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Form **990-PF** Department of the Treasury

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

▶ Do not enter social security numbers on this form as it may be made public.

For calendar year 2014 or tax year beginning SEP 8, 2014, and ending	DEC 31, 2014
Name of foundation	A Employer identification number
ANDERSON FAMILY CHARITABLE FOUNDATION	
C/O DANA K ANDERSON	47-1808069
Number and street (or P O box number if mail is not delivered to street address) Room/suite	
100 FALL CREEK ROAD	0- 424-229-3319
City or town, state or province, country, and ZIP or foreign postal code	C If exemption application is pending, check here
LAWRENCE, KS 66049	_
G Check all that apply: Initial return Initial return of a former public charity	D 1 Foreign organizations, check here
Final return Amended return	Foreign organizations meeting the 85% test, check here and attach computation
H Check type of organization: X Section 501(c)(3) exempt private foundation	
Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation	E If private foundation status was terminated under section 507(b)(1)(A), check here
I Fair market value of all assets at end of year J Accounting method: X Cash Accrual	
(from Part II, col (c), line 16) Other (specify)	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here
\$\\$ 3,212,590. (Part I, column (d) must be on cash basis.)	
Part I 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 (d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received 3, 101, 518.	N/A
2 Check In the foundation is not required to attach Sch. B	
3 Interest on savings and temporary cash investments	
4 Dividends and interest from securities 11. 11	STATEMENT 1
5a Gross rents	
b Net rental income or (loss)	
6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all 1,742,901.	
assets on line 6a 1,142,301.).
8 Net short-term capital gain	
9 Income modifications	
Gross sales less returns and allowances	
b Less Cost of goods sold	
c Gross profit or (loss)	
11 Other income	
12 Total. Add lines 1 through 11. 3, 101, 529. 11 13 Compensation of officers, directions trustees et a 0.	
	0.
14 Other employee salaries and wages 15 Pension plans, employee benefit 015	
16a Legal feesc MAY STMT 2 8,842. 8,842	0.
b Accounting lees c Other professional lees 17 Interest	
c Other professional fees	
17 Interest	
Table 18 Taxes	
19 Depreciation and depletion Cocupancy	
21 Travel, conferences, and meetings	
16a Legal fees MAY STMT 8,842. 8,842 b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications	
23 Other expenses STMT 3 25. 25	0.
24 Total operating and administrative	
23 Other expenses STMT 3 25. 25 24 Total operating and administrative expenses Add lines 13 through 23 8,867. 8,867	
25 Contributions, girls, grants paid 50,000.	50,000.
26 Total expenses and disbursements.	
Add lines 24 and 25 58,867. 8,867	50,000.
27 Subtract line 26 from line 12:	
a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)).
C Adjusted net income (if negative, enter -0-)	N/A

LHA For Paperwork Reduction Act Notice, see instructions.

ANDERSON FAMILY CHARITABLE FOUNDATION C/O DANA K ANDERSON 47-1808069 Page 2 Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only Beginning of year End of year (a) Book Value (b) Book Value (c) Fair Market Value 1 Cash - non-interest-bearing 1,342,379. 1,342,379. 2 Savings and temporary cash investments 3 Accounts receivable ► Less: allowance for doubtful accounts 4 Pledges receivable ► Less: allowance for doubtful accounts 5 Grants receivable 6 Receivables due from officers, directors, trustees, and other disqualified persons 7 Other notes and loans receivable Less: allowance for doubtful accounts 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations STMT 4 1,700,283. 1,870,211. **b** Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment, basis Less accumulated depreciation 12 Investments - mortgage loans 13 Investments - other 14 Land, buildings, and equipment; basis Less accumulated depreciation 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I) 3,042,662. 3,212,590. 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable 22 Other liabilities (describe 0 23 Total liabilities (add lines 17 through 22) 0. Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31. **Fund Balances** 24 Unrestricted 25 Temporarily restricted 26 Permanently restricted $\triangleright x$ Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. þ 27 Capital stock, trust principal, or current funds Net Assets 28 Paid-in or capital surplus, or land, bldg., and equipment fund 0 29 Retained earnings, accumulated income, endowment, or other funds 0. 3,042,662. 30 Total net assets or fund balances 3,042,662 31 Total liabilities and net assets/fund balances 3,042,662 Part III | Analysis of Changes in Net Assets or Fund Balances 1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) 2 Enter amount from Part I, line 27a 2 Other increases not included in line 2 (itemize)

> 3,042,662. Form **990-PF** (2014)

4

5 Decreases not included in line 2 (itemize)

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

Add lines 1, 2, and 3

Part IV Capital Gains a	and Losses for Tax on I	nvestmen	t Income					
	be the kind(s) of property sold (e.grehouse; or common stock, 200 sh			(b) 1	How acquired - Purchase - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 100,000 C SH PH	RESTIGE CRUISE 1	NTL			D	1	1/19/14	11/19/14
<u>b</u>				<u> </u>				
<u>c</u>				<u> </u>				
<u>d</u>						+		
<u>e</u>	(f) Depreciation allowed	(0) (0)	st or other basis				(h) Gain or (loss)	\
(e) Gross sales price	(or allowable)		expense of sale		-		(e) plus (f) minus	(g)
a 1,742,901.		<u> </u>	<u>1,742,90</u>	1.				0.
<u>b</u>		 						
<u>c</u>		+					-	
d e		_						
	g gain in column (h) and owned by	the foundation	n on 12/31/69			m (Gains (Col. (h) gain	minus
	(j) Adjusted basis		xcess of col. (i)			còl. (k), but not less that	n -0-) or
(i) F.M.V. as of 12/31/69	as of 12/31/69		col. (j), if any				Losses (from col. (h))
a								0.
b								
<u>c</u>					<u> </u>			
<u>d</u>		<u> </u>						
<u>e</u>		<u> </u>						
6 O at 1 a a a a t a a a a a a a a a a a a	If gain, also ente)				0
2 Capital gain net income or (net cap	, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		e 7		2			0.
3 Net short-term capital gain or (loss	•	nd (6):		٦				
If gain, also enter in Part I, line 8, o If (loss), enter -0- in Part I, line 8	column (c).			<u>}</u>	3		N/A	
Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Inv	estment	Inco	me	·
(For optional use by domestic private	foundations subject to the section	4940(a) tax or	n net investment in	come	e.)			N/A
•			<u> -</u>		•			
If section 4940(d)(2) applies, leave th	is part diank.							
Was the foundation liable for the section	ion 4942 tax on the distributable ar	mount of any y	ear in the base per	rıod?				Yes No
If "Yes," the foundation does not quali								
1 Enter the appropriate amount in e	ach column for each year; see the	instructions be	efore making any e					(d)
Base period years	(b) Adjusted qualifying dis	stributions	Net value of no	(c) Incha		eete		oùtión ratio
Calendar year (or tax year beginnin 2013	g in) / Adjusted qualifying an		14CT VALUE OF THE			3013	(col. (b) div	rided by col. (c))
2013			-				 	-
2012			 					-
2010							 	
2009								
								
2 Total of line 1, column (d)							2	
3 Average distribution ratio for the 5	year base period - divide the total	on line 2 by 5	, or by the number	of ye	ears			
the foundation has been in existen	ice if less than 5 years						3	
4 Enter the net value of noncharitable	le-use assets for 2014 from Part X,	, line 5					4	
]	
5 Multiply line 4 by line 3							5	
6 Enter 19/ of not investment incom	a (19/ of Part I June 27h)							
6 Enter 1% of net investment incom	e (1% 01 Part 1, line 270)						6	
7 Add lines 5 and 6							7	 _
8 Enter qualifying distributions from	Part XII, line 4						8	
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, lin	e 1b, and com	plete that part usin	ng a 1	% tax rate.			
GGC are vi mod dollono.								

ANDERSON FAMILY CHARITABLE FOUNDATION

_	990-PF (2014) C/O DANA K ANDERSON rt VI Excise Tax Based on Investment Income (Section 4940)(a), 4940(b), 4	1940(e), or 4		1808 - see i			Page 4
	Exempt operating foundations described in section 4940(d)(2), check here and en		<u></u>	<u> </u>				
	Date of ruling or determination letter: (attach copy of letter if nece	essary-see instruct	ions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	· 🔲 and enter 19	6	1_				0.
	of Part I, line 27b		ļ					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% $$	of Part I, line 12, co	ol. (b).					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Other	hers enter -0-)		2				0.
3	Add lines 1 and 2			_3				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot	hers enter -0-)		4				<u>0.</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			5				0.
	Credits/Payments:	1 1						
	2014 estimated tax payments and 2013 overpayment credited to 2014	6a						
	Exempt foreign organizations - tax withheld at source	6b		ļ				
	Tax paid with application for extension of time to file (Form 8868)	6c		}				
	Backup withholding erroneously withheld	6d						_
	Total credits and payments. Add lines 6a through 6d			_7_	_			0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attac	hed		8				
	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		_	_10				
	Enter the amount of line 10 to be: Credited to 2015 estimated tax		Refunded >	11				
	rt VII-A Statements Regarding Activities						V	NI -
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisla	ation or did it partic	ipate or intervene	ın		<u> </u>	Yes	No
	any political campaign?					1a		X
þ	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	,		•		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and	d copies of any m	atenais publishe	ed or				
	distributed by the foundation in connection with the activities.							7.7
	Did the foundation file Form 1120-POL for this year?					10		<u>X</u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	-	0					
	(1) On the foundation. \$\(\begin{align*}			•				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit managers. \blacktriangleright \$ 0.	ure tax imposed on	Toundation					
^		en.				,		v
2	Has the foundation engaged in any activities that have not previously been reported to the IR	37				2		<u>X</u>
•	If "Yes," attach a detailed description of the activities. Has the foundation made any changes, not previously reported to the IRS, in its governing in	antrumant articles o	of incorporation					
3	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		n incorporation, t)1		3		v
4.	Did the foundation have unrelated business gross income of \$1,000 or more during the year					4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	•		N	/A	4b		<u> </u>
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			14	<i>,</i> A	5		X
J	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 eith	her.						
٠	By language in the governing instrument, or	1101.				Ì '		
	 By state legislation that effectively amends the governing instrument so that no mandatory 	directions that con	flict with the state	law				
	remain in the governing instrument?	direction that con	mot with the otal			6		х
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," com	nolete Part II. col	(c) and Part XV	,		7	Х	
•	bia and tourious and associate at any anic conting the your in 100, confi	,p.010 / d. t, 00/	(0), and 7 are 50			F		
8a	Enter the states to which the foundation reports or with which it is registered (see instruction	ns) 🕨						
-	KS	-, -						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney General (or o	designate)					
_	of each state as required by General Instruction G? If "No," attach explanation		E STATEM	ENT	5	86		Х
9	is the foundation claiming status as a private operating foundation within the meaning of sec				-			_ -
-	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," co		W, 7 = 3= 3	•		9		х
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedul	· ·	nd addresses			10	X	

ANDERSON FAMILY CHARTTARLE FOINDATTON

	ANDERDON FAMILE CHARTIADDE FOUNDATION			
	1990-PF (2014) C/O DANA K ANDERSON 47-1808	<u> 3069</u>		Page 5
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1		
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u> </u>
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	-	<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	1	77 A	
14	The books are in care of ► DANA K. ANDERSON Telephone no. ► 785-85			
40	Located at ► 100 FALL CREEK ROAD, LAWRENCE, KS Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	049		$\overline{}$
15		3.7	/A	لـــا
10	and enter the amount of tax-exempt interest received or accrued during the year At any time during calendar year 2014, did the foundation have an interest in or a capacities or other authority over a bank		Yes	No
10	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	140	1 63	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	16		X
	foreign country			
Pá	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	-l		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Τ_	Yes	No
1:	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?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
t	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		
	Organizations relying on a current notice regarding disaster assistance check here			
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	1c		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)):			
ä	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014?			
	If "Yes," list the years ,,,,			
t	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	l		
	statement - see instructions.) N/A	2b		
(s If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	Ì		
•	Dut the foundation hald more than a 20% direct or individual interval in any hydrogen action was a training.			
38	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? Yes X No			
	• •			
	olf "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,		[
	Form 4720, to determine if the foundation had excess business holdings in 2014) N/A	24		
A.	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	3b 4a		X
	Did the foundation invest during the year any amount in a mainter that would jeopardize its charitable purposes that Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	" a	\vdash	
٠	had not been removed from jeonardy before the first day of the tax year beginning in 20142	1 46	1	v

ANDERSON FAMILY CHARITABLE FOUNDATION Form 990-PF (2014) C/O DANA K ANDERSON 47-1808069 Page 6 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No (4) Provide a grant to an organization other than a charitable, etc., organization described in section 🗌 Yes 🕱 No 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained └── Yes │── No expenditure responsibility for the grant? N/A If "Yes," attach the statement required by Regulations section 53 4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? 7b Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors List all officers, directors, trustees, foundation managers and their compensation. (c) Compensation (d) Contributions to employee benefit plans and deferred (b) Title, and average hours per week devoted to position (e) Expense account, other allowances (If not paid, enter -0-) (a) Name and address compensation SEE STATEMENT 6 0 0 0. Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred (e) Expense account, other allowances (b) Title, and average (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position (c) Compensation NONE

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

Form **990-PF** (2014)

0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

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Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities Average of monthly cash balances Fair market value of all other assets	1a	
Average of monthly cash balances		820,988.
	1b	773,319.
Tall Indinot falso of an other (330t)	1c	
Total (add lines 1a, b, and c)	1d	1,594,307.
Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)	0.	
Acquisition indebtedness applicable to line 1 assets	2	0.
Subtract line 2 from line 1d	3	1,594,307.
Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	23,915.
Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,570,392.
Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	24,738.
art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found foreign organizations check here and do not complete this part.)	dations and certain	
Minimum investment return from Part X, line 6	11	24,738.
Tax on investment income for 2014 from Part VI, line 5	'	24,130.
Income tax for 2014. (This does not include the tax from Part VI.)		
Add lines 2a and 2b	2c	0.
Distributable amount before adjustments. Subtract line 2c from line 1	3	24,738.
Recoveries of amounts treated as qualifying distributions	4	0.
Add lines 3 and 4	5	24,738.
Deduction from distributable amount (see instructions)	6	0.
Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	24,738.
Qualifying Distributions (see Instructions)		
Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	50,000.
Program-related investments - total from Part IX-B	1b	0.
Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
Amounts set aside for specific charitable projects that satisfy the:		-
Suitability test (prior IRS approval required)	3a	
Cash distribution test (attach the required schedule)	3b	
Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	50,000.
Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	0.
Adjusted qualifying distributions Subtract line 5 from line 4	6	50,000.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	Oorpus	Todis prior to 2010	2010	2014
line 7				24,738.
2 Undistributed income, if any, as of the end of 2014				24,750.
a Enter amount for 2013 only			0.	
b Total for prior years:				
b tomiter prior yours.		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: > \$50,000.				
a Applied to 2013, but not more than line 2a			0.	
·· -				
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		<u>U.</u>		
c Treated as distributions out of corpus	٠ ا			
(Election required - see instructions)	0.			24,738.
d Applied to 2014 distributable amount	25 262			24,/38.
e Remaining amount distributed out of corpus	25,262.			
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	25,262.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of				
deficiency has been issued, or on which the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		_
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015.		_		
Subtract lines 7 and 8 from line 6a	25,262.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 25, 262.				
423581				Form 990-PE (2014)

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C/O DANA K ANDERSON

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3 Grants and Contributions Paid During th		Payment		
Recipient	If recipient is an individual.			
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	or substantial contributor	100000000		
2 ,000 000000				
KANSAS UNIVERSITY ENDOWMENT	NONE	EDUCATIONAL		
ASSOCIATION		INSTITUTION	UNRESTRICTED	
P.O. BOX 925			EDUCATIONAL	
LAWRENCE, KS 66044		+	PURPOSES	50,000.
			1	
			İ	
		i		
Total			▶ 3a	50,000.
b Approved for future payment				
			İ	
NONE				
				
			1	
				
Total			▶ 3b	
1 4 3 4 1				000 DE 100 L

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C/O DANA K ANDERSON

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Part XVI-A Analysis of Income-Producing Activitie

	(a) Business	business income (b)	(c) Exclu-	(d)	(e) Related or exempt
Program service revenue:	Business code	Amount	sion	Amount	function income
a					-
D	_				
C	_	 	 		_
d	_	- ,	 		<u>-</u> -
e	_ _ -	<u></u>			
<u> </u>	_		+		
Fees and contracts from government agencies					
Membership dues and assessments		<u> </u>			
nterest on savings and temporary cash nvestments					
Dividends and interest from securities			14	11.	
Net rental income or (loss) from real estate:			1 4		
Debt-financed property			1		
b Not debt-financed property			 		
Net rental income or (loss) from personal			 		_
property			1		
Other investment income		·	-		
Gain or (loss) from sales of assets other			-		
than inventory			18		
Net income or (loss) from special events		-	- 0		
Gross profit or (loss) from sales of inventory					-
Other revenue:		.			
a					
b		· 	\vdash	- -	
c	l l			···	
d		· <u> </u>			
e					
Subtotal. Add columns (b), (d), and (e)		0.		11.	
					1
				_	
Fotal Add line 12, columns (b), (d), and (e)	i.)				
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations		nplishment of Ex	cempt	Purposes	
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie The No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which is	s to the Accon	column (e) of Part XVI-A			nplishment of
Total Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activitie ne No. Explain below how each activity for which i	s to the Accon	column (e) of Part XVI-A			nplishment of

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47-1808069 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash X 1a(1) (2) Other assets Х 1a(2) **b** Other transactions: X (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) X (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) Sharing of facilities, equipment, mailing lists, other assets, or paid employees If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge Under per odeclare that I have examined this return, including accompanying strength of the preparer has any ct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any DIRECTOR, May the IRS discuss this return with the preparer shown below (see instr)? Sign Here PRESIDENT X Yes Signature of officer or trustee Title PTIN Print/Type preparer's name Preparer's signature Date Check self- employed Paid STEWART GLASSMAN 05/04/15 P00168806 Preparer Firm's name ► SHANHOLT GLASSMAN KLEIN KRAMER Firm's EIN ► 13-3640380 Use Only Firm's address ► 575 LEXINGTON AVENUE

423622 11-24-14

NEW YORK, NY 10022

Form 990-PF (2014)

Phone no. 212 644-9000

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Name of the organization

Organization type (check one):

ANDERSON FAMILY CHARITABLE FOUNDATION C/O DANA K ANDERSON

Employer identification number

47-1808069

Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	ization is covered by the General Rule or a Special Rule . In 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
	anization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or rom any one contributor Complete Parts I and II See instructions for determining a contributor's total contributions
Special Rules	
sections 50 any one co	anization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 09(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from ntributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, 990-EZ, line 1. Complete Parts I and II.
year, total o	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for tion of cruelty to children or animals. Complete Parts I, II, and III
year, contri is checked purpose D	anization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the abutions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., on not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively haritable, etc., contributions totaling \$5,000 or more during the year.
but it must answer '	zation that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 'No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to ot meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

ANDERSON FAMILY CHARITABLE FOUNDATION C/O DANA K ANDERSON

Employer identification number

47-1808069

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	DANA & NANCY ANDERSON 100 FALL CREEK ROAD LAWRENCE, KS 66049	\$ 3,101,518.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Omnicash Omnicash Poncash Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

ANDERSON FAMILY CHARITABLE FOUNDATION C/O DANA K ANDERSON

Employer identification number 47-1808069

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	100,000 SHARES OCEANIA CRUISE HOLDINGS INC.		
		\$ 3,091,518.	11/19/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1		\$	

Name of org	ganization		Employer identification number					
	SON FAMILY CHARITABLE F ANA K ANDERSON		47-1808069					
Part III	Exclusively religious, charitable, etc., continuous the year from any one contributor. Complete completing Part III, enter the total of exclusively religious.	columns (a) through (e) and the follow	in section 501(c)(7), (8), or (10) that total more than \$1,000 for					
	Use duplicate copies of Part III if addition	al space is needed.	less for the year (cite unstand duce)					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
	·							
		(e) Transfer of gift	t					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No.								
from Part I	(b) Purpose of gift (c) Use o		(d) Description of how gift is held					
	(e) Transfer of gift							
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_								
Ī		(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					
(a) No. from Part I	(b) Purpose of gift (c) Use of		(d) Description of how gift is held					
	(e) Transfer of gift							
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee					

FORM 990-PF DIVIDEN	DS AND	INTERE	EST FF	ROM SECUF	RITIES	STATEMENT	1
GROSS AMOUNT	G	CAPITAL GAINS DIVIDENDS		(A) REVENUE ER BOOKS	(B) NET INVES MENT INCO		
CHARLES SCHWAB 1	1.	0	0.	11.	:	11.	
TO PART I, LINE 4 1	1.	0).	11.		11.	
FORM 990-PF		LEGAL	FEES			STATEMENT	2
DESCRIPTION	(A EXPEN PER B	ISES	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM		
LEGAL FEES	8	8,842.	8,842.				0.
TO FM 990-PF, PG 1, LN 16A	8	8,842. 8		8,842.		0.	
FORM 990-PF	OT	HER EX	XPENSE	is		STATEMENT	3
FORM 990-PF DESCRIPTION	OT (A EXPEN PER B) ISES	NET I	B) INVEST- INCOME	(C) ADJUSTEI NET INCON	(D) CHARITAB	BLE
	(A EXPEN) ISES	NET I	B) INVEST-	ADJUSTEI	(D) D CHARITAB ME PURPOSE	BLE
DESCRIPTION	(A EXPEN	ises Books	NET I	B) NVEST- INCOME	ADJUSTEI	(D) D CHARITAB ME PURPOSE	SLE ES
DESCRIPTION ADMINISTRATIVE	(A EXPEN PER E	SOOKS	NET I	B) NVEST- INCOME 25.	ADJUSTEI	(D) D CHARITAB ME PURPOSE	BLE ES 0.
DESCRIPTION ADMINISTRATIVE TO FORM 990-PF, PG 1, LN 23	(A EXPEN PER E	SOOKS 25.	NET I	B) INVEST- INCOME 25. 25.	ADJUSTEI	(D) D CHARITAB ME PURPOSE	3LE CS 0.
DESCRIPTION ADMINISTRATIVE TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	(A EXPEN PER E COR	SPORATE	NET I MENT	B) NVEST- INCOME 25. 25.	ADJUSTEI NET INCOM	(D) CHARITAB ME PURPOSE STATEMENT FAIR MARKET	3. SEE 2.

						_
FORM 990-PF	EXPLANATION	CONCERNING	PART VII-A,	LINE 8B	STATEMENT	5

EXPLANATION

THE ANNUAL REPORT IS NOT REQUIRED SINCE THE COMPANY HAS NOT BEEN INCORPORATED FOR SIX MONTHS PRIOR TO ITS FIRST TAX YEAR.

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS				
NAME AND ADDRESS		ND COMPEN- /WK SATION		EMPLOYEE BEN PLAN CONTRIB	
DANA K. ANDERSON 100 FALL CREEK ROAD LAWRENCE, KS 66049	DIRECTOR, 2.00	PRESIDENT	0.	0.	0.
NANCY SUE ANDERSON 100 FALL CREEK ROAD LAWRENCE, KS 66049	DIRECTOR, 0.00	SECRETARY	0.	0.	0.
GERALD E. ANDERSON 124 HAMPSTEAD CT WESTLAKE VILLAGE , CA 91361	DIRECTOR 0.00		0.	0.	0.
DANA K. ANDERSON, JR. 1845 PINE BAY DR LAKE MARY, FL 32746	DIRECTOR 0.00		0.	0.	0.
JUSTIN R. ANDERSON 1705 LAKE ALVAMAR DR LAWRENCE, KS 66047	DIRECTOR, 0.00	TREASURER	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII		0.	0.	0.