

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF
Department of the Treasury

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

Treated as a Private Foundation

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

2011 2011

For calendar year 2011 or tax year beginning and ending A Employer identification number Name of foundation JOHN & LINDA ANDERSON CHARITABLE FOUNDATION 36-4332910 Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number 4151 GULF SHORE BLVD N 404 815-637-7619 City or town, state, and ZIP code C If exemption application is pending, check here NAPLES, FL 34103 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. check here and attach computation X Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust \_\_\_\_ Other taxable private foundation under section 507(b)(1)(A), check here ... I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual If the foundation is in a 60-month termination (from Part II, col. (c), line 16) Other (specify) under section 507(b)(1)(B), check here ..▶ 6,001,333. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (a) Revenue and (d) Disbursements (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) ) for charitable purposes (cash basis only) expenses per books income income 35,895 N/A Contributions, gifts, grants, etc., received . . . . Check If the foundation is not required to attach Sch B Interest on savings and temporary cash investments 21,343. 21,343. SCANNED JUN 1 3 14,809. 14,809. Dividends and interest from securities 16 16. 5a Gross rents Net rental income or (loss) 129,298 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all. \_\_\_\_\_ 165,193. 156,862 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain <del>JUN 1 1</del> Income modifications 10a Gross sales less returns and allowances .... OGDEN b Less Cost of goods sold c Gross profit or (loss) <5,699. <5,700.> 11 Other income ... ...... 187,330. 195,662. Total. Add lines 1 through 11 14 Other employee salaries and wages . . . . . . . Expenses 16a Legal fees . .. . **b** Accounting fees c Other professional fees 7,864. 2,705. and Administrative 8,763. 693. 18 Taxes..... ..... 19 Depreciation and depletion . . . . . 20 Occupancy .. .. ..... 21 Travel, conferences, and meetings 22 Printing and publications .......... 23 Other expenses ..... 59,496 59,428 0. Operating 24 Total operating and administrative 76,123. 62,826 expenses. Add lines 13 through 23 233,031. 233,031. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 309,154. 62,826 233,031. Add lines 24 and 25 27 Subtract line 26 from line 12: <113,492.× 2 Excess of revenue over expenses and disbursements 124,504 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (If negative, enter -0-)

Form **990-PF** (2011)

JOHN & LINDA ANDERSON CHARITABLE FOUNDATION 36-4332910 Balance Sheets Attached schedules and amounts in the description Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 43,809. 17,361. 43,809. 2 Savings and temporary cash investments 3 Accounts receivable Less allowance for doubtful accounts 4 Pledges receivable Less allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and toans receivable Less allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations b Investments - corporate stock c investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans STMT 8 5,659,432. 5,519,492. 5,957,524. 13 Investments - other 14 Land, buildings, and equipment basis Less, accumulated depreciation 15 Other assets (describe ▶ 5,676,793. 5,563,301. 6,001,333. 16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0. 23 Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. Net Assets or Fund Balances 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted  $\triangleright X$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg, and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 5,676,793. 5,563,301 30 Total net assets or fund balances 5,676,793. 5,563,301 31 Total liabilities and net assets/fund balances

#### Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	П	
	(must agree with end-of-year figure reported on prior year's return)	1	5,676,793.
2	Enter amount from Part I, line 27a	2	<113,492.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	5,563,301.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	5,563,301.

Form 990-PF (2011)

FOUNDATION

36-4332910 Page 3

F	Part IV Capital Gains	and Losses for Tax on Ir	<u>nvestment</u>	Income								
	(a) List and desc 2-story brick wa	ribe the kind(s) of property sold (e garehouse, or common stock, 200 sh	, real estate, s MLC Co)		P	low acqui - Purchas - Donation	e   '`	Date acquired (mo , day, yr )	_ (	(d) Date sold mo , day, yr )		
12		N THRU ANDERSON		LC	<u> </u>	P		ARIOUS	V	ARIOUS		
_		THRU ANDERSON F				P	<del></del>	ARIOUS		ARIOUS		
		THRU ANDERSON F				P		ARIOUS		ARIOUS		
		NOMIC HEALTH INC		<u> </u>	<del>                                     </del>	Ď		ARIOUS		2/05/11		
_		NOMIC HEALIN INC	<b>.</b>	<del></del>	<del>                                     </del>			AKIOUS	1	2/03/11		
<u>e</u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis		-		(h) Gain or (lo				
_	100 404	(or anowacie)	pius 6					· · · · · · · · · · · · · · · · · · ·				
_ <u>a</u>			<del></del>							$\frac{108,494}{10,712}$		
_ <u>b</u>										19,713.		
			ļ		-					<211.>		
_d	37,197.			8,33	1.					28,866.		
_e	<u> </u>											
	Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69  (i) Gains (Col. (h) gain minus											
		(j) Adjusted basis	(k) Ex	cess of col (I)			col (l	k), but not less	than -0-)	10		
	(i) F M V as of 12/31/69	as of 12/31/69	over	col (j), if any				Losses (from co	01 (11))			
a			· ·							108,494.		
_										19,713.		
_			+							<211.>		
			· · · -	<del></del>						28,866.		
<u>d</u>										20,000.		
_8	<u> </u>			<u></u>								
2	Capital gain net income or (net capital	apital loss) { If gain, also ente If (loss), enter -0	er in Part I, line D- in Part I, line	7 7	}	2				156,862.		
	,	`		•	1							
3		ss) as defined in sections 1222(5) at	na (6)		٦١							
	If gain, also enter in Part I, line 8,				<b>P</b>	2		N	Δ /			
	If (loss), enter -0- in Part I, line 8	Inder Section 4940(e) for	- Dodugod	Tay on Not	Inv	octmo	nt Inco			<del></del>		
W: <u>If '</u>	'Yes," the foundation does not qua	ction 4942 tax on the distributable ar	omplete this pa	rt						Yes X No		
1	Enter the appropriate amount in	each column for each year, see insti	ructions before	making any entri	es				- 7.1			
	(a) Base period years Calendar year (or tax year beginn	ing in) Adjusted qualifying dis	stributions	Net value of no	(c) ncha		assets	Dis (col (b)	(d) stribution divided	ratio by col (c))		
	2010		94,594.		5	,622	,626.			.034609		
_	2009	21	18,314.		5	,539	,166.			.039413		
_	2008		37,592.				746.			.022258		
_	2007		74,500.				,022.	<b></b>		.030518		
-			34,976.				,129.			.049523		
_	2006	10	04,070.	<del>-</del>		, 133	127.	<del> </del>		.047323		
_	<b>-</b>									176221		
	Total of line 1, column (d)							2		.176321		
3	Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5,	or by the number	of ye	ars						
	the foundation has been in existe	ence if less than 5 years						3		.035264		
								1				
4	Enter the net value of noncharital	ble-use assets for 2011 from Part X,	. line 5					4	5,5	952,831.		
Ť			, 2						<u> </u>			
_	Multiply line 4 by line 2							5		209,921.		
5 Multiply line 4 by line 3									·	200/021.		
							_		1 245			
6	Enter 1% of net investment incor	me (1% of Part I, line 27b)						6		1,245.		
7	Add lines 5 and 6							7		211,166.		
8	Enter qualifying distributions from	m Part XII, line 4						8		233,031.		
	If line 8 is equal to or greater that See the Part VI instructions	n line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	ig a 1	% tax rate						

JOHN & LINDA ANDERSON CHARITABLE FOUNDATION

Form	990-PF (2011) FOUNDATION		36-	-4332	910	1	Page 4
_	rt VI Excise Tax Based on Investment Income (Section 4940(a),	4940(b), 4940(e), d	or 4948	- see i	nstru	ction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/i	A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-	see Instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here		1			1,2	45.
	of Part I, line 27b						
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Parl	t I, line 12, col (b)					_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	ter -0-)	2				0.
	Add lines 1 and 2		3			1,2	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others en	nter -0-)	4				0.
5	Tax based on Investment income Subtract line 4 from line 3 If zero or less, enter -0-		5			1,2	45.
6	Credits/Payments	1 4 00					
а	2011 estimated tax payments and 2010 overpayment credited to 2011 6a	4,32	0.				
b	Exempt foreign organizations - tax withheld at source						
C	Tax paid with application for extension of time to file (Form 8868)		_				
d	Backup withholding erroneously withheld 6d	l	_				~ ~
7	Total credits and payments Add lines 6a through 6d		7			4,3	20.
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here 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		9	-		2 0	7.5
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	2 025	10			3,0	
	Enter the amount of line 10 to be Credited to 2012 estimated tax	3,075. Refunded	<b>1</b> 1				0.
	rt VII-A Statements Regarding Activities				T	Yes	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation of	r did it participate or inter	vene in		4-	res	No X
	any political campaign?		-10		1a		X
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see			_	1b	**********	A
	If the answer is "Yes" to 1aor 1b, attach a detailed description of the activities and copie	es or any materials put	nisnea or				
	distributed by the foundation in connection with the activities.				10		Х
	Did the foundation file Form 1120-POL for this year?  Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				16		
u	(1) On the foundation ► \$ (2) On foundation managers ► \$		0.				
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax		<u> </u>				
6	managers > \$ 0.	t imposed on roundation					
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.				, with		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrum	ent, articles of incorporat	on, or				
•	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,	,		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b		
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		Х
	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 direct	ions 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?				7	X	<u> </u>
	If "Yes," complete Part II, col (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	IL						
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				8b	X	ļ
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4		r calendar				
	year 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," comple	te Part XIV			9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing	their names and addresses			10		X

### JOHN & LINDA ANDERSON CHARITABLE

FOUNDATION 36-4332910 Form 990-PF (2011) Page 5 Part VII-A | Statements Regarding Activities (continued) 11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of X section 512(b)(13)? If "Yes," attach schedule (see instructions) 11 12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? 12 If "Yes," attach statement (see instructions) 13 13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A Telephone no  $\triangleright 815-637-7627$ 14 The books are in care of ▶ DUANE R. BACH ZIP+4 ▶61107 Located at ▶ 330 SPRING CREEK ROAD, ROCKFORD, 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here N/A **▶** 15 and enter the amount of tax-exempt interest received or accrued during the year No 16 At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, Yes 16 X securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22 1 If "Yes," enter the name of the foreign country > Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly) Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No a disqualified person? (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? (5) Transfer any income or assets to a disqualified person (or make any of either available \_\_\_ Yes X No for the benefit or use of a disqualified person)? (6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after Yes X No 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 1b section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here 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 X before the first day of the tax year beginning in 2011? 10 2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)) a At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? If "Yes," list the years ▶ b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (if applying section 4942(a)(2) to all years listed, answer "No" and attach N/A 2b statement - see instructions ) c 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 \_\_ Yes X No during the year? b If "Yes," did it have excess business holdings in 2011 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, N/A Form 4720, to determine if the foundation had excess business holdings in 2011) 3b X 4a 4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2011)

had not been removed from jeopardy before the first day of the tax year beginning in 2011?

### ' ' ' JOHN & LINDA ANDERSON CHARITABLE

om 990-PF (2011) FOUNDATION			<u> 36-43329</u>	10	Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be P	lequired (continu	ued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?	🔲 Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955);		ctly,			
any voter registration drive?		Ye	s X No	1	}
(3) Provide a grant to an individual for travel, study, or other similar purpose			s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ya	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary				1	
the prevention of cruelty to children or animals?		Ye	8 X No	Į	1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify ur	nder the exceptions described i	n Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A	5b	<u> </u>
Organizations relying on a current notice regarding disaster assistance check					
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption	from the tax because it maintal	ned			
expenditure responsibility for the grant?			s 🔲 No		
If "Yes," attach the statement required by Regulations section 53.494					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	s X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		L	6b	X
If "Yes" to 6b, file Form 8870.			[		
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	🔲 Ya	s X No		
b if "Yes," did the foundation receive any proceeds or have any net income attrib	outable to the transaction? .	· · <u> </u>	N/A	7b	
Part VIII Information About Officers, Directors, Trus Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly	1		
1 List all officers, directors, trustees, foundation managers and their	r compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation		it, other ances
LINDA ANDERSON	PRESIDENT & D				
4151 GULF SHORE BLVD N, UNIT 404	7				
NAPLES, FL 34103	0.00	0.	0.		0.
JOHN R. ANDERSON	VICE PRES, SE	CRETARY &	DIR		
4151 GULF SHORE BLVD N, UNIT 404	Ī				
NAPLES, FL 34103	0.00	0.	0.		0.
DUANE R. BACH	TREASURER & D	IRECTOR			
330 SPRING CREEK ROAD				1	
ROCKFORD, IL 61107	0.00	0.	0.		0.
2 Compensation of five highest-paid employees (other than those in	T .	enter "NONE."	T/atto:	1	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allow	cpense it, other ances
NONE					
				Î	
				<u></u>	
				L	
		<u> </u>		<u>.</u>	
Total number of other employees paid over \$50,000			<b>▶</b>		0

# JOHN & LINDA ANDERSON CHARITABLE FOUNDATION

Form 990-PF (2011)

36-4332910 Page 7

Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, en	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant star number of organizations and other beneficiaries served, conferences convened, research papers pr	tistical information such as the roduced, etc	Expenses
1 SEE PART XV-3A		
		0.
2		
3		
4		
Port IV P C		<del></del>
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year of	on lines 1 and 2	Amount
1 N/A		
		·
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

P	art X Minimum Investment Return (All domestic foundations m	nust complete this	part. Foreign four	ndations, s	see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable	e, etc., purposes			
а	Average monthly fair market value of securities			1a	3,005.
b	Average of monthly cash balances			1b	19,382.
	Fair market value of all other assets			10	6,021,096.
d	Total (add lines 1a, b, and c)			10	6,043,483.
8	Reduction claimed for blockage or other factors reported on lines 1a and				
	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	6,043,483.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount,	see instructions)		4	90,652.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on		5	5,952,831.	
6	Minimum investment return. Enter 5% of line 5		6	297,642.	
P	postributable Amount (see Instructions) (Section 4942(j)(3) are foreign organizations check here   and do not complete this part is a section of the part is a section of the part is a section or the part is a section of t		ting foundations an	d certain	
1	Minimum investment return from Part X, line 6			1	297,642.
2a	Tax on investment income for 2011 from Part VI, line 5	2a	1,245.		
b	Income tax for 2011 (This does not include the tax from Part VI)	2b			
C	Add lines 2a and 2b			2c	1,245. 296,397.
3	Distributable amount before adjustments Subtract line 2c from line 1			3	296,397.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	296,397.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part	XIII, line 1		7	296,397.
P	art XII Qualifying Distributions (see Instructions)				
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purp	ooses			222 221
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26			1a	233,031.
b	Program-related investments - total from Part IX-B			1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitate	ole, etc., purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
а	Suitability test (prior IRS approval required)			3a	
þ	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and			4	233,031.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inve	stment			
	income Enter 1% of Part I, line 27b			5	1,245.
6	Adjusted qualifying distributions. Subtract line 5 from line 4			6	231,786.
	Note: The amount on time Coult be used in Dark V. actions (b) in subsequent upon u	فمطين مستقمل بملمت سمط			the eastion

Form **990-PF** (2011)

4940(e) reduction of tax in those years

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	( <b>d</b> ) 2011
1 Distributable amount for 2011 from Part XI,				
line 7			· ;;;;;;;=== <del> -,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,-,</del>	296,397.
2 Undistributed income, if any, as of the end of 2011				
a Enter amount for 2010 only			0.	**************************************
b Total for prior years		_		
,,		0.		
3 Excess distributions carryover, if any, to 2011				
<b>a</b> From 2006				
<b>b</b> From 2007				
<b>c</b> From 2008				
d From 2009				
e From 2010				
f Total of lines 3a through e	0.			·····
4 Qualifying distributions for 2011 from				
Part XII, line 4 ►\$ 233,031.			_	
a Applied to 2010, but not more than line 2a			0.	(
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2011 distributable amount				233,031.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2010 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2011 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2012				63,366.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2006				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2012.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9				
a Excess from 2007				
b Excess from 2008				
c Excess from 2009				
d Excess from 2010				
e Excess from 2011				

JOHN & LINDA ANDERSON CHARITABLE

Form 990-PF (2011) FOUNDATION 36-4332910 Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A 1 a if the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling 4942(j)(3) or 4942(j)(5) b Check box to indicate whether the foundation is a private operating foundation described in section Pnor 3 years 2 a Enter the lesser of the adjusted net Tax year (b) 2010 (c) 2009 (a) 2011 (d) 2008 (e) Total income from Part I or the minimum investment return from Part X for each year listed b 85% of line 2a c Qualifying distributions from Part XII, line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt activities e Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon "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 c "Support" alternative test - enter (1) Total support other than gross investment income (interest. dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) (2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii) (3) Largest amount of support from an exempt organization (4) Gross investment income Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) JOHN R. ANDERSON 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 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here 🕨 🗓 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include c Any submission deadlines d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

36-4332910

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or Amount contribution status of Name and address (home or business) recipient a Paid during the year ALIGNMENT ROCKFORD NFP NONE PUBLIC EDUCATION 17,000. ROCKFORD, IL PUBLIC SOCIAL WELFARE ALZHEIMER'S ASSOCIATION NONE 500. ROCKFORD, IL FRESNO RESCUE MISSION NONE PUBLIC SOCIAL WELFARE FRESNO, CA 1,000. AMERICAN RED CROSS NONE PUBLIC SOCIAL WELFARE 500. ROCKFORD, IL ANDERSON JAPANESE GARDENS NONE PUBLIC RECREATION & EDUCATION ROCKFORD, IL 6,000. SEE CONTINUATION SHEET(S) **▶** 3a 233,031. Tota1 b Approved for future payment NONE <u> 3b</u> ٥. Total

36-4332910 Page 12

Part Avi-A   Analysis of Income-Producing Activities	Part XVI-A	<b>Analysis of Income-Producing Activities</b>
--	------------	--

Enter gross amounts unless otherwise indicated	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue	Code		-		
<u> </u>					
b					
C		<del> </del>			
d			-		<del></del>
6					
g Fees and contracts from government agencies					
2 Membership dues and assessments					<del></del>
3 Interest on savings and temporary cash			1 1 4	21 242	
investments			14		
4 Dividends and interest from securities		······································	14	14,809.	·
5 Net rental income or (loss) from real estate			1	1.0	
a Debt-financed property			16	16.	
b Not debt-financed property			ļ <u></u>		
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	<5,699.	<u> </u>
8 Gain or (loss) from sales of assets other					
than inventory			18	129,298.	
9 Net income or (loss) from special events			ļ		
10 Gross profit or (loss) from sales of inventory			<u> </u>		
11 Other revenue					
a			ļ		
b			ļ		
C			ļ		
d					
e					
12 Subtotal Add columns (b), (d), and (e)		0.		159,767.	0.
13 Total Add line 12, columns (b), (d), and (e)				13	159,767.
(See worksheet in line 13 instructions to verify calculations.)		-			
Part XVI-B Relationship of Activities to	o the Acc	omplishment of E	emp	t Purposes	
Line No Explain below how each activity for which incore the foundation's exempt purposes (other than to			contril	buted importantly to the accom	plishment of
the foundation's exempt purposes (other than to N/A	providing it	inda for aden purposes;			<del></del>
W/ A				<del></del>	
		<u> </u>		<u>.                                    </u>	
				<del></del>	
					· <del>- · · · · · · · · · · · · · · · · · ·</del>
					<del></del>
			-		
		<del></del>			
		<del></del>			
	<del></del>				
		<del></del>			
	<del></del>			<del></del>	<u> </u>
				<del></del>	

36-4332910 Page 13

Pa	rt XVII	Information Re Exempt Organ		sfers To a	and Transactions	and	Relations	ships With No	ncharitabl	е	
1	Did the or			of the followin	g with any other organizat	tion des	scribed in sec	ction 501(c) of		Yes	No
•		•			27, relating to political orga						
а		from the reporting found									
	(1) Cash	,		, ,	•				1a(1)		X
	(2) Other	assets							1a(2)		X
b	Other trans	sactions									
	(1) Sales	of assets to a noncharita	ble exempt organiza	tion					1b(1)		Х
	(2) Purch	ases of assets from a no	ncharitable exempt	organization					1b(2)	ļ	X
	(3) Renta	I of facilities, equipment,	or other assets						1b(3)		X
	(4) Reiml	oursement arrangements							1b(4)		X
		s or loan guarantees							1b(5)		X
		rmance of services or me							1b(6)	-	X
	-	facilities, equipment, ma	-						<u>  1c</u>	<u> </u>	X
d		•	•	•	edule Column (b) should a	-			-	sets,	
		s given by the reporting it ) the value of the goods,			ed less than fair market va	aiue iii a	iny transactio	ni or Sharing arrange	anient, snow in		
(a) u	<del></del>	(b) Amount involved	<del></del>		e exempt organization		(d) Description	on of transfers, transaction	ons and sharing a	rrangeme	nts
(u) =	ille flo	(b) Amount involved	(b) Harris o	N/A	- CACITIFE O'GUILLEGION		(w) Description	on or transiers, transacti	ons, and sharing a	nangome	
			-	21/ 22							
						_					
								<u> </u>			
							,				
			<u> </u>								
		<del></del>	<del> </del>		<del></del>		•				
			1 #1 1 11								
28			-		or more tax-exempt orga	imzatior	is described		Yes	X	No
		501(c) of the Code (othe emplete the following sch	•	(3)) or ill seci	11011 527 7				L 103		_ 140
u	11 165, 00	(a) Name of org			(b) Type of organization	1		(c) Description of r	elationship		
	·	N/A	,		(-, ,,,, , , , , , , , , , , , , , , , ,			(0,			
			-								
										•	
					ng accompanying schedules ar				May the IHS		
Sig	gn   📐	aller, it is true, correct, allo cor	inplete Declaration of pr	reparer (other tha	n taxpayer) is based on all info	onnation .	or willon prepar	er has any knowledge	return with to shown below	v (see ins	er <u>tr</u> )?
He	F_	JUNE (~	Olyon			_ Z	·		_	s L_	No
	Sign	ature of officer or trustee			Date		Title				
		Print/Type preparer's na	ame	Preparer's s	ignature	Date		Check rf	PTIN		
_	•	DAM G 707	agues.	12.	Sbencha		1/2/12	self- employed	DOOGO	· E C O	
Pa		DAN G. LOE					7-11-	Firm's EIN ► 3	P00096		
	eparer se Only	Firm's name LOE	SCHEK & F	1990CIA	TES, LTD.			Firm's EIN 📂 3	0-40380	00	
US	e Cilly	Firm's address ▶ 68	45 WEAVEL	ROAD	SUITE 200			<del></del>			
			CKEUDD 1					Dhans as 8	15_637_	-05R	1

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

Department of the Treasury Internal Revenue Service

Organization type (check one):

### **Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

2011

Name of the organization

JOHN & LINDA ANDERSON CHARITABLE

FOUNDATION

Employer identification number

36-4332910

Filers of:		Section:													
Form 990 or 99	0-EZ	501	(c)(	) (enter numb	er) organizati	ion									
		494	l7(a)(1) n⋅	onexempt cha	antable trust	not treate	d as a p	rıvate fo	oundat	ion					
		527	' political	organization											
Form 990-PF		X 501	(c)(3) ex	empt private f	foundation										
		494	I7(a)(1) n	onexempt cha	arıtable trust	treated as	a privat	e found	dation						
		501	(c)(3) tax	cable private f	oundation										
Check if your o	•		-		-		e Genera	al Rule a	and a S	Special f	Rule. Se	ee instr	uctions.		
General Rule															
	organization outor. Comple			90-EZ, or 990-f	PF that receiv	ved, durin	g the yea	ar, \$5,0	00 or r	nore (in	money	or prop	perty) fro	om any on	ıe
Special Rules															
509(a)	(1) and 170(b	(1)(A)(vı) a	and recei	ng Form 990 o ved from any II, line 1h, or (II	one contribu	tor, during	the yea	ar, a cor	ntributi	on of the	_				ó
total c	ontributions o	f more tha	an \$1,00	anization filing 0 for use <i>excli</i> r animals. Con	usively for reli	igious, cha	arıtable,		•				-		
contril If this purpo	butions for us box is checke se Do not coi	e <i>exclusive</i> d, enter he nplete any	ely for rel ere the to y of the p	anization filing ligious, charita otal contributi parts unless th s of \$5,000 or	able, etc., pur lons that were he <b>General R</b>	rposes, bu e received <b>luie</b> applie	t these o	contribi the yea	utions r for an	did not i exclusi	total to <i>vely</i> rel	more t gious,	han \$1,0 chantabi	000. de, etc ,	
Caution. An or but it must ans certify that it do	wer "No" on F	art IV, line	e 2, of its	Form 990; or	r check the b	ox on line	H of its i	Form 99			•				

Name of organization
JOHN & LINDA ANDERSON CHARITABLE
FOUNDATION

Employer identification number

36-4332910

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	litional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JOHN ANDERSON 4151 GULF SHORE BLVD N, UNIT 404 NAPLES, FL 34103	\$35,895.	Person Payroll Noncash X (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b>\$</b>	Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		<b> \$</b>	Person Payroli Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Occash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroli Oncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II if there is a noncash contribution.)

Name of organization

JOHN & LINDA ANDERSON CHARITABLE

FOUNDATION

Employer identification number

36-4332910

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

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	326 SHARES GENOMIC HEALTH COMMON		
		\$ 35,895.	11/30/11
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<b> \$</b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_   _		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_ =		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organization

JOHN & LINDA ANDERSON CHARITABLE

FO	IND	ATI	ON	
10	$\sigma_{II}$	$\alpha_{\perp}$	O14	

36-4332910 \_\_\_\_\_

Employer Identification number

Part III	Exclusively religious, charitable, etc., indiv year. Complete columns (a) through (e) and th the total of exclusively religious, charitable, etc Use duplicate copies of Part III if additional	e following line entry. For organization, contributions of \$1,000 or less for	c)(7), (8), or (10) organizations that total more than \$1,000 for the ons completing Part III, enter references.)  \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of git	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, an	(e) Transfer of git	ft Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Parti			
	Transferee's name, address, an	(e) Transfer of gi	ft Relationship of transferor to transferee

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient AUORORA UNIVERSITY NONE PUBLIC EDUCATION 8,000. AURORA, IL BETHESDA COVENANT CHURCH NONE PUBLIC RELIGIOUS 200. ROCKFORD, IL BLACKHAWK AREA COUNCIL - BSA NONE PUBLIC EDUCATION & RECREATION 2,000. ROCKFORD, IL BURPEE MUSEUM OF NATURAL HISTORY NONE PUBLIC EDUCATION 1,000. ROCKFORD, IL NONE PUBLIC RELIGIOUS CALVARY COMMUNITY CHURCH ROCKFORD, IL 20,001. CARPENTER'S PLACE NONE PUBLIC SOCIAL WELFARE 1,000. ROCKFORD, IL CATHOLIC CENTRAL HIGH SCHOOL NONE PUBLIC EDUCATIONAL 200. ROCKFORD, IL NONE PUBLIC CHILDREN'S HOME & AID SOCIETY OF SOCIAL WELFARE ILLINOIS ROCKFORD, IL 2,000. PUBLIC CHRISTIAN ASSOCIATION INTL NONE SOCIAL WELFARE WESTLAKE, OH 1,000. CHURCH DOCTOR MINISTRIES NONE PUBLIC RELIGIOUS 2,000. CORUNNA, IN Total from continuation sheets 208,031,

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or contribution show any relationship to **Amount** any foundation manager status of Name and address (home or business) or substantial contributor recipient EDUCATION CICS ROCKFORD CHARTER SCHOOL NONE PUBLIC ORGANIZATION ROCKFORD, IL 2,000. PUBLIC EDUCATION & RECREATION DISCOVERY CENTER MUSEUM NONE 500. ROCKFORD, IL RELIGIOUS & EDUCATION FAITH CHRISTIAN SCHOOL NONE PUBLIC 5,000. ROCKFORD, IL NONE PUBLIC MEDICAL DR. PHILIP BONOMI LUNG CANCER RESEARCH, RUSH MEDICAL CENTER CHICAGO, IL 1,000. NONE PUBLIC SOCIAL WELFARE FREEDOM ALLIANCE 2,000. DULLES, VA PUBLIC CONSERVATION FRIENDS OF KISHWAUKETOE NONE 2,000. WILLIAMS BAY, WI GENEVA LAKES CONSERVANCY NONE PUBLIC CONSERVATION 5,750. LAKE GENEVA, WI GENEVA LAKE ENVIRONMENTAL AGENCY NONE PUBLIC CONSERVATION LAKE GENEVA, WI 200. GENEVA LAKE SAILING SCHOOL NONE PUBLIC RECREATION 3,000. LAKE GENEVA, WI GENEVA NATIONAL FOUNDATION NONE PUBLIC SOCIAL WELFARE 2,500. LAKE GENEVA, WI Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient HOLIDAY HOME CAMP NONE PUBLIC SOCIAL WELFARE 2,000. LAKE GENEVA, WI PUBLIC KANTOREI NONE PERFORMING ARTS 1,500. ROCKFORD, IL INVEST FOR KIDS NONE PUBLIC SOCIAL WELFARE & EDUCATION 5,000. CHICAGO, IL JOHN BROWN UNIVERSITY NONE PUBLIC EDUCATIONAL SILOAM SPRINGS, AR 1,000. EDUCATION NONE PUBLIC KEITH SCHOOL 10,100. ROCKFORD, IL LINCOLN PARK ZOOLOGICAL SOCIETY EDUCATION NONE PUBLIC 4,000. CHICAGO, IL MELD NONE PUBLIC SOCIAL WELFARE 2,000. ROCKFORD, IL NONE PUBLIC PERFORMING ARTS MENDELSSOHN PERFORMING ARTS ROCKFORD, IL 1,000. NONE PUBLIC MEDICAL MPD FOUNDATION 200. CHICAGO, IL MISERICORDIA OUTREACH PROGRAM NONE PUBLIC SOCIAL WELFARE 200. CHICAGO, IL Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount status of recipient any foundation manager Name and address (home or business) or substantial contributor NATURAL LAND INSTITUTE NONE PUBLIC CONSERVATION ROCKFORD, IL 2,000. NONE PUBLIC RELIGIOUS NEW ZION MISSIONARY BAPTIST CHURCH ROCKFORD, IL 5,000. NORTHERN ILLINOIS FOOD BANK NONE PUBLIC SOCIAL WELFARE 1,000. ROCKFORD, IL NATURE CONSERVANCY OF ILLINOIS NONE PUBLIC CONSERVATION CHICAGO, IL 1,000. LAKE GENEVA SYMPHONY ORCHESTRA NONE PUBLIC PERFORMING ARTS 250. LAKE GENEVA, WI LAKE GENEVA WINE FESTIVAL NONE PUBLIC MEDICAL 2,000. LAKE GENEVA, WI NONE PUBLIC RELIGIOUS PILGRIM BAPTIST CHURCH ROCKFORD, IL 8,200. NONE PUBLIC PRISON PELLOWSHIP MINISTRIES RELIGIOUS 500. MERRIFIELD, VA PURDUE FOUNDATION PUBLIC NONE EDUCATION WEST LAPAYETTE, IN 10,000. RAMM NONE PUBLIC EDUCATION 400. ROCKFORD, IL Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to any foundation manager Amount status of Name and address (home or business) recipient or substantial contributor ROBERT GALVIN CENTER FOR ELECTRICITY NONE PUBLIC EDUCATION AT IIT 5,000. CHICAGO, IL PUBLIC SOCIAL WELFARE NONE ROCK RIVER VALLEY PANTRY 1,500. ROCKFORD, IL ROCKFORD ROTARY CLUB NONE PUBLIC SOCIAL WELFARE ROCKFORD, IL 2,000. ROCKFORD ART MUSEUM NONE PUBLIC EDUCATION 2,500. ROCKFORD, IL NONE PUBLIC EDUCATION ROCKFORD PIPE ORGAN ENCOUNTER 250. ROCKFORD, IL ROCKFORD DAY NURSERY NONE PUBLIC SOCIAL WELFARE - YOUTH 1,500. ROCKFORD, IL NONE PUBLIC ROCKFORD RESCUE MISSION SOCIAL WELFARE 3,000. ROCKFORD, IL ROCKFORD ROTARY CHARITABLE NONE PUBLIC SOCIAL WELFARE ASSOCIATION ROCKFORD, IL 2,000. NONE PUBLIC SOCIAL WELFARE EASTER SEALS 5,000. ROCKFORD, IL SOPHIE'S VOICE FOUNDATION NONE SOCIAL WELFARE & PUBLIC MEDICAL 5,000. ATLANTA, GA Total from continuation sheets

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to Amount any foundation manager status of Name and address (home or business) or substantial contributor recipient SAMARITAN'S PURSE NONE PUBLIC RELIGIOUS 10,000. BOONE, NC SPECIAL OLYMPICS OF ILLINOIS NONE PUBLIC SOCIAL WELFARE SAN FRANCISCO, CA 400. NONE PUBLIC MEDICAL THE ANTIQUE & CLASSIC BOAT SOCIETY 1,000. CHICAGO, IL PUBLIC SOCIAL WELFARE SALVATION ARMY NONE 14,780. ROCKFORD, IL THE FIELD MUSEUM OF NATURAL HISTORY NONE PUBLIC EDUCATION 20,000. CHICAGO, IL EDUCATION & RELIGIOUS TIMBER-LEE CHRISTIAN CENTER NONE PUBLIC EAST TROY, WI 5,000. PUBLIC SOCIAL WELFARE TWIN OARS SHELTER NONE DARIEN, WI 1,000. PUBLIC MEDICAL NONE UNIVERSITY OF ILLINOIS COLLEGE OF MEDICINE 4,000. ROCKFORD, IL VIP - UNITED WAY NONE PUBLIC SOCIAL WELFARE WEST HARDFORD, CT 1,000. PUBLIC SOCIAL WELFARE WALWORTH COUNTY FAIR ASSOCIATION NONE ELKHORN, WI 200. Total from continuation sheets

Part XV Supplementary Information **Grants and Contributions Paid During the Year (Continuation)** If recipient is an individual, Recipient Purpose of grant or contribution Foundation show any relationship to **Amount** any foundation manager or substantial contributor status of Name and address (home or business) recipient PUBLIC SOCIAL WELFARE WATER SAFETY PATROL NONE LAKE GENEVA, WI 1,000. WEARS VALLEY RANCH NONE PUBLIC SOCIAL WELFARE & EDUCATION SEVIERVILLE, TN 500. YMCA OF ROCK RIVER VALLEY NONE PUBLIC SOCIAL WELFARE 500. ROCKFORD, IL PUBLIC MEDICAL LEUREMIA & LYMPHOMA SOCIETY NONE WHITE PLAINS, NY 2,200. **Total from continuation sheets** 

FORM 990-PF	GAIN (	OR (LOSS)	F	ROM SALE	01	F A	SSETS		STA	TEMENT	1
(A) DESCRIPTION OF PROPER	TY						ANNER QUIRED	DA ACQU	TE IRED	DATE :	SOLD
SHORT-TERM GAIN THRU	ANDERS	ON FUND L	LC		3	PUR	CHASED	VARI	ous	VARIO	ous
(B) GROSS SALES PRICE		(C) OST OR ER BASIS		(D) EXPENSE SALE	OI	F	(E)	c.	GAIN	(F)	ss
108,494			-		(	0.		0.		108,	
(A) DESCRIPTION OF PROPER	ТY						ANNER QUIRED	DA ACQU	TE IRED	DATE	SOLD
LONG-TERM GAIN THRU A	ndersoi	N FUND LL	C		]	PUR	CHASED	VARI	ous	VARI	ous
(B) GROSS SALES PRICE		(C) OST OR ER BASIS		(D) EXPENSE SALE	OI	F	(E)	C.	GAIN	(F)	SS
19,713	•	0	<u> </u>		(	0.		0.	-	19,	713.
(A) DESCRIPTION OF PROPER	тү						ANNER QUIRED	DA ACQU	TE IRED	DATE	SOLD
SEC. 1231 LOSS THRU A	—— NDERSOI	N FUND LL	С		]	PUR	CHASED	VARI	ous	VARI	ous
(B) GROSS SALES PRICE		(C) OST OR ER BASIS		(D) EXPENSE SALE	Ol	F	(E)	a	CATN	(F)	cc
SALES PRICE <211		<b>*</b> ^	<u>.</u>	————		 0.	DEPRE	0.	GAIN		211.

(A) DESCRIPTION OF	PROPERTY				IANNER QUIRED		TE IRED	DATE :	SOLD
1326 SHARES GE	NOMIC HEA	- LTH INC		DC	DONATED VARIO		OUS 12/05		5/11
GR	B) DSS PRICE	(C) VALUE AT TIME OF AC(	(D) EXPENSE Q. SALE	OF	(E) DEPRE		GAIN	(F)	SS
	37,197.	35,89	95.	0.		0.		1,	302.
CAPITAL GAINS	DIVIDENDS	FROM PART	IV						0.
TOTAL TO FORM	990-PF, P	ART I, LINE	6A					129,	298.
FORM 990-PF I	NTEREST O	N SAVINGS AN	ND TEMPORARY	CASH	INVEST	MENTS	STA	TEMENT	2
SOURCE								TRUOMA	
ANDERSON FUND T WELLS FARGO AD		C# 5173-5446	5					21,	341.
TOTAL TO FORM	990-PF, P	ART I, LINE	3, COLUMN A					21,	343.
FORM 990-PF	DI	VIDENDS AND	INTEREST FRO	OM SE	CURITIE	S	STA	ATEMENT	3
SOURCE			GROSS AMOUNT		CAPITAL DIVIDE		c C	LUMN (. AMOUNT	A)
ANDERSON FUND	LLC	-	14,809	<del>-</del> -		0.		14,	809.
TOTAL TO FM 99	O-PF, PAR	T I, LN 4	14,809	<u> </u>		0.		14,	809.

FORM 990-PF	RENTAL	INCOME		STATEMENT 4
KIND AND LOCATION OF PROPERTY	t.		ACTIVITY NUMBER	GROSS RENTAL INCOME
ANDERSON FUND LLC	-		1	16.
TOTAL TO FORM 990-PF, PART I	LINE 5A			16.
FORM 990-PF	OTHER	INCOME		STATEMENT 5
DESCRIPTION		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
ROYALTY INCOME ORDINARY BUSINESS INCOME/(LOS OTHER INVESTMENT INCOME/(LOS TAX-EXEMPT INTEREST		10. <5,847. 137.	> <5,847 137	•>
TOTAL TO FORM 990-PF, PART I	LINE 11	<5,699.	<5 <b>,</b> 700	.>
FORM 990-PF	T	AXES		STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOK			
FOREIGN TAX EXCISE TAXES	69 8,07		•	0.
TO FORM 990-PF, PG 1, LN 18	8,76	3. 693	•	0.

FORM 990-PF	OTHER I	EXPENSES		STATEMENT 7	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST MENT INCOM			
ILLINOIS ANNUAL FILING FEE PORTFOLIO DEDUCTIONS NONDEDUCTIBLE EXPENSES SECTION 59(E)(2) EXPENSES OTHER INVESTMENT DEDUCTIONS WELLS FARGO ANNUAL FEE	25, 20,477, 43, 434, 38,392, 125,	. 20,47 . 43 . 38,39	0. 34.	0. 0. 0. 0.	
TO FORM 990-PF, PG 1, LN 23	59,496	59,42	28.	0.	
FORM 990-PF	OTHER IN	VESTMENTS		STATEMENT 8	
DESCRIPTION		ALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE	
ANDERSON FUND LLC		COST	5,519,492.	5,957,524.	
TOTAL TO FORM 990-PF, PART I	I, LINE 13		5,519,492.	5,957,524.	

### Form **8868**

(Rev. January 2012)

1. 1. 1. 1. 1. 1.

Department of the Treasury Internal Revenue Service

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

File a separate application for each return.

OMB No. 1545-1709

•	are filing for an Automatic 3-Month Extension, complet						
-	are filing for an Additional (Not Automatic) 3-Month Ext						
Do not	complete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previous	sly filed Fo	rm 8868.		
	nic filing <i>(e-file)</i> . You can electronically file Form 8868 if y						
	to file Form 990-T), or an additional (not automatic) 3-mor						
	o file any of the forms listed in Part I or Part II with the exc						
	I Benefit Contracts, which must be sent to the IRS in pap		(see instructions). For more details (	on the elec	tronic filing of th	is form,	
	w.irs.gov/efile and click on e-file for Charitles & Nonprofits			1\	<del></del>		
Part					<del></del>	<del></del>	
A corpo Part I o	ration required to file Form 990-T and requesting an auton	natic 6-mo	nth extension - check this box and	complete		▶ □	
	corporations (including 1120-C filers), partnerships, REM come tax returns.	ICs, and t	rusts must use Form 7004 to reques	st an exten	sion of time		
Туре о	Name of exempt organization or other filer, see instru	ctions.		Employe	dentification n	umber (EIN) or	
print	JOHN & LINDA ANDERSON CHAR	ITABLI	E				
File by the	FOUNDATION			X	36-4332	910	
due date f filing your	or Number, street, and room or suite no. If a P.O. box, so 330 SPRING CREEK ROAD	ee instruc	tions.	Social se	curity number (S	SSN)	
retum Se instruction		oreign add	ress, see instructions.			·· - ·· · · · · · · · · · · · · · · · ·	
Enter th	e Return code for the return that this application is for (file	a separa	te application for each return)	••••		0 4	
Applica	tion	Return	Application			Return	
ls For		Code	Is For	1 (			
Form 9	90	01	Form 990-T (corporation)				
Form 9	90-BL	02	Form 1041-A	08			
Form 9	90-EZ	01	Form 4720 C				
Form 9	90-PF	04	Form 5227		·	10	
Form 9	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 9	90-T (trust other than above)	06	Form 8870			12	
	DUÂNE R. BACH			61107			
	books are in the care of > 330 SPRING CREI	EK RO			<del></del>		
	phone No. ► 815-637-7627		FAX No. ► 815-637-76				
	organization does not have an office or place of business						
	s is for a Group Return, enter the organization's four digit	•					
box ▶					ers the extensio	n is for.	
1 1	request an automatic 3-month (8 months for a corporation $AUGUST \ 15$ , $2012$ , to file the exemp	-	tion return for the organization nam		The extension		
 ic	for the organization's return for:	t Organiza	non return for the organization nam	60 above.	THE EXCENSION		
	X calendar year 2011 or						
	tax year beginning	an	d ending				
_	ter for positions				<del>-</del> '		
2 li	the tax year entered in line 1 is for less than 12 months, c  Change in accounting period	heck reas	on: Initial return	Final retur	n		
3a II	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069 a	nter the tentative tax less any				
	onrefundable credits. See instructions.	J. J	mor the ternative tax, less ally	3a	Ś	1,245.	
-	this application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and	<del></del>	<b>-</b>		
	stimated tax payments made. Include any prior year overp	_		3ь	s	4,320.	
_	stance due. Subtract line 3b from line 3a. Include your pa				<del></del>		
	y using EFTPS (Electronic Federal Tax Payment System).	-		3c	\$	0.	
	n. If you are going to make an electronic fund withdrawal v				EO for payment		