project to new populations Support for existing:  □ operations or □ project
Check one or more ☑  AREAS OF INTEREST  Youth / At-Risk  Social Services / Needy Historical Preservation Disaster / Emergency	Amount of request \$  Total project cost \$  First time request
Nonpartisan Proposal	Matching ☐ yes ☐ no Multiple funding sources ☐ yes ☐ no
FUNDITE SUMMARY  Name of project (if different)  Target population and location	
Brief summary of the purpose of your project	
Timeframe From Why should your application be selected for fundi	ng?
If funded, how will our grant monies be used?	
SignatureTitle	e Date7/31/97