

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



ESILED RETURN REJECTED SIISIS - CON ATTACHED Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No 1545-0052

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

2013

Inten	nal Reve	nue Service , ► Information about Form 990-PF and its se					to Public Inspection
For	calend	dar year 2013 or tax year beginning	07-01 , 2013, a	and ending	·		30 ,2014
Na	ame of t	foundation				identification number	
L	P ANI	D TERESA ANDERSON FOUNDATION			81-0479	060	
N	umber a	and street (or PO box number if mail is not delivered to street address)	Ro	oom/suite	B Telephone	number (see instructions))
_ P	о воз	X 190			(406)23	2-3920	 ,
Cı	ty or to	wn, state or province, country, and ZIP or foreign postal code			C If exempti	on application is pending,	check here
_M	ILES	CITY, MT 59301					
G	Check	all that apply. Initial return Initial return	of a former public charity D 1. Foreign organizations, check here			re ▶ 📘	
		Final return Amended re	turn		2. Foreign	n organizations meeting th	e 85% test.
		Address change Name chang				nere and attach computati	
H	Check	type of organization Section 501(c)(3) exempt priv					
\perp			axable private foundati		section 50	07(b)(1)(A), check here	▶∐
I F	air ma	arket value of all assets at J Accounting method.	Cash X	Accrual	F If the foun	dation is in a 60-month te	
6	end of y	year (from Part II, col. (c), Other (specify)			under sec	tion 507(b)(1)(B), check h	nere ▶
_	ine 16)		e on cash basis.)				
P	art I		(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	èxpenses per books		nvestment come	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions).)	DOOKS		_	income	(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule)					
	2	Check ▶ X if the foundation is not required to attach Sch B				· · · · · · · · · · · · · · · · · · ·	
	3	Interest on savings and temporary cash investments	1		1		
	4	Dividends and interest from securities	14,036	<u> </u>	14,036		, <u>, , , , , , , , , , , , , , , , , , </u>
	5a	Gross rents		ļ			
	b	Net rental income or (loss)		<u> </u>		; ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	·· ·······
ē	6a	Net gain or (loss) from sale of assets not on line 10	1,463				
Revenue	b	Gross sales price for all assets on line 6a 94,989	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u></u>			
Š	7	Capital gain net income (from Part IV, line 2)			1,463		
œ	8	Net short-term capital gain	· · · · · · · · · · · · · · · · · · ·	ļ		465	·;;;**;;;;;;-;-;-;-;+;+;;-;-;+;-;+;-;-
	9	Income modifications		<u> </u>			
<u> </u>	10a	Gross sales less returns and allowances	·	<u> </u>			
	b	Less Cost of goods sold		<u> </u>			
SCANNED	С	Gross profit or (loss) (attach schedule)					'-'-
Æ	11	Other income (attach schedule) STM1D6	1,380		1,380		
Ö	12	Total. Add lines 1 through 11	16,880	REC	76 8BO	465	
<u>ر</u>	13	Compensation of officers, directors, trustees, etc	1 =				
NOI	14	Other employee salanes and wages		NAAV	z 🔋 2015	Q	
	15	Pension plans, employee benefits	537	MAY	8 8 EU13		
Exper	16a	Legal fees (attach schedule)	<u> </u>				
\sim	b	Accounting fees (attach schedule) STM108	4,736	OGD	EN. 562	3,174	
<i>3</i> 102 ative E	С	Other professional fees (attach schedule) STM109	5,7 <u>61</u>		3,851	1,000	910
tra	17	Interest					
ī.	18	Taxes (attach schedule) (see instructions) STM110	97		97		72
Ξ	19	Depreciation (attach schedule) and depletion	4 222				
ĕ	20	Occupancy	1,339	-	339	331	669
5	21	Travel, conferences, and meetings	<u> </u>				
е Б	22	Printing and publications	1 041				
Ë	23	Other expenses (attach schedule) STM103	1,241	-	39	638	564
$rak{\partial l}02$ Operating and Administrative	24	Total operating and administrative expenses.	33 354		F 000	F 4.40	0 015
ğ		Add lines 13 through 23	13,174		5,888	5,143	2,215
9	25	Contributions, gifts, grants paid	26,100	 	F 000	P 340	18,258
	26	Total expenses and disbursements. Add lines 24 and 25 .	39,274	<u> </u>	5,888	5,143	20,473
	27	Subtract line 26 from line 12 ⁻	/22 224	ŧ			
	a	Excess of revenue over expenses and disbursements .	(22,394	7	10 000		
	b	Net investment income (if negative, enter -0-)	**************************************	<u> </u>	10,992	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	······································

D.	art II	Balance Sheets Attached schedules and amounts in the description column should be for end of year amounts only. (See instructions.)	Beginning of year		End of	year
	21 (1)	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-bearing	8,540		378	378
	2	Savings and temporary cash investments	112,166	105,	815	105,815
	3	Accounts receivable >				
		Less: allowance for doubtful accounts	551			
	4	Pledges receivable				
		Less: allowance for doubtful accounts				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule)				
		Less: allowance for doubtful accounts				
its	8	Inventories for sale or use	-			
Assets	9	Prepaid expenses and deferred charges				
ď	10a	Investments - U.S and state government obligations (attach schedule)				
	b	Investments - corporate stock (attach schedule) STM137	376,497	376,	957	411,584
	С	Investments - corporate bonds (attach schedule)				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation (attach schedule)			ĺ	
	12	Investments - mortgage loans				
	13	Investments - other (attach schedule)				
	14	Land, buildings, and equipment: basis				
		Less accumulated depreciation (attach schedule)				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers - see the				
		ınstructions Also, see page 1, item I)	497,754	483,	150	517,777
_	17	Accounts payable and accrued expenses	616		564	
	18	Grants payable	7,258	15,	100	
ies	19	Deferred revenue	•			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
jab	21	Mortgages and other notes payable (attach schedule)				
٦	22	Other liabilities (describe >)				
	23	Total liabilities (add lines 17 through 22)	7,874	15,0	564	
		Foundations that follow SFAS 117, check here · · · · · · ▶				
ės		and complete lines 24 through 26 and lines 30 and 31.				
lances	24	Unrestricted				
a	25	Temporarily restricted				
P	26	Permanently restricted				
Fund B		Foundations that do not follow SFAS 117, check here $\dots \blacktriangleright X$				
Ē		and complete lines 27 through 31.				
Assets or	27	Capital stock, trust principal, or current funds	489,880			
set	28	Paid-in or capital surplus, or land, bldg, and equipment fund				
Asi	29	Retained earnings, accumulated income, endowment, or other funds		467,		
Net ,	30	Total net assets or fund balances (see instructions)	489,880	467,	186	
Z	31	Total liabilities and net assets/fund balances (see				
	<u> </u>	instructions)	497,754	483,	150	
	art II	<u> </u>				
1		net assets or fund balances at beginning of year - Part II, column (a), line				
		of-year figure reported on prior year's return)			1	489,880
		r amount from Part I, line 27a			2	(22,394)
		r increases not included in line 2 (itemize)			3	. 22
		lines 1, 2, and 3			4	467,486
		eases not included in line 2 (itemize)			5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30		6	467,486

Par	t IV Capital Gains	and Losses for Tax on Inve	estment incom				, 		
	(a) List and descr , 2-story brick wai	(b) How acquired P-Purchase D-Donation	(c) Date acc (yr, mo, c		(d) Date sold (yr , mo , day)				
1a	SHORT TERM MUTUA	L FUND ACTIVITY		P	2013-07	-01	2014-06-30		
b	LONG TERM MUTUAL	FUND ACTIVITY		P	2013-06	-30	2014-06-30		
С	6184.974 SH HART	FORD FLOATING FUND		P	2011-10	-31	2014-02-25		
d	105 SH IBM			P	2013-01	-04	2014-02-27		
е	170 SH ISHARES T	R BARCLAYS TIPS		P	2012-03	-23	2014-02-27		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o				nin or (loss) (f) minus (g)		
а	465						465		
b	213						213		
С	55,970	53,504			109,4				
d	19,387	19,970					39,357		
е	18,954	20,052					39,006		
С	omplete only for assets sho	wing gain in column (h) and owned by	the foundation on 1	2/31/69	an a	Gains (C	ol (h) gain minus		
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col (of col (ı)), ıf any	col (k), but not less than -0-) or Losses (from col (h))		ot less than -0-) or		
а					465				
b							213		
С					109,474				
d	·				39,357				
е							39,006		
2 (apital gain net income or (n	2		1,463					
3 N	let short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)						
	. •	e 8, column (c) (see instructions) If (kg		1	•				
	•		-	3	3		465		
		Jnder Section 4940(e) for Re		Net Investm	ent Incom	 1e			
If sec Was If "Ye	tion 4940(d)(2) applies, leavenees the foundation liable for the say," the foundation does not do	section 4942 tax on the distributable a qualify under section 4940(e). Do not o	mount of any year ir complete this part.	n the base period?	?		Yes X No		
1 E	<u></u>	in each column for each year, see the	e instructions before	making any entri	es				
Ca	(a) Base period years lendar year (or tax year beginn	ing in) Adjusted qualifying distribution	s Net value of r	(c) noncharitable-use as	ssets		(d) tribution ratio divided by col (c))		
	2012	33,6	89	519,4	193	0	.06485		
	2011	25,8	372	554,8			.046629		
	2010	26,9	68	433,3	328	0	.062235		
	2009	23,0	067	424,3	380	0	.054355		
	2008	9,7	736	404,	708	0	.024057		
					2	0	.252125		
		the 5-year base period - divide the tota on has been in existence if less than 5			3	0	.050425		
<i>1</i> E	nter the net value of noncha	pritable-use assets for 2013 from Part	X line 5		4		490,634		
4 Enter the net value of noncharitable-use assets for 2013 from Part X, line 5									
5 Multiply line 4 by line 3				5	5 24,740				
6 Enter 1% of net investment income (1% of Part I, line 27b)					6		110		
7 Add lines 5 and 6							7 24,850		
8 Enter qualifying distributions from Part XII, line 4							8 35,573		
	line 8 is equal to or greater eart VI instructions	than line 7, check the box in Part VI, li	ine 1b, and complete	e that part using a	1% tax rate.	See the	e 		

	(20,0)	1 7 9 0 0 0			aye 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instru	ctic	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				110
	here ► X and enter 1% 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				0
3	Add lines 1 and 2				110
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				110
6	Credits/Payments				
а	2013 estimated tax payments and 2012 overpayment credited to 2013 6a 6a				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c 500				
d	Backup withholding erroneously withheld				
7	Total credits and payments. Add lines 6a through 6d				500
8	Enter any penalty 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				
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				390
1_	Enter the amount of line 10 to be: Credited to 2014 estimated tax ▶ 150 Refunded ▶ 11				240
11/11	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	-		Yes	No
	participate or intervene in any political campaign?	· -	1a		<u>X</u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				3.7
	Instructions for the definition)?	· [1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities.				7.7
	Did the foundation file Form 1120-POL for this year?	. -	1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation > \$ (2) On foundation managers > \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		:		
	on foundation managers > \$				7.7
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	·	2		X
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			-	7.7
	incorporation, 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
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	•	5		X
_	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	Ì	•	v	
_	conflict with the state law remain in the governing instrument?	-	6	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV .	•	7		
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) MT	_			
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	Χ	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	["			
	4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes,"				
	complete Part XIV		9		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X

Form	,990-PF (2013) LP AND TERESA ANDERSON FOUNDATION 81-047	9060	{	2age 5
	rt VII-A Statements Regarding Activities (continued)			
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			Γ
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement (see instructions)	12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ▶ N/A			
14	The books are in care of ► SANDRA K ANDERSON Telephone no. ► 406	-232-3	920	
	Located at ▶ PO BOX 190, MILES CITY, MT ZIP+4 ▶ 593			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			_
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If "Yes," enter the name of		 	
	the foreign country			
Pai	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	_	Yes	No
1a	During the year did the foundation (either directly or indirectly).			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		1	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		ŧ	
	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? Yes X No		ŧ	
	(5) Transfer any income or assets to a disqualified person (or make any of either available for		-	
	the benefit or use of a disqualified person)?		1	
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the		1	
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days) Yes X No		1	
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b	1	
	Organizations relying on a current notice regarding disaster assistance check here		-	
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		ŀ	
	were not corrected before the first day of the tax year beginning in 2013?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))		ŧ	
а	At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and		1	
	6e, Part XIII) for tax year(s) beginning before 2013?		‡	
	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)		Ì	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		1	
	all years listed, answer "No" and attach statement - see instructions.)	2b		Х
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		•	
	•		1	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?		1	
b	If "Yes," did it have excess business holdings in 2013 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		Ī	
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of		Ī	
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		Ī	
	foundation had excess business holdings in 2013.)	3ь		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		Ī	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?	4b	1	X

Part V	VII-B Statements Regarding	g Activitie	s for \	Which Form	n 4720	May Be	Requi	red (cc	ontinued)	·-	_
5a Du	uring the year did the foundation pay or	incur any am	nount to					_				
(1)) Carry on propaganda, or otherwise a	ttempt to influ	ience leg	gislation (section	on 4945(e))?		Yes	X No	1		
(2)	?) · Influence the outcome of any specific	public electi	on (see s	section 4955),	or to car	ту оп,						
	directly or indirectly, any voter registi							Yes	X No	1		
٠.	B) Provide a grant to an individual for tra	•						Yes	X No			
(4)	Provide a grant to an organization of	ner than a ch	antable,	etc , organizat	ion desc	nbed in		_	_			
	section 509(a)(1), (2), or (3), or section	on 4940(d)(2)	? (see ır	nstructions)				Yes	X No			
(5)	Frovide for any purpose other than re	•			, or edu	cational		_	r==			
	purposes, or for the prevention of cru							Yes	X No			
	any answer is "Yes" to 5a(1)-(5), did ar	=		· · · · · ·				ed in				
	egulations section 53.4945 or in a curre	_	_		•			• • • •		5b		
	rganizations relying on a current notice	•							. ▶ 📙			
	the answer is "Yes" to question 5a(4), or			•				—				
	ecause it maintained expenditure respon	-	_					Yes	∐ No	1 }		
	"Yes," attach the statement required by	-		• •								
	id the foundation, during the year, recei	•	-	=					₩			
	n a personal benefit contract?							Yes	X No			₹.
	If "Yes" to 6b, file Form 8870 At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? . Yes X No											
			•	•						7ь		
	of "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?											
ruit	and Contractors	10013, Dire	.01013,	, Trustees,	ı ouin	aution inc	iiiagci	3, mg.	ny i ala	Linpix	,,003	,
1 List	all officers, directors, trustees, foun	dation mana	gers an	d their compe	ensation	(see instru	ctions).					
			(b) Title	e, and average	(c) Co	ompensation	(d)	Contribut		(e) Expe	nse acco	
	(a) Name and address			rs per week ed to position		not paid, nter -0-)		oyee bene ferred con	efit plans		llowance	
SANDRA	A K ANDERSON		PRESI		STMA				····			
ро вох	X 190, MILES CITY, MT 593	01	2			0			0			0
	EY A HUNNES		SECRETARY		STMA02							
ро вох	X 1977, BILLINGS, MT 5910	1		1	0		0		0			0
JOHN Z	A TOOKE		TREAS	URER	STMA	.03						
ро воз	X 1134, MILES CITY, MT 59	301		1		0	0		0			0
2 Com	npensation of five highest-paid empl	oyees (other	than th	ose included	on line	1 - see instr	uctions). If none	e, enter			
NO	ONE."					1						
				(b) Title, and a					ributions to ee benefit	(e) Exper	se acco	unt.
(a)	Name and address of each employee paid	more than \$50,	000	hours per w devoted to po		(c) Comper	sation	plans an	d deferred		llowance	
								comp	ensation			
NONE												
_												
								1		<u> </u>		
								<u> </u>				
Total nu	umber of other employees paid over \$50	0,000							▶			0
											_	

LP AND TERESA ANDERSON FOUNDATION

Page 6

81-0479060

Form 990-PF (2013)

Form 990-PF (2013)

All other program-related investments See instructions

3

EEA

Pa	Minimum Investment Return (All domestic foundations must complete this part. Foreign	1 found	dations,
	see instructions.)		
1	Fair market value of assets not used (or held for use) directly in carrying out chantable, etc.,		
	purposes. ,		
а	Average monthly fair market value of securities	1a	494,117
b	Average of monthly cash balances	1b	2,706
С	Fair market value of all other assets (see instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	496,823
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	496,823
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	6,189
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	490,634
6	Minimum investment return. Enter 5% of line 5	6	24,532
Pa	rt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating		
	foundations and certain foreign organizations check here ▶ and do not complete this	part.)	
1	Minimum investment return from Part X, line 6	1	24,532
2a	Tax on investment income for 2013 from Part VI, line 5		
b	Income tax for 2013 (This does not include the tax from Part VI.)		
С	Add lines 2a and 2b	2c	110
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	24,422
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	24,422
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		•
	line 1	7	24,422
Da	rt XII Qualifying Distributions (see instructions)		
	Qualifying Distributions (See instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	20,473
b	Program-related investments - total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	15,100
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 .	4	35,573
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	110
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,463
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	e found	lation
	qualifies for the section 4940(e) reduction of tax in those years.		

ı a	Att Ondistributed income (acc mand	Cliono)			
1	Distributable amount for 2013 from Part XI,	(a) Corpus	(b) Years pnor to 2012	(c) 2012	(d) 2013
	line 7				24,422
2	Undistributed income, if any, as of the end of 2013:				
а	Enter amount for 2012 only			25,903	
b	Total for prior years 2004, 2006,		2,900		
3	Excess distributions carryover, if any, to 2013.	N		······································	tpakadili ilminini ilma
а	From 2008	[1	1	
b	From 2009	Į.	1	Ī	
С	From 2010		1	1	
d	From 2011		1	1	
e	From 2012	1	1	1	
f	Total of lines 3a through e	2,744	1	1	
4	Qualifying distributions for 2013 from Part XII,				
	line 4. ▶ \$ 35,573	[1		
а	Applied to 2012, but not more than line 2a			25,903	
þ	Applied to undistributed income of prior years			=	
	(Election required - see instructions)		53,868		
C	Treated as distributions out of corpus (Election				
	required - see instructions)			<u></u>	
d	Applied to 2013 distributable amount				24,422
е	Remaining amount distributed out of corpus		·····		
5	Excess distributions carryover applied to 2013 .	2,744			2,744
	(If an amount appears in column (d), the same		1	1	
	amount must be shown in column (a).)	İ		1	
6	Enter the net total of each column as		1	1	
	indicated below:	Į.	1	!	
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5 .			····	
b	Prior years' undistributed income Subtract				
	line 4b from line 2b			·····	
С	Enter the amount of prior years' undistributed			1	
	income for which a notice of deficiency has		ļ.		
	been issued, or on which the section 4942(a)		•		
	tax has been previously assessed	··			
a	Subtract line 6c from line 6b. Taxable amount - see instructions		†	1	
_					
е	Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see				
	Instructions				
f	Undistributed income for 2013 Subtract lines				
•	4d and 5 from line 1. This amount must be		1		
	distributed in 2014		1	1	
7	Amounts treated as distributions out of corpus	1 11	····		
•	to satisfy requirements imposed by section		1	#	
	170(b)(1)(F) or 4942(g)(3) (see instructions)	26,100			
8	Excess distributions carryover from 2008 not	20,200			
•	applied on line 5 or line 7 (see instructions)		1	1	
9	Excess distributions carryover to 2014.				
-	Subtract lines 7 and 8 from line 6a		I	!	
10	Analysis of line 9				······································
а	Excess from 2009		1	1	
b	Excess from 2010		1		
C	Excess from 2011 2,542		1	1	
d	Excess from 2012 202		1	1	
е	Excess from 2013		1	1	

	Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)								
	If the foundation has received a ruling or								
	foundation, and the ruling is effective for				•				
b	Check box to indicate whether the found		_	ed in section	4942(J)(3) or	4942(j)(5)			
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		T			
	income from Part I or the minimum	(a) 2013	(b) 2012	(c) 2011	(d) 2010	(e) Total			
	investment return from Part X for each year listed	(a) 2013	(b) 2012	(6) 2011	(6/ 25/5				
L.	000, 00		<u> </u>	-					
b	85% of line 2a					 			
С	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 .								
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c		:						
3	Complete 3a, b, or c for the alternative test relied upon:								
а	"Assets" alternative test - enter: (1) Value of all assets								
	(2) Value of assets qualifying under								
	section 4942(j)(3)(B)(i)								
b	"Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed	:							
С	"Support" alternative test - enter:								
	(1) Total support other than gross								
	investment income (interest, dividends, rents, payments on								
	securities loans (section								
	512(a)(5)), or royalties)								
	(2) Support from general public								
	and 5 or more exempt organizations as provided in								
	section 4942(j)(3)(B)(iii)								
	(3) Largest amount of support from								
	an exempt organization								
	(4) Gross investment income								
Part	XV Supplementary Informa	tion (Complete t	his part only if th	ne foundation ha	d \$5,000 or more	in assets at			
	any time during the yea	r - see instructio	ns.)						
1	Information Regarding Foundation M	anagers:							
а	List any managers of the foundation wh	o have contributed mor	re than 2% of the total of	contributions received b	y the foundation				
	before the close of any tax year (but on	y ii they have contribut	led more trian \$5,000).	(See Section 507(0)(2)	.,				
	NONE,								
b	List any managers of the foundation wh	o own 10% or more of	the stock of a corporate	on (or an equally large	portion of the				
	ownership of a partnership or other entit	ty) of which the foundar	tion has a 10% or grea	ter interest					
	NONE,								
2	Information Regarding Contribution,	Grant, Gift, Loan, Sc	holarship, etc., Progr	ams:					
	Check here ▶ ☐ If the foundation on								
	unsolicited requests for funds. If the fou		ants, etc. (see instruct	ions) to individuals or o	rganizations under				
	other conditions, complete items 2a, b,								
а	The name, address, and telephone num	iber or e-mail of the per	rson to whom applicate	ons should be addresse	ed				
	990APP			ar abould indude:					
b	The form in which applications should b	e submitted and inform	nation and materials the	ey snould include:					
	Any submission deadlines:								
		 -		Charles de la company					
d	Any restrictions or limitations on awards factors	s, such as by geograph	iical areas, chantable fi	eias, kinds of institutior	ns, or other				

Form 990-PF (2013) LP AND TERESA ANDERSON FOUNDATION 81-0479060 Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient Purpose of grant or show any relationship to status of contribution Amount any foundation manager or substantial contributor recipient Name and address (home or business) a Paid during the year SEE SUPPLEMENTARY INFORMATION VARIOUS NONE VARIOUS 11,000 MILES CITY, MT 59301 11,000 Approved for future payment SEE SUPPLEMENTARY INFORMATION **VARIOUS** MILES CITY, MT 59301 NONE **VARIOUS** 15,100

15,100

Total

		F (2013) LP AND TERESA ANDERSO -A Analysis of Income-Producing A		TON		81-04790	60 Page 1
		amounts unless otherwise indicated.		ousiness income	Excluded by sect	ion 512, 513, or 514	(e)
	_		(a) Business	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
1	•	n service revenue	code				
	a <u>N/I</u>				- 		
	_		-		+ - +		
	c		-	· · · · · · · · · · · · · · · · · · ·			
	e f				 		
		and contracts from government agencies		-	 		
:	_	rship dues and assessments	-				
- }		on savings and temporary cash investments .			1		
ļ		ds and interest from securities	1.				
5		al income or (loss) from real estate					······································
-		-financed property		4.0	· · · · · · · · · ·		/ h.l
		debt-financed property					
		al income or (loss) from personal property					
,		vestment income					
	Gain or	(loss) from sales of assets other than inventory					
)		ome or (loss) from special events					
)		rofit or (loss) from sales of inventory					
		evenue a					
	L						
	_						
	d						
	е						
		l Add columns (b), (d), and (e)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		Add line 12, columns (b), (d), and (e)				13	
		neet in line 13 instructions to verify calculations)					
3	art XVI	-B Relationship of Activities to the					
L	ine No. ▼	Explain below how each activity for which inco accomplishment of the foundation's exempt pu					
1	A	N/A					
_				······································			
_							
							
_						<u>-</u>	
_							
				<u>.</u>			
	_						
_							
_							
_							
_							

Form 990-PF (2013) LP AND TERESA ANDERSON FOUNDATION 81-0479060 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

			3						
1 Did the organization directly or indirectly engage in any of the following with any other organization described									No
	ın section	501(c) of the C	Code (other than secti	ion 501(c)(3) organizations) or in s	section 527, relating to	political		1	
	organizati	ons?						1	
а	Transfers	from the report	ting foundation to a ne	onchantable exempt organization	of:			1	
	(1) Cash						1a(1)	X
	(2) Other								X
ь	Other tran								
	(1) Sales	of assets to a	nonchantable exempt	t organization			1b <u>(1</u>	J	X
				exempt organization					X
				sets					Х
								1	X
									Х
	` '	•		or fundraising solicitations					X
С				other assets, or paid employees				<u> </u>	X
d	•	• •	_	mplete the following schedule Col					1
u				given by the reporting foundation					
(a) I			T -	ent, show in column (d) the value of				· · · · · · · · · · · · · · · · · · ·	
(a) LII	ne no (b) A	mount involved	(c) Name of non	charitable exempt organization	(d) Description of tra	risiers, transaction	is, and snaming an	angent	=======================================
						<u> </u>			
						· · · · · · · · · · · · · · · · · · ·			
							•		
		·							
-	-					-			
2a	Is the four	dation directly	or indirectly affiliated	with, or related to, one or more ta	x-exempt organization	ns			
		-		than section 501(c)(3)) or in sect			🗌 Y	es X	No
b			lowing schedule						
	(a	a) Name of organ	nization	(b) Type of organization		(c) Descriptio	n of relationship	_	
		·				_			
	Under pe	nalties of perjury, I	declare that I have examin	ed this return, including accompanying sch an taxpayer) is based on all information of v	edules and statements, and	to the best of my kn	owledge and belief,	t is true,	
Sig	n	and domproxo Book	11/2	112/11			May the IRS discu		tum
Hei	re Joi	IN TOOKE	Jon 19	pals /21/45	TREASURER		with the preparer s	own belo	ow_
		ature of officer or in	ustee	Date	Title		(see inst)?	Yes	No
		Print/Type/prepar	er's name	Preparer's signature	Date	Check	X if PTIN		
Pai	d	Mary & Pa	rtridge CPA	Mary S. Tarte	edge 05-19-2	015 self-en	ployed P0013	2802	
Pre	parer	Firm s name	► Mary L Part	tridge CPA	·	Firm's EIN ►	81-05257	35	
Use	e Only	Firm's address	▶ 615 Main St	t POB 302		Phone no			
			Miles City	MT 59301		406	-874-3500		

If you are filling for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Power of the provided in	Form 8868 (F	Rev 1-2014)				Page 2
Vote. Only complete Part II If you have already been granted an automate 3-month extension on a previously filed form 8688			h Extension	complete only Part II and ched	k this box	▶ 🏻
If you are filing for an Automatic 3-Month Extension, complete only Part I (in page 1). Part II						
Name of exempt organization or other filer, see instructions Employer identification number (EIN) or other filer, see instructions Employer identification number (EIN) or other filer, see instructions 21-0479.06.0	_				_	_
Name of exempt organization or other filer, see instructions Employer identification number (EIN) or other filer, see instructions Employer identification number (EIN) or other filer, see instructions 21-0479.06.0	Part II	Additional (Not Automatic) 3-Mont	h Extensi	on of Time. Only file the	original (no copie	s needed)
LP AND TERESA ANDERSON POUNDATION Social security number (SSN)	•			Enter fil	er's identifying num	ber, see instructions
LP_AND_TERESA ANDERSON_FOUNDATION S1-0479060	Type or	Name of exempt organization or other filer, see	e instructions	E	mployer identification	number (EIN) or
Colty, Lower post office, state, and ZIP code For a foreign address, see instructions	print	LP AND TERESA ANDERSON FOUNDA	ATION		81-04790	60
Total Content Total Conten	File by the	Number, street, and room or suite no. If a P.O.	box, see ins	tructions	Social security number	(SSN)
September City, town or post office, state, and AIP code For a foreign address, see instructions	due date for	PO BOX 190				
Enter the Return code for the return that this application is for (file a separate application for each return) Application Is For Code S For Code Form 990 or Form 990-EZ O1 Form 990 or Form 990-EZ O1 Form 990-BL O2 Form 1041-A O8 Form 4720 (individual) O3 Form 990-FF O4 Form 990-FF O4 Form 990-FF O4 Form 990-FF O5 Form 990-T (fust other than above) O6 Form 990-T (fust other than above) O7 Form 990-T (fust other than above) O8 Form 990-T (fust other than above) O9 Form 990-T (fust other than above) O8 Form 990-T (fust other than above) O9 Form 990-T (fust o		City, town or post office, state, and ZIP code I	or a foreign	address, see instructions		
Application Is For Code Form 990 or Form 990-EZ Form 990-BL O2 Form 1041-A O88 Form 990-BL O3 Form 990-BL O4 Form 8227 D40 Form 990-F O4 Form 8207 Form 990-T (see 401(a) or 408(a) trust) Form 990-T (trust other than above) O6 Form 9807 Form 990-T (trust other than above) O6 Form 8870 112 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of ► SANDRA K ANDERSON, PO BOX 190, MILES CITY, MT 59301 Telephone No ► 406-232-3920 FAX No ► 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the unames and ElNs of all members the extension is for the whole group, check this box If the unames and ElNs of all members the extension is for the whole group can be under the extension is for the whole group can be under the extension of time until O5-15, 2015 For calendar year or other tax year beginning O7-01, 2013 and ending O6-30, 2014 If the tax year entered in line 5 is for less than 12 months, check reason in initial return enter enter the time to permit the ctimely filling of the return. 8a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions Base South of the set of the se	instructions	MILES CITY, MT 59301				
Is For Code Is For Scalar Code C	Enter the Ref	turn code for the return that this application is for	(file a separa	te application for each return)		0 4
Is For	Applicatio	n	Return	Application		Return
Form 990-EZ Form 990-BL			1			Code
Form 990-BL 02 Form 1041-A 08 Form 4720 (individual) 03 Form 4720 (individual) 09 Form 990-F 04 Form 5227 10 Form 990-T (see 401(a) or 408(a) trust) 05 Form 6069 111 Form 990-T (trust other than above) 05 Form 6069 112 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filled Form 8868. The books are in the care of ► SANDRA K ANDERSON, FO BOX 190, MILES CITY, MT 59301 Telephone No ► 406-232-3920 FAX No ► If the organization does not have an office or place of business in the United States, check this box		or Form 990-EZ	01			3
Form 4720 (individual) Form 990-PF 04 Form 5227 10 Form 990-FF 05 Form 6059 11 Form 990-T (see 401(a) or 408(a) trust) 05 Form 8070 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filled Form 8868. The books are in the care of ▶ SANDRA K ANDERSON, PO BOX 190, MILES CITY, MT 59301 Telephone No ▶ 406-232-3920 FAX No ▶ 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is so a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is so a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is so a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is an additional 3-month extension of time until Craquest an additional 3-month extension of time until Change in a accounting period If this a tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period State in detail why you need the extension An attempt to obtain information necessary for filling a return was requested in a timely fashion, but the information was not furnished in sufficient time to permit the timely filling of the return. Ba If this application is for Forms 990-BI, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions If the application is for Forms 990-BI, 990-PF, 990						08
Form 990-PF Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 12 STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. The books are in the care of SANDRA K ANDERSON, PO BOX 190, MILES CITY, MT 59301 Telephone No 406-232-3920 FAX No F Telephone No 5406-232-3920 FAX No F 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) 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 this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group, check this box If this is for the whole group check this box If this application and the extension of time until 05-15			03	Form 4720 (other than individu	ıal)	09
Form 990-T (trust other than above) 06 Form 8870 12 STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filled Form 8868. The books are in the care of SANDRA K ANDERSON, PO BOX 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 FAX No 190, MILES CITY, MT 59301 Telephone No 106-232-3920 Telephone No 10		·	04	Form 5227		10
Form 990-T (trust other than above) Form 8870 12	Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069		11
The books are in the care of SANDRA K ANDERSON, PO BOX 190, MILES CITY, MT 59301 Telephone No 406-232-3920 FAX No 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 a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this is so the sex of the sex of the sex of the group, check this box If this is so the sex of the sex of the sex of the group, check this box If this is sex of the group, check this box If this is sex of the sex						12
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 ▶ ☐ and attach a sist with the names and EINs of all members the extension is for 4	The books	s are in the care of SANDRA K ANDERSO	ON, PO BO	OX 190, MILES CITY, M		
for the whole group, check this box ▶	If the orga	anization does not have an office or place of busing	ness in the Ui	nited States, check this box		🕨 🗌
4 I request an additional 3-month extension of time until 5 For calendar year, or other tax year beginning	• If this is fo	or a Group Return, enter the organization's four di	git Group Ex	emption Number (GEN)	if this is	
4 I request an additional 3-month extension of time until 05-15 ,2015 5 For calendar year, or other tax year beginning 07-01 ,2013 and ending 06-30 ,2014 6 If the tax year entered in line 5 is for less than 12 months, check reason	for the whole	group, check this box ▶ ☐ If it is for i	part of the gro	oup, check this box	. ▶ ☐ and attach	a
5 For calendar year, or other tax year beginning	list with the n	ames and EINs of all members the extension is f	or			
f the tax year entered in line 5 is for less than 12 months, check reason	4 I reque	est an additional 3-month extension of time until		05-15 ,20		
Change in accounting period Thite Change in accounting period Title Texturn was requested In a timely fashion, but the information was not furnished in sufficient time to permit the timely filling of the return. Title To permit the timely filling of the return. Title	5 For cal	lendar year, or other tax year beginning			·	, 20 <u>14</u> _
An attempt to obtain information necessary for filing a return was requested in a timely fashion, but the information was not furnished in sufficient time to permit the timely filing of the return. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8 b If this application is for Forms 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. 8 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 8 c \$ 0 Signature and Verification must be completed for Part II only. Under penalties of penjury, 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.	6 If the ta	ax year entered in line 5 is for less than 12 month	s, check reas	son 📋 Initial return 📙 Fi	nal return	
An attempt to obtain information necessary for filing a return was requested in a timely fashion, but the information was not furnished in sufficient time to permit the timely filing of the return. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 8 \$ \$ 500 b If this application is for Forms 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. 8 \$ \$ 500 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 8c \$ 0 Signature and Verification must be completed for Part II only. Under penalties of penjury, 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. Date	☐ Cha	ange in accounting period				
in a timely fashion, but the information was not furnished in sufficient time to permit the timely filing of the return. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions 8a \$ 500 b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any pnor year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 500 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 8c \$ 0 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. Balance II is I in time Date						
to permit the timely filing of the return. 8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 8a \$ 500 b If this application is for Forms 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 \$ 500 c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 8c \$ 0 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. Title Date						
8a If this application is for Forms 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 Forms 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. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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. Date ▶	<u>in a</u>	timely fashion, but the inform	ation wa	s not furnished in s	ufficient time	
b If this application is for Forms 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. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 8c \$ 0 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.						
b If this application is for Forms 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. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 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. Date		· ·	720, or 6069	, enter the tentative tax, less any		
estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. 8b \$ 500 8b \$ 500 8c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 8c \$ 0 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					8a	\$ 500
amount paid previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 8c \$ 0 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		••		_		
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions. 8c \$ 0 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.			verpayment a	allowed as a credit and any		
(Electronic Federal Tax Payment System) See instructions. 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						\$ 500
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				th this form, if required, by using		
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	(Electr	onic Federal Tax Payment System) See instruct	ions.		8c	1 \$ 0
knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form. Signature		•				
ognical -	Under penalt knowledge a	ties of perjury, I declare that I have examined this nd belief, it is true, correct, and complete, and tha	form, includi at I am author	ng accompanying schedules and ized to prepare this form.	l statements, and to th	e best of my
ognical -	Signature >		Tir	ile ▶	Date ▶	
EEA Form 8868 (Rev. 1-2014)	EEA					rm 8868 (Rev 1-2014)

Efiled 2/16/15 Nek 2/16/15

Form 8868

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

OMB No 1545-1709

Department of the Treasury

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

•	ing for an Automatic 3-Month Extension, com						▶ 🔯
-	ling for an Additional (Not Automatic) 3-Monti						
Do not compl	ete Part II unless you have already been grante	ed an automa	atic 3-month extension on a pi	eviously filed Form	1 8866	•	
a corporation r 8868 to reque: Return for Trai	ng (e-file). You can electronically file Form 8868 equired to file Form 990-T), or an additional (not st an extension of time to file any of the forms lis insfers Associated With Certain Personal Benefit For more details on the electronic filing of this for	automatic) (ted in Part I Contracts, v	3-month extension of time. You or Part II with the exception of which must be sent to the IRS	u can electronically Form 8870, Inform in paper format (se	file F ation ee	orm	
	Automatic 3-Month Extension of T						
	required to file Form 990-T and requesting an au						
-							▶ □
	rations (including 1120-C filers), partnerships, R			request an extens	ion of	time	
o file income t							
			Enter	filer's identifying	num	ber, se	e instructions
Type or	Name of exempt organization or other filer, se	e instruction		Employer identific			-
print	LP AND TERESA ANDERSON FOUNDA			81-0479			, ,
File by the	Number, street, and room or suite no. If a P.O.		structions	Social security no		(SSN)	
due date for	PO BOX 190	•		•		` ′	
iling your etum See	City, town or post office, state, and ZIP code.	For a foreign	address, see instructions.				
nstructions	MILES CITY, MT 59301						
Enter the Retu	rn 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				
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07		
Form 990-Bl		02	Form 1041-A				08
Form 4720 (individual)	03	Form 4720 (other than indiv		09		
Form 990-Pf		04	Form 5227				10
Form 990-T	(sec 401(a) or 408(a) trust)	05	Form 6069		11		
	(trust other than above)	06	Form 8870				12
							-
Telephone	No ▶ 406-232-3920	F/	AX No. >	MT 59301			
•	ization does not have an office or place of busin		·	If AL:			🟲 📙
	a Group Return, enter the organization's four dig	•	, , , , , , , , , , , , , , , , , , ,	. If thi			
-	roup, check this box ▶ 🗍 . If		of the group, check this box	▶ ∐ and a	ttacn		
	names and EINs of all members the extension is		1- 51- 5 000 T) 1			-	
	t an automatic 3-month (6 months for a corporat					10	
until	02-17 , 20 15 , to file the exempt or	ganization re	eturn for the organization nam	ed above. The exte	nsion	15	
	rganization's return for alendar year 20 or						
-	alendar year 20 or						
▶ ဩ ta	ax year beginning 07 - 01	2013	and ending	06-30	201	1	
	s year entered in line 1 is for less than 12 months			Final return	201	<u>.</u> .	
	ge in accounting period	s, check reas	SOII. [] IIIIIIIAITEIUITI []	i mai returr			
	plication is for Forms 990-BL, 990-PF, 990-T, 4	720. or 6069	enter the tentative tay less a	inv T		-	
	ndable credits. See instructions.	20, 01 0005	, Criter the terms to tax, 1000 to	"''	3a	\$	500
	eplication is for Forms 990-PF, 990-T, 4720, or 6	069 enter a	ny refundable credits and			<u> </u>	
	ed tax payments made Include any prior year or		-		3b	\$	0
	e due. Subtract line 3b from line 3a. Include your				7.7	_	
	(Electronic Federal Tax Payment System). See		a, and total, it required, by usi	· •	3с	\$	500
	are going to make an electronic funds withdray		bit) with this Form 8868, see I	Form 8453-EO and		<u> </u>	
pavment instru		,					

Mailed whit

Form 8868 (Rev. 1-2014)

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Federal Supporting Statements Name(s) as shown on return LP AND TERESA ANDERSON FOUNDATION 81-0479060

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

GRANT PROGRAM

SEE GRANT GUIDELINES

APPLICANT NAME

SANDRA K ANDERSON

ADDRESS

PO BOX 190

MILES CITY, MT 59301

TELEPHONE

406-232-3920

EMAIL ADDRESS

FORM & CONTENT

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

SUBMISSION DEADLINE

SEPTEMBER 1 AND MARCH 1

RESTRICTIONS ON AWARD

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

	Federal Supporting Statements	2013 PG 01
Name(s) as shown on return		FEIN
LP AND TERES	A ANDERSON FOUNDATION	81-0479060

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

STATEMENT #137

CATEGORY	BOY	BOOK VALUE	EOY FMV
SEE SCHEDULE ATTACHED	376,497	376,957	411,584
TOTALS	376,497	376,957	411,584

FORM 990PF, PART VIII
COMPENSATION EXPLANATION

PG01 STATEMENT #A01

NAME

SANDRA K ANDERSON

EXPLANATION

SERVES WITHOUT COMPENSATION

FORM 990PF, PART VIII COMPENSATION EXPLANATION

PG01 STATEMENT #A02

<u>NAME</u>

JEFFREY A HUNNES

EXPLANATION

SERVES WITHOUT COMPENSATION

Federal Supporting Statements	2013 PG01
Name(s) as shown on return	FEIN
LP AND TERESA ANDERSON FOUNDATION	81-0479060

FORM 990PF, PART VIII COMPENSATION EXPLANATION

STATEMENT #A03

NAME

JOHN A TOOKE

EXPLANATION

SERVES WITHOUT COMPENSATION

2013 PG 01	Your Social Secunty Number 81-0479060	STATEMENT #103						PG 01 STATEMENT #106					
nents		ULE	CHAR1TABLE PURPOSE	0	0	39	564	ULE					
Federal Supporting Statements		LINE 23 - OTHER EXPENSES SCHEDULE	ADJUSTED NET INCOME	75	0	38	638	I, LINE 11 - OTHER INCOME SCHEDULE	ADJUSTED NET INCOME 0	0			
Federal Su			NET INVESTMENT	0	0 0	39	39	FORM 990PF, PART I, LINE 11	NET INVESTMENT 1,380	1,380			
		FORM 990PF, PART I,	REVENUE AND EXPENSES	75	0	116	1,241	FORM 990	REVENUE AND EXPENSES 1,380	1,380			
	Name(s) as shown on return LP AND TERESA ANDERSON FOUNDATION		DESCRIPTION	DUES	MISCELLANEOUS EXPENSES	OFFICE SUPPLIES	TOTALS		DESCRIPTION KINDER MORGAN LLP	TOTALS			

2013 PG 01	Your Social Security Number 81-0479060	STATEMENT #108			PG 01 STATEMENT #109			<u>.</u>		
ents		VULE	CHARITABLE PURPOSE 0	0	SCHEDULE	CHARITABLE PURPOSE 910	910			
Federal Supporting Statements		LINE 16(B) - ACCOUNTING FEES SCHEDULE	ADJUSTED NET INCOME 3,174	3,174	16(C) - OTHER PROFESSIONAL FEES SCHEDULE	ADJUSTED NET INCOME 1,000	1,000			
Federal Su		PART 1, LINE 16(B) -	NET INVESTMENT 1,562	1,562		NET INVESTMENT 100 3,751	3,851			
		FORM 990PF, PART I,	REVENUE AND EXPENSES 4,736	4,736	FORM 990PF, PART I, LINE	REVENUE AND EXPENSES 2,010 3,751	5,761			
	Name(s) as shown on return LP AND TERESA ANDERSON FOUNDATION		DESCRIPTION ACCOUNTING FEES	TOTALS		DESCRIPTION BOOKKEEPING & SECRETARIAL SERV FINANCIAL MANAGEMENT FEES	TOTALS			

2013 PG 01	Your Social Security Number 81-0479060	STATEMENT #110				
ments			CHARITABLE PURPOSE 72 0	22		
Federal Supporting Statements		18 - TAXES SCHEDULE	ADJUSTED NET INCOME 0	0		
Federal Su		FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE	NET INVESTMENT 0	26		
		FORM 9	REVENUE AND EXPENSES 0 97	87		
	Name(s) as shown on return LP AND TERESA ANDERSON FOUNDATION		DESCRIPTION FED TAX FY 2013 FED TAX FY 2014	TOTALS		

L.P AND TERESA ANDERSON FOUNDATION ATTACHMENT TO FORM 990-PF FISCAL YEAR ENDED JUNE 30, 2014

TIN: 81-0479060

PART II - Line 10b--Investments in Corporate Stock, Etc.--Stmt 137--

	Book Value*	Fair Market Value
CERTIFICATE OF DEPOSIT	6/30/2014	6/30/2014
Certificate of Deposit	100,004	96,530
COMMON STOCKS		
Pfizer Inc Com 865 000 Shares	27,624	24,826
The Coca-Cola Company 1075 000 Shares	39,479	42,237
Exxon Mobil Corp Com 235 000 Shares	20,155	23,251
International Business Machines Corp 105.000 Shares	Sold	0
Kinder Morgan Energy Partners LP Unit LT 255.000 Shares	20,088	20,660
Total Common Stocks \$	79,722	\$86,148
MUTUAL FUNDS		
Blackrock FDS INCM PTF INV A 1695 705 Shares	19,251	19,382
Oppenheimer SeniorFloating Rate Fund 3323.918 Shares	27,920	27,854
Franklin Income Fund Class A 25235.849 Shares	53,504	63,594
Hartford Floating Rate FD Class I 6184.971 Shares	Sold	2/24/2014
Lord Abbott Short Duration Inc Fd Class A	Sold	7/29/2014

L.P AND TERESA ANDERSON FOUNDATION ATTACHMENT TO FORM 990-PF FISCAL YEAR ENDED JUNE 30, 2014

TIN: 81-0479060

PART II - Line 10b--Investments in Corporate Stock, Etc.--Stmt 137--

	Book Val	ue*	Fair Market Value
CERTIFICATE OF DEPOSIT	6/30/20 ⁻	14	6/30/2014
14395 604 Shares			
PIMCO Total Return Fund Class D 1908.885 Shares		21,161	20,788
Templeton Global Bond Fund Advisor 1634 648 Shares		21,355	21,692
Total Mutual Funds	· · · · · · · · · · · · · · · · · · ·	96,020	189,617
EXCHANGE TRADED PRODUCTS			
Consumer Staples Select Sector SPD 590.000 Shares	PR Tr	20,426	25,453
I Shares TR Barclays TIPS BD FD 170.000 Shares		Sold	2/24/2014
I Shares TR S&P US Pfd Stk Indes Ft 515.000 Shares	und	20,131	20,358
SPDR Ser TR S&P Divid ETF 365 000 Shares	<u> </u>	20,520	26,941
Total Exchage Traded Products	\$	61,077 \$	114,445
LIMITED PARTNERSHIPS			
Kinder Morgan Energy Partners LP U 255.000 Shares	nit LT	20,088	20,660
GRAND TOTALS	\$3	36,823 \$	486,740

Book Value equals Cost

L.P AND TERESA ANDERSON FOUNDATION

ATTACHMENT TO FORM 990-PF FISCAL YEAR ENDED JUNE 30, 2014

TIN: 81-0479060

PART XV - SUPPLEMENTARY INFORMATION --

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

Line 3(a) - Paid during the year	1

GRANT AWARDS AND CONTRIBUTIONS FUNDED

Name and Address	Foundation Status	Area of Interest	Purpose of Contribution	Amount					
T & Y Irrigation Miles City MT	501(c)(3) No Relationship	Preservation	l2 Mile Dam Fish Passagı	10,000					
Miles City 1st Presbyterian Church Miles City MT	501(c)(3) No Relationship	Community Outreach	Memorial	1,000					
	Total G	rant Awards and Cont	ributions Funded During Year	11,000					
Line 3(b) - Approved for Future	e Payment								
1st United Methodist Church Miles City MT	501(c)(3) No Relationship	Community Outreach	Lunch on Us Program	2,000					
Custer County Historical Society Miles City MT	501(c)(3) No Relationship	Preservation	Downtown Revitalization	6,100					
Grounds for Change	501(c)(3)	Community Outreach	OneHealth Behavioral Program	6,000					
Miles City MT	No Relationship		Homeless Task Force	1,000					
				15,100					
Total Grant Awards and Contributions Funded and Approved During Year 26,1									