

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

EXTENSION GRANTED TO 11/15/13 Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation undation may be able to use a copy of this return to satisfy state reporting re

OMB No 1545-0052

For	calendar year 2012 or tax year beginning		, and ending		
Nar	me of foundation			A Employer identificati	on number
Н	.E. ANDERSON FAMILY FOUND	ATION		20-542571	4
	mber and street (or P.O box number if mail is not delivered to street a	•	Room/suite	B Telephone number	
6	663 SW BEAVERTON-HILLSDALE	E HIGHWAY	PMB 46	503-297-2	678
	y or town, state, and ZIP code			C if exemption application is	pending, check here
	ORTLAND, OR 97225	1 1			
Gil	Check all that apply: Initial return	Initial return of a fo	rmer public charity	D 1. Foreign organizatio	ns, check here
	Final return Address change	Amended return Name change		Foreign organizations r check here and attach	meeting the 85% test,
н с	Check type of organization: X Section 501(c)(3) exe				
\Box		Other taxable private founda	tion	E If private foundation s under section 507(b)(
I Fa	air market value of all assets at end of year J Accountin		Accrual	F If the foundation is in	• • • •
(fr		er (specify)			1)(B), check here
<u> </u>		nn (d) must be on cash b	asis.)		
Pa	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1 Contributions, grfts, grants, etc., received			N/A	
ı	2 Check X if the foundation is not required to attach Sch B				
	3 cash investments	73.	73.		STATEMENT 1
ŀ	4 Dividends and interest from securities	110,899.	110,543.	·	STATEMENT 2
ł	5a Gross rents				
	b Net rental income or (loss)	260,200.			
9	62 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all 1,666,622.	200,200.			
Revenue	7 Capital gain net income (from Part IV, line 2)		260,200.		
2	8 Net short-term capital gain				
	9 Income modifications				
ı	Gross sales less returns 10a and allowances				
	D Less Cost of goods sold				
l	c Gross profit or (loss)				
	11 Other income	<4,228.		>	STATEMENT 3
\dashv	12 Total. Add lines 1 through 11	366,944.	366,588.		12.000
	13 Compensation of officers, directors, trustees, etc	24,000.	12,000.		12,000
	15 Pension plans, employee benefits	3,636.	1,818.		1,818
ses	16a Legal fees	3,0301	2,0101		1,010
en s	b Accounting fees STMT 4	8,220.	2,022.		6,198
Expen	c Other professional fees STMT 5	17,147.	17,147.	10,046,	0
	17 Interest		· · · · · · · · · · · · · · · · · · ·		
Operating and Administrative	18 Taxes STMT 6	308.	308.		0
윤	19 Depreciation and depletion				
튱	20 Occupancy				<u>. </u> -
ğ	21 Travel, conferences, and meetings				
au	22 Printing and publications 23 Other expenses STMT 7	25.	0.	<u> </u>	1 0
턡	24 Total operating and administrative	23.			1 0
)era	expenses. Add lines 13 through 23	53,336.	33,295.		20,016
ŏ	25 Contributions, grifts, grants paid	134,000.	,		134,000
_	26—Total expenses and dispursements.				
R	Addrines 23 and 25	187,336.	33,295.		154,016
	27—Subtract line 26 from tine 12:				
6	D A Expession revenue of the contraction of the con	179,608.	222		
- 4	Net investment income (i negative, enter -0-)		333,293.	N/A	
- 1	C_Adjusted net income (if negative, enter -0-)				

Part II Balance Sheets Attached schedules and amounts in the description column chould be for each others a mounts only		Rolance Shoots Attached schedules and amounts in the description	Beginning of year	End (nd of year			
P	art	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value			
_	1	Cash - non-interest-bearing						
	ı	Savings and temporary cash investments	54,689.	610,943.	610,943.			
		Accounts receivable ▶	-					
		Less; allowance for doubtful accounts						
	4	Pledges receivable ►						
		Less: allowance for doubtful accounts						
	5	Grants receivable						
		Receivables due from officers, directors, trustees, and other						
	ľ	disqualified persons	İ					
	7	Other notes and loans receivable						
	'	Less; allowance for doubtful accounts	1					
(A)	8	Inventories for sale or use						
Assets	0							
As	I -	Investments - U.S. and state government obligations			-			
	t t	Investments - corporate stock STMT 8	2,308,180.	1,943,587.	2,366,614.			
		Investments - corporate bonds	2,500,100.	1,743,307	2,300,014.			
	١	· · · · · · · · · · · · · · · · · · ·	.					
	١''	Investments - land, buildings, and equipment basis						
	42	Less, accumulated depreciation Investments - mortgage loans			1			
	13							
	1	Investments - other						
	14	Land, buildings, and equipment basis						
	15	Less accumulated depreciation			 			
	13	Other assets (describe)		····	 			
	_ ا	Tatal access (As he accesslated by all Slave)	2,362,869.	2,554,530.	2 077 557			
	-	Total assets (to be completed by all filers)	2,302,003.	2,354,550.	2,977,557.			
		Accounts payable and accrued expenses			-			
	ı	Grants payable			4			
ties	19				-			
Liabilities	I	Loans from officers, directors, trustees, and other disqualified persons			-			
Ë	21				-			
	"	Other liabilities (describe			1			
		Tatal liabilities (add inns 17 through 90)	0.	0.				
	23	Total liabilities (add lines 17 through 22)		<u> </u>	4			
		•						
S		and complete lines 24 through 26 and lines 30 and 31.						
nces		Unrestricted			-			
or Fund Balaı	25	Temporarily restricted			4			
P E	26	,			4			
٦		·						
<u>-</u>		and complete lines 27 through 31.	0.	٥				
əts	27	Capital stock, trust principal, or current funds	0.	0.	4			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	2,362,869.		4			
Net A	29	Retained earnings, accumulated income, endowment, or other funds	2,362,869.	2,554,530.	4			
ž	30	Total net assets or fund balances	2,302,003.	2,554,530.	4			
		Total Makillation and and according to the latest	2,362,869.	2 EE4 E20				
_	31	Total liabilities and net assets/fund balances		2,554,530.				
_	art							
1		net assets or fund balances at beginning of year - Part II, column (a), line	30					
		st agree with end-of-year figure reported on prior year's return)			2,362,869.			
		r amount from Part I, line 27a		2	179,608.			
3	Othe	r increases not included in line 2 (itemize) $ ightharpoonup K-1 BOOK/TAX$	K DIFFERENCES	3	12,053.			
4	Add	lines 1, 2, and 3		4	2,554,530.			
		eases not included in line 2 (itemize)	······	5	0.			
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	2,554,530.			

223511 12-05-12

Part IV Capital Gains a	ind Losses for Tax on li	nvestmen	t Income					
	ibe the kind(s) of property sold (e.ç rehouse; or common stock, 200 sh			(p)	low acquired - Purchase - Donation		Date acquired no., day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b SEE ATTACHED	STATEMENT			_		<u> </u>		
C				<u> </u>		┼		
<u>d</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			├		 		
<u>e</u>	(O Depressed an allewed	(a) Co.	et or other basis	Ь.,		<u> </u>	(h) Coro or (lone	<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale			(6	(h) Gain or (loss e) plus (f) minus	
1		ļ		-1				
<u>b</u>		 		\dashv				
d		 						
e 1,666,622.		 	1,406,42	2.				260,200
	gain in column (h) and owned by					(I) Ga	ıns (Col. (h) gaın	
	(j) Adjusted basis	· -	ccess of col. (i)			coL (k)	, but not less tha	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any	- 1		Lo	osses (from col.	(h))
a		<u> </u>			 -			
b				一				
С				一				<u></u>
d		1	·	\neg				
e			• • • • • • • • • • • • • • • • • • • •	T				260,200
· · · · · · · · · · · · · · · · · · ·	∫ If gain, also ente	r in Dart L line	7	٦l				
2 Capital gain net income or (net cap	oital loss) 🥤 If (loss), enter -0	0- ın Part I, line	7	}	2			260,200
Net short-term capital gain or (loss		nd (6):		٦١	ļ			
If gain, also enter in Part I, line 8, o	column (c).			- }	_ ا		N/A	
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	nder Section 4940(e) for	r Doducec	Tay on Not	<u> </u>	ostmont	ncon	14/15	<u> </u>
Vas the foundation liable for the sect f "Yes," the foundation does not quali Enter the appropriate amount in e	fy under section 4940(e). Do not co	omplete this pa	art.				· · ·	Yes X No
(a)		11128 00 110112 00	iore making any e	_				(d)
Base period years Calendar year (or tax year beginnin			Net value of no		rtable-use ass	1	Distri (col. (b) dr	button ratio vided by col. (c))
2011		16,886.			,709,7			.05420
2010		15,542.			,483,4°			.05860
2009		$\frac{34,104}{39,643}$,299,39			.03657
2008		08,643. L7,495.	·		,137,83 ,263,70			.05082
2007		L7,493.	l		, 203, 70	74.		.03130
2 Total of line 1, column (d)							2	.25211
3 Average distribution ratio for the 5 the foundation has been in existen	•	on line 2 by 5,	or by the number	or ye	ar S -		3	.05042
Finter the net value of noncharitable	e-use assets for 2012 from Part X,	, line 5					4	2,901,837
Multiply line 4 by line 3		••			<i>-</i>		5	146,316
3 Enter 1% of net investment incom	e (1% of Part I, line 27b)						6	3,333
7 Add lines 5 and 6				-		[7	149,649
3 Enter qualifying distributions from	Part XII, line 4				<u></u> .		8	154,016
If line 8 is equal to or greater than See the Part VI instructions.		e 1b, and comp	olete that part usin	g a 19	% tax rate.	· L		· ·
223521 12-05-12							F	orm 990-PF (2012

Form			4257			age 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	948 - 9	see in	stru	ctior	າຣ)
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigs \) and enter "N/A" on line 1.					
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)	ŀ				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%	1			3,3	33.
	of Part I, line 27b					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				<u>0.</u>
3	Add lines 1 and 2	3			3,3	33.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5			3,3	33.
6	Credits/Payments:	1				
а	2012 estimated tax payments and 2011 overpayment credited to 2012					
b	Exempt foreign organizations - tax withheld at source	İ				
C	Tax paid with application for extension of time to file (Form 8868)					
đ	Backup withholding erroneously withheld					
7	Total credits and payments. Add lines 6a through 6d	7				92.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8				55.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			2,4	96.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10				
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax ▶ Refunded ▶	11				
Pa	rt 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 participate or intervene	ın			Yes	No
	any political campaign?			1a		X
Ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		. [1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published	d or	- 1	ŀ		
	distributed by the foundation in connection with the activities.		i	ŀ		
C	Did the foundation file Form 1120-POL for this year?		. L	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		1	İ		
	(1) On the foundation. ▶ \$ 0 • (2) On foundation managers. ▶ \$ 0 •		1	ł		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		1			
	managers. ► \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		. L	2		X
	If "Yes," attach a detailed description of the activities.					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, o	r				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		Ĺ	3		X
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?	Ŋ/	A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?]	5		Х
	If "Yes," attach the statement required by General Instruction T.		ŀ			
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	1			
	remain in the governing instrument?		L	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		[7	X	
	If "Yes," complete Part II, col. (c), and Part XV.		ſ			
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)		ł	- 1		l
	WA			l		
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)		1	į		l
	of each state as required by General Instruction G? If "No," attach explanation		. [8Ь	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	İ			
	year 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		X
40	Did any paragraph become substantial contributors during the tay year?		1	⊀n i		l V

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

Total. Add lines 1 through 3

P	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations,	see instructions.)
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	2,860,942.
ь	Average of monthly cash balances	1b	85,085.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	2,946,027.
е	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	2,946,027.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	44,190.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	2,901,837.
6	Minimum investment return. Enter 5% of line 5	6	145,092.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	145,092.
2a	Tax on investment income for 2012 from Part VI, line 5 2a 3,333.	-	
ь	Income tax for 2012. (This does not include the tax from Part VI.)		
c	Add lines 2a and 2b	2c	3,333.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	141,759.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	141,759.
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	141,759.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		454 646
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	154,016.
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 charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Surtability test (pnor 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 Part XIII, line 4	4	154,016.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	l	
	income. Enter 1% of Part I, line 27b	5	3,333.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	150,683.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	ualifies fo	r the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI,				
line 7				141,759.
2 Undistributed income, if any, as of the end of 2012				
a Enter amount for 2011 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2012:				
a From 2007 5,050.				
b From 2008 2, 704.				
c From 2009 19,412.				
dFrom 2010 22,420.	}			
eFrom 2011 13,182.	62,768.			
f Total of lines 3a through e	02,700.			
4 Qualifying distributions for 2012 from Part XII, line 4: ▶\$ 154,016.				:
a Applied to 2011, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2012 distributable amount				141,759.
e Remaining amount distributed out of corpus	12,257.			
5 Excess distributions carryover applied to 2012 (If an amount appears in column (d), the same amount	0.			0.
must be shown in column (a).) 6 Enter the net total of each column as				
indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	75,025.			
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		0.		
assessed			· · ·	
amount - see instructions		0.		
e Undistributed income for 2011. Subtract line		-		
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must	ſ			
be distributed in 2013				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2007				
not applied on line 5 or line 7	5,050.			
9 Excess distributions carryover to 2013.		ĺ		
Subtract lines 7 and 8 from line 6a	69,975.			
10 Analysis of line 9:	}			
a Excess from 2008 2, 704.	}			
b Excess from 2009 19,412.		ļ		
c Excess from 2010 22,420.				
d Excess from 2011 13,182. e Excess from 2012 12,257.				
e Excess from 2012 12, 257.				Form 990-PF (2012)

223581 12-05-12

Page 11

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount status of contribution any foundation manager Name and address (home or business) or substantial contributor recipient a Paid during the year NONE 170(B)(1) GENERAL OPERATIONS ANNIE WRIGHT (II)(A) 827 NORTH TACOMA AVENUE TACOMA, WA 98403 10,000. AMERICAN CANCER SOCIETY RELAY FOR NONE 170(B)(1) GENERAL OPERATIONS (A)(II) LIFE 1313 BROADWAY SUITE 100 TACOMA, WA 98402 500. 170(B)(1) GREAT FUTURES FUND BOYS AND GIRLS CLUB NONE (A)(VI) 3875 SOUTH 66TH STREET TACOMA, WA 98409 1,000. CHILDREN'S CENTER 509(A)(1) MEDICAL SUPPORT FOR NONE 1811 15TH ST CHILDREN OREGON CITY, OR 97045 250. FRIENDS OF AMERICAN LAKE VETERAN'S NONE 170(B)(1) GENERAL OPERATIONS (A)(VI) GOLF COURCE PO BOX 99608 LAKEWOOD, WA 98496 1,000. SEE CONTINUATION SHEET(S) 134,000. Total b Approved for future payment NONE Total Ο.

20-5425714 H.E. ANDERSON FAMILY FOUNDATION Form 990-PF (2012) Page 12 Part XVI-A **Analysis of Income-Producing Activities** Unrelated business income Excluded by section 512, 513, or 514 Enter gross amounts unless otherwise indicated. (e) (C) Exclu-sion code (a) Business code (b) (d) Related or exempt Amount Amount function income 1 Program service revenue: g Fees and contracts from government agencies ... 2 Membership dues and assessments 3 Interest on savings and temporary cash 73 14 investments 110,899. 14 4 Dividends and interest from securities 5 Net rental income or (loss) from real estate: a Debt-financed property **b** Not debt-financed property ... 6 Net rental income or (loss) from personal <4,228.> 7 Other investment income 01 8 Gain or (loss) from sales of assets other 260,200. 18 than inventory 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory 11 Other revenue: 12 Subtotal. Add columns (b), (d), and (e) 366,944. 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.) Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of Line No. ▼ the foundation's exempt purposes (other than by providing funds for such purposes).

12-05-

Pa	rt XV	Information R Exempt Organ		ansfers To	and Transactions	and Relations	hips With Nonch	aritabl	e	
1	Did the	e organization directly or indi		ny of the followi	ng with any other organizati	on described in sect	ion 501(c) of	T	Yes	No
•		de (other than section 501(c					• • • • • • • • • • • • • • • • • • • •		it.	38 186
а		ers from the reporting found						s diam	i.	
	(1) Ca	ish		·	_					X
		ther assets								X
ь		ransactions:						ن ، و٠ الم	1.6	
	(1) Sa	ales of assets to a noncharita	able exempt organ	ization						X
		ırchases of assets from a no								X
		ental of facilities, equipment,								X
		eimbursement arrangements								X
		ans or loan guarantees								X
		erformance of services or me								X
	Sharing	g of facilities, equipment, ma	ailing lists, other a	ssets, or paid en	nployees			1c		X
đ	If the a	nswer to any of the above is	Yes," complete ti	ne following sch	edule. Column (b) should al	ways show the fair r	narket value of the goods	s, other ass	sets,	
	or serv	ices given by the reporting f	oundation. If the f	oundation receiv	red less than fair market val	u <mark>e in any transacti</mark> or	ı or sharing arrangement	, show in		
	column	n (d) the value of the goods,								
(a)ப	ne no.	(b) Amount involved	(c) Name	of noncharitabl	e exempt organization	(d) Descriptor	of transfers, transactions, ar	nd sharing ar	rangeme	nts
				N/A						
]							
				<u> </u>						
		· · · · · · · · · · · · · · · · · · ·								
			<u> </u>							
		oundation directly or indirec						 1		n
		on 501(c) of the Code (othe		(c)(3)) or in sec	tion 52 7?			Yes	LX	No
b	if Yes,	complete the following sch								
		(a) Name of org	ganization		(b) Type of organization		(c) Description of relation	iship		
		N/A					· · · · · · · · · · · · · · · · · · ·			
						ļ				
			#-Ait	Ab		I determine and to the	hant of our knowledge			
0:-		der penalties of perjury, I declare if belief, it is true, correct, and cor						Aay the IRS (eturn with th	discuss (e prepar	nis er
Sig He		N N I	12/2		111/12/20	2 DDEGT	S	hown below	(see ins	tr.)?
110	i z	Jutim.	yun)		11/10/201	PRESII	JEN'T	L Yes	<u> </u>	J No
	1 5	ignature of officer or trustee		Drongrada a	Date /	Title Date	Check if PTIN			
		Print/Type preparer's na	111€ ,¥	Preparer's s		1 1	self- employed	•		
Pai	d	PADING COS	DEL MAS	Perin	a Salilman	11/12/13		10363	500	
		KARINA STA		TTD		<u> </u>	Firm's EIN ▶ 91-	$\frac{10363}{11993}$		
	pare e Oni		S ADAMS	LLP			LAW. S FIM > 3T-	11023	ΤO	
US	e Ulil	*	CCTUM O	ATTENTE	CITTUR 2000		 			
					SUITE 2800		Dhana 205	-302-	650	n
		l SE	ATTLE, W	A 30104						
							i	- orm 990		ZU 12)

Part XV Supplementary Informati 3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
FOOD CONNECTION	NONE	170(B)(1)	GENERAL OPERATIONS	
1323 I SAINT TRANS		(A)(VI)		
TACOMA, WA 98405	<u> </u>		 	500
FRANCISCAN FOUNDATION	NONE	509(A)(2)	SUPPORT OF ST. CLARE'S	
1717 S J ST			HOSPITAL CAMPAIGN	2,000
PACOMA, WA 98405				2,000
FACOMA RESCUE MISSION	NONE	170(B)(1)	GENERAL OPERATIONS	
125 S. TACOMA WAY	NONE	(A)(VI)	SEMBARI OFBARITOMS	
TACOMA, WA 98402		,		1,000
MULTICARE HEALTH FOUNDATION	NONE	170(B)(1)	SUPPORT FOR EMERGENCY	
PO BOX 5299		(A)(VI)	SERVICES CAMPAIGN	
racoma, wa 98415		1	FUND/ PART OF PLEDGE/	
		<u> </u>	PUND-A-NEED	62,250
PACIFIC LUTHERAN UNIVERSITY C/O	NONE	170(B)(1)	PART OF PLEDGE/	
OFFICE OF DEV & UNIV RELATIONS		(A)(II)	TUITION SUPPORT	
12180 PARK AVE S				
TACOMA, WA 98447		ļ		52,000
			1	
ST. JUDE CHILDREN'S RESEARCH	NONE	170(B)(1)	GENERAL OPERATIONS	
501 ST. JUDE PLACE MEMPHIS, TN 38105		(A)(III)		500
UNIVERSITY OF WASHINGTON	NONE	170(B)(1)	GENERAL OPERATIONS	
PO BOX 351210	10213	(A)(II)	012111111111111111111111111111111111111	
SEATTLE, WA 98195		ļ		2,000
PARKLAND LUTHERAN SCHOOL	NONE	170(B)(1)	GEBERAL OPERATIONS	
120 123RD STREET SOUTH		(A)(II)		
FACOMA , WA 98444		 		1,000
		ļ		
-				
Total from continuation sheets				121,250

FORM 990-PF INTEREST ON SAVINGS A	ND TEMPORARY CA	SH INVESTMENTS	STATEMENT 1
SOURCE			AMOUNT
ENERGY TRANSFER EQUITY			6.
ENERGY TRANSFER PARTNERS, L.P. (FR	OM K-1)		42.
ENTERPRISE PRODUCTS PARTNERS L.P.	/EDOM E 1\		1. 24.
KINDER MORGAN ENERGY PARTNERS, L.P.	(FRUM K-1)		
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		73.
FORM 990-PF DIVIDENDS AND	INTEREST FROM	SECURITIES	STATEMENT 2
		CAPITAL GAINS	COLUMN (A)
SOURCE	GROSS AMOUNT	DIVIDENDS	AMOUNT
ENERGY TRANSFER EQUITY, L.P. (FROM K-1)	48.	0.	48.
ENERGY TRANSFER PARTNERS, L.P.	100	0	102
(FROM K-1) KINDER MORGAN ENGERY	103.	0.	103.
PARTNERS, L.P. (FROM K-1)	13.	0.	13.
PLAINS ALL AMERICAN	2.	0.	2.
UBS #3546	55,900.	0.	55,900.
UBS #4492 UBS #4492	11,860. 356.	0.	11,860. 356.
UBS #5846	42,617.	0.	42,617.
TOTAL TO FM 990-PF, PART I, LN 4	110,899.	0.	110,899.
TOTAL TO PR 990-PP, PART 1, IN 4	=======================================		
FORM 990-PF C	THER INCOME		STATEMENT 3
	(A)	(B)	(C)
	REVENUE	NET INVEST-	
DESCRIPTION	PER BOOKS		
ENERGY TRANSFER PARTNERS, L.P. (FROM K-1)	<1,0	052.> <1,052	
KINDER MORGAN ENERGY PARTNERS, L.P.			
(FROM K-1)		335.> <1,335 <21.> <21	
NUSTAR ENERGY L.P. ONEOK PARTNERS, L.P.		42.> <442	
PLAINS ALL AMERICAN PIPELINE, L.P.		.36.> <136	
ENTERPRISE PRODUCTS PARTNERS L.P.	<1,0	060.> <1,060).>
ENERGY TRANSFER EQUITY	<1	.82.> <182	2.>
TOTAL TO FORM 990-PF, PART I, LINE	< 11 < 4,2	228.> <4,228	3.>
			

FORM 990-PF	ACCOUNTI	NG FEES	Si	PATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEES	8,220.	2,022.		6,198.
TO FORM 990-PF, PG 1, LN 16B	8,220.	2,022.		6,198.
FORM 990-PF C	THER PROFES	SIONAL FEES	S	PATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
MANAGEMENT FEES	17,147.	17,147.		0.
TO FORM 990-PF, PG 1, LN 16C	17,147.	17,147.		0.
FORM 990-PF	TAX	ES	S	ratement 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX PAID	308.	308.		0.
TO FORM 990-PF, PG 1, LN 18	308.	308.		0.
FORM 990-PF	OTHER E	XPENSES	Sf	ratement 7
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE
DESCRIPTION	PER BOOKS		NET INCOME	PURPOSES
DESCRIPTION MISCELLANEOUS OFFICE EXPENSE		MENT INCOME	NET INCOME	PURPOSES 0.
	PER BOOKS	MENT INCOME	NET INCOME	

FORM 990-PF CORPORATE STOCK		STATEMENT	8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	:
UBS #13546 - EQUITIES UBS #05846 - EQUITIES UBS #14492 - EQUITIES	678,141. 997,641. 267,805.	779,79 1,261,96 324,85	53.
TOTAL TO FORM 990-PF, PART II, LINE 10B	1,943,587.	2,366,61	14.
FORM 990-PF PART XV - LINE 1A LIST OF FOUNDATION MANAGEN	RS	STATEMENT	9

NAME OF MANAGER

H.E. ANDERSON VIVIAN L. ANDERSON

1 OF

	osses for lax on investment incom-		175 175 175 175 175 175 175 175 175 175		
	nd describe the kind(s) of property so brick warehouse; or common stock, :		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a KINDER MORGAN	ENERGY PARTNERS	,L.P. (FROM K-1)	P	1	
b ENTERPRISE PRO	DUCTS PARTNERS I	L.P.	P		
c ENERGY TRANSFI	ER PARTNERS, LP.		P		
d ONEOK PARTNERS	5 L.P		P		
e UBS CAPITAL GA	AIN DISTRIBUTIONS	S	P		
1 PUBLICLY TRADI			P		
g ENERGY TRANSFI	R EQUITY		P		
h					
1					
				1	
k					
1				1	
m					
n					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	1) (e)	n) Gain or (loss) plus (f) minus (g)	
3	 	68.			<68.
<u>a</u> <u>b 272</u>	 				272.
	 	76.			<76.
d d	 	3.			<3.
e 66.	, , , , , , , , , , , , , , , , , , ,	1			66.
f 1,666,284		1,406,269.			260,015.
		6.	 -,		<6.
g h					
i	 	 		<u>-</u> -	
	 			 	
<u></u>	 				
<u>k</u>	 				
<u></u>	 				
<u>m</u>					
<u>n</u>					
Complete only for assets show	I ring gain in column (h) and owned by	v the foundation on 12/31/69	(1) Lo	sses (from col. (h))	
- Odinpicte only for assets show	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess	of col. (h) gain over	col. (k).
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	buti	not less than "-0-")	
		0.0000000000000000000000000000000000000			<68.
<u>a</u>		-			272.
<u>b</u>	 				<76.
d d	 				<3.
·	 				66.
<u>e</u> f	 				260,015.
	 				<6.
<u>g</u>	 	 		-	
<u>h</u>					
<u>i</u>					
<u> </u>	 	 			
<u>k</u>	 				
····	 			 	
<u>m</u>	 	 			
<u>n</u>	 	 			-
0	<u> </u>		-		
2 Capital gain net income or (net o	capital loss) { If gain, also enter the lift (loss), enter the	er in Part I, line 7 -0-" in Part I, line 7	2		260,200.
	oss) as defined in sections 1222(5) a	and (6):			
If gain, also enter in Part I, line 8	3, column (c).	}		3T / 3	
If (loss), enter *-0-* in Part I, line	δ	<u> </u>	3	N/A	

H.E. ANDERSON FAMILY FOUNDATION

Form **8868**

(Rev. January 2013)
Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2013)

Internal Revenue Service	grate appi	ication for each return.		<u> </u>			
If you are filing for an Automatic 3-Month Extension, complete the second of the					X		
If you are filing for an Additional (Not Automatic) 3-Month Ex	•						
Do not complete Part II unless you have already been granted Electronic filing (e-file). You can electronically file Form 8868 if					oration		
required to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically fi	le Form 88	368 to request an ex	ctension		
of time to file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for 3	ransfers /	Associated With Cer	rtain		
Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form,							
visit www.irs.gov/efile and click on e-file for Charities & Nonprofit	3.	·		_			
Part I Automatic 3-Month Extension of Time	e. Only	submit original (no copies	needed	1).			
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete							
Part I only							
All other corporations (including 1120-C filers), partnerships, REN to file income tax returns.	1ICs, and t	rusts must use Form 7004 to reques	t an exten	sion of time			
ype or Name of exempt organization or other filer, see instructions. Employer identification numbers.					er (EIN) or		
H.E. ANDERSON FAMILY FOUNDATION 20-542571					4		
fate for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN your 6663 SW BEAVERTON-HILLSDALE HIGHWAY, NO. PMB 46)		
return. See Instructions. City, town or post office, state, and ZIP code. For a foreign address, see instructions. PORTLAND, OR 97225							
Enter the Return code for the return that this application is for (fil	e a separa	te application for each return)			0 4		
Application	Return	Application			Return		
ls For	Code	1.12			Code		
Form 990 or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-BL	02	Form 1041-A					
Form 4720 (Individual)	03	Form 4720			08		
Form 990-PF	04	Form 5227					
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			10		
Form 990-T (trust other than above)	06	Form 8870			12		
THE FOUNDATION - 6663 SW BEAVERTON-HILLSDALE HIGHWAY, The books are in the care of No. PMB - PORTLAND, OR 97225 Telephone No. > 503-297-2678 FAX No. >							
If the organization does not have an office or place of busines	s in the Ur	ited States, check this box		_			
 If this is for a Group Return, enter the organization's four digit 				the whole group, c	heck this		
box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.							
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2013 , to file the exempt organization return for the organization named above. The extension							
is for the organization's return for:							
► X calendar year 2012 or							
► tax year beginning	, an	d ending		_ ·			
2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period							
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.							
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and					000		
estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,					892.		
 Balance due. Subtract line 3b from line 3a. Include your participation. by using EFTPS (Electronic Federal Tax Payment System). 	•		3с	\$	0.		
Caution. If you are going to make an electronic fund withdrawal							

223841 01-21-13

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

Form 8868 (Rev. 1-2013)				Page 2				
• If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box > X								
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.								
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).								
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the orig	ginal (no copie	s needed)				
		Enter filer's		er, see instructions				
Type or Name of exempt organization or other filer, see instru	Employer Identification number (EIN) or							
File by the H.E. ANDERSON FAMILY FOUNDAT	20-5425714							
due date for filling your return. See 663 SW BEAVERTON-HILLSDALE HIGHWAY, NO. PMB 46								
Instructions. City, town or post office, state, and ZIP code. For a for PORTLAND, OR 97225	oreign add	Iress, see instructions.						
Enter the Return code for the return that this application is for (file	a separa	te application for each return)	···· ······	0 4				
Application	Return	Application		Return				
ls For	Code	Is For	V N C 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Code				
Form 990 or Form 990-EZ	01	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
Form 990-BL	02	Form 1041-A		08				
Form 4720 (individual)	03	Form 4720		09				
Form 990-PF	04	Form 5227		10				
Form 990-T (sec. 401(a) or 408(a) trust)	05 06	Form 6069 Form 8870		11				
Form 990-T (trust other than above)			iough filed Form 6	12				
STOP! Do not complete Part II if you were not already granted								
• THE FOUNDATION - 6663 SW BEAVERTON-HILLSDALE HIGHWAY, • The books are in the care of ▶ NO. PMB - PORTLAND, OR 97225								
Telephone No. ► 503-297-2678 FAX No. ►								
	in tha Ha			` b []				
 If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this 								
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs of						
		BER 15, 2013.	<u> </u>	<u></u>				
5 For calendar year 2012, or other tax year beginning		, and endin	a					
6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return								
Change in accounting period								
7 State in detail why you need the extension								
ADDITIONAL TIME IS REQUESTED A	S WE	ARE AWAITING INFO	RMATION FF	OM THIRD				
PARTIES TO PREPARE A COMPLETE AND ACCURATE TAX RETURN								
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069, er	nter the tentative tax, less any						
nonrefundable credits. See instructions.	8a \$	892.						
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated								
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid								
previously with Form 8868.			8b \$	892.				
c Balance due. Subtract line 8b from line 8a. Include your pay	yment witl	h this form, if required, by using	ľ l	•				
EFTPS (Electronic Federal Tax Payment System). See instru			8c \$					
Signature and Verification must be completed for Part II only.								
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.								
Signature ► \OSA MC(SINN:> Title ► C	PA		Date ▶ 8	11115				
			For	n 8868 (Rev. 1-2013)				