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EXTENDED TO NOVEMBER 16, 2 Return of Private Foundation

-Fòrm 99Ò-PF 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. Department of the Trecsury Internal Revenue Service

Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

•	For c	calendar year 2014 or tax year beginning		, and ending		
	Nan	ne of foundation			A Employer identification	number
		LANDER FAMILY FOUNDATION,			94-3400451	
		nber and street (or P O box number if mail is not delivered to street an		Room/suite	B Telephone number	0727
		EN ALMADEN BLVD. 11TH FLOO			(650) 948-	
		or town, state or province, country, and ZIP or foreign pos AN JOSE, CA 95113-2226	stal code		C If exemption application is p	ending, check here
		Check all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	s, check here
-		Final return	Amended return	,	2 -	
		Address change	Name change		2. Foreign organizations me check here and attach co	eting the 85% test, emputation
	H C	Check type of organization: X Section 501(c)(3) exe			E If private foundation sta	
	<u></u>	Section 4947(a)(1) nonexempt charitable trust 0 our market value of all assets at end of year J Accounting	ther taxable private foundat	ion	under section 507(b)(1)	• •
		· · · · · · · · · · · · · · · · · · ·	er (specify)	Accidal	F If the foundation is in a under section 507(b)(1)	
	\[\begin{array}{c} \be	, , , , , , , , , , , , , , , , , , , ,	nn (d) must be on cash b	asıs.)		
	Pa	Art I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))	expenses per books	income	Income	(cash basis only)
		1 Contributions, gifts, grants, etc., received	102,303.		N/A	
7-		Check If the foundation is not required to attach Sch B Interest on savings and temporary cashs investments				
7	/	4 Dividends and interest from securities	125,867.	125,867.		STATEMENT 1
/		5a Gross rents			· · · · · · · · · · · · · · · · · · ·	
y		Net rental income or (loss)	00 551			
•	ē	6a Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all 198, 448.	98,551.			
	Revenue	7 Capital gain net income (from Part IV, line 2)		98,551.	 .	
	Re	8 Net short-term capital gain				
r:		9 Income modifications	FD.			
		10a and allowances				
		b Less Cost of goods sold	1015		 	
		c Gross profit or (loss)	1,229.	1,229.		STATEMENT 2
2		12 Total. Add lines 1 through 1 OGDEN.		225,647.		
A		13 Compensation of officers, directors, trustees, etc	0.	0.		0.
		14 Other employee salaries and wages				
:=1 :=2:	ø	15 Pension plans, employee benefits	308.	0.		0.
.'	nse		6,255.	0.		0.
2016	Expens	c Other professional fees	0,2331			
			39.	0.		0.
2019	Administrative	18 Taxes STMT 5	11,128.	0.		0.
20	inis	19 Depreciation and depletion				
6 3	E S	20 Occupancy				
(****)	and A	21 Travel, conferences, and meetings 22 Printing and publications				
190		Consen C	191.	0.		0.
	Operating	24 Total operating and administrative		_		
L.	De	expenses. Add lines 13 through 23	17,921.	0.		0.
SCANNED	_	25 Contributions, girls, grants paid	203,290.	· · · · · · · · · · · · · · · · · · ·		203,290.
		26 Total expenses and disbursements. Add lines 24 and 25	221,211.	0.		203,290.
(D)	_	27 Subtract line 26 from line 12:				, == ; =
		Excess of revenue over expenses and disbursements	106,739.			
		b Net investment income (rf negative, enter -0-)		225,647.	37/3	
	4235 11-24	c Adjusted net income (if negative, enter -0-) LHA For Paperwork Reduction Act Notice, see in	netructions		N/A	Form 990-PF (2014)
	11-24	4-14 LMA FULFAPEIWOIK REGUESION ACCINONCE, SEE II			V	,

Analysis of Changes in Net Assets or Fund Balances Part III

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30	Γ.	
	(must agree with end-of-year figure reported on prior year's return)	1	3,161,928.
2	Enter amount from Part I, line 27a	2	106,739.
3	Other increases not included in line 2 (itemize)	3	0.
	Add lines 1, 2, and 3	4	3,268,667.
5	Decreases not included in line 2 (itemize) ► ROUNDING ERROR FROM PREVIOUS YEARS	5	4.
	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	3,268,663.

3,264,231.

Form **990-PF** (2014)

Fprm 990-PF (2014)

Part II

Balance Sheets

2 Savings and temporary cash investments

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

Less: allowance for doubtful accounts

9 Prepaid expenses and deferred charges

14 Land, buildings, and equipment basis

instructions. Also, see page 1, item I) 17 Accounts payable and accrued expenses

Loans from officers, directors, trustees, and other d

21 Mortgages and other notes payable 22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22)

and complete lines 27 through 31.

31 Total liabilities and net assets/fund balances

30 Total net assets or fund balances

Cash - non-interest-bearing

3 Accounts receivable ►

4 Pledges receivable ▶

disqualified persons 7 Other notes and loans receivable

8 Inventories for sale or use

13 Investments - other

18 Grants payable Deferred revenue

24 Unrestricted

25 Temporarily restricted 26 Permanently restricted

19

Net Assets or Fund Balances

Less accumulated depreciation 15 Other assets (describe ▶

b Investments - corporate stock c Investments - corporate bonds 11 Investments - land, buildings, and equipment basis Less accumulated depreciation 12 Investments - mortgage loans

5 Grants receivable

3,298,663

Rart IV Capital Gains a	nd Losses for Tax on li	nvestmen	t Income					
	be the kind(s) of property sold (e.g ehouse; or common stock, 200 sh			(0) (P	low acquired - Purchase - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1a								
b SEE ATTACHED	STATEMENT							
<u> </u>			·					<u> </u>
<u>d</u>				╁				
<u>e</u>	(f) Depreciation allowed	(a) Coc	st or other basis	! 		/h) /	Gain or (loss	\
(e) Gross sales price	(or allowable)		expense of sale				us (f) minus	
a		 			 			
b		 						
d				-		-	· · · · -	
e 198,448.			99,89	7.				98,551.
	gain in column (h) and owned by	the foundation		- 1		I) Gains (Col. (h) gain	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (I)		co	l. (k), but	not less that s (from col. (n -0-) or
a								
b								
С								
d								
_e								98,551.
Capital gain net income or (net cap	If gain, also enter of lf (loss), enter -0			}[2			98,551.
3 Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c		nd (6):)				
If (loss), enter -0- in Part I, line 8					3		N/A	•
	nder Section 4940(e) for					come		
(For optional use by domestic private	foundations subject to the section ϵ	4940(a) tax on	net investment in	come	.)			
If section 4940(d)(2) applies, leave thi	s part blank							
Was the foundation liable for the secti			•	10 d 2			•	Yes X No
If "Yes," the foundation does not qualif Enter the appropriate amount in ea				ntrios				
(a)		HSU UCUONS DE	iore making any e		•	r		(d)
Base periód years	(b) Adjusted qualifying dis	stributions	Net value of no	(c) nchar	itable-use assets	.	Distrit	oùtión ratio /ided by col. (c))
Calendar year (or tax year beginnin	9 "') ' ' '	9,000.			,729,328		(cor (n) div	.046307
2013 2012		8,550.			,133,05			.043200
2012		3,320.			,727,167			.041136
2010		7,050.			,632,988			.054239
2009		3,000.			,396,543			.047990
		, , , , ,			, ,	+-	T	
2 Total of line 1, column (d)						2		.232872
3 Average distribution ratio for the 5	-vear base period - divide the total (on line 2 by 5.	or by the number	of yea	ars			
the foundation has been in existen-		- '	•	•		3		.046574
	•		-					
4 Enter the net value of noncharitable	e-use assets for 2014 from Part X,	line 5				4		5,642,180.
								·
5 Multiply line 4 by line 3						5		262,779.
6 Enter 1% of net investment income	e (1% of Part I, line 27b)				-	6		2,256.
7 Add lines 5 and 6	-					7		265,035.
8 Enter qualifying distributions from			-			8		203,290.
If line 8 is equal to or greater than I	ine 7, check the box in Part VI, line	th, and comp	lete that part using	g a 19	% tax rate.			

Form 990-PF (2014) OLANDER FAMILY FOUNDATION, IN		70.107	94-340			Page 4	4
Part VI Excise Tax Based on Investment Income (Section 49			948 - see	Instri	uctio	ns)	-
1a Exempt operating foundations described in section 4940(d)(2), check here and				,			
Date of ruling or determination letter: (attach copy of letter if n						4 5]
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here	and enter 1	%	1		4,5	13.	-
of Part I, line 27b							
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4		col. (b). J					_
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)		2		<i>A</i> =	13.	
3 Add lines 1 and 2	041		3		4,5	T 2 •	-
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -U-)		4	-	1 5	$\frac{0.}{13.}$	-
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	•		5		4,5	13.	7
6 Credits/Payments:	ا ده ا	1,800.					1
a 2014 estimated tax payments and 2013 overpayment credited to 2014	6a	1,000.					1
b Exempt foreign organizations - tax withheld at source	6b 6c						1
c Tax paid with application for extension of time to file (Form 8868)	6d						
d Backup withholding erroneously withheld	ou		7		1,8	00	
7 Total credits and payments. Add lines 6a through 6d	toohad	-	8		<u> </u>	15.	-
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	lacheu .		9		2,7		-
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	•	10	<u>-</u>	4,,	20.	-
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	Refunded >	11				-
11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ► Part VII-A Statements Regarding Activities		Refullueu					-
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	uslation or did it partie	rinate or intervene	ın	т	Yes	No	-
any political campaign?	noid to the reparti	orpate of intervene	""	1a	1 33	Х	-
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	oses (see instruction	s for the definition)?	1b	 	X	-
If the answer is "Yes" to 1_a or 1_b , attach a detailed description of the activities a							ī
distributed by the foundation in connection with the activities.	ara soprae er arry rr	ratorialo publicire	- C	-			
c Did the foundation file Form 1120-POL for this year?				1c		X	<i>i</i>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	he vear:	-	-				1
(1) On the foundation. ► \$ 0 • (2) On foundation manage		0.		1			
e Enter the reimbursement (if any) paid by the foundation during the year for political expen							i I
managers. ► \$ 0.	,						
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?			2		X	4
If "Yes," attach a detailed description of the activities.							İ
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	nstrument, articles	of incorporation, o	r.		İ		
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the chan		_		3		X	•
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ear?			4a		Х	•
b If "Yes," has it filed a tax return on Form 990-T for this year?			N/A	4b			
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	rγ .			5		X	_
If "Yes," attach the statement required by General Instruction T				* 4 V I	115	ì.	
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:			1, 1/2			
 By language in the governing instrument, or 				م نَجُرِيٍ مُ نَجُرِيٍ			j
 By state legislation that effectively amends the governing instrument so that no mandate 	ory directions that co	nflict with the state	law		L. i.	L	
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," co	omplete Part II, col.	(c), and Part XV	′	7	X		
				* ×	*	ç	
8a Enter the states to which the foundation reports or with which it is registered (see instruct	ions) 🕨				. "	·	
CA							
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	Х	<u> </u>	
9 Is the foundation claiming status as a private operating foundation within the meaning of s			ndar	-		;	
year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"				9	<u> </u>	X	. 6/
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a scheen	dule listing their names a	nd addresses	<u> </u>	10	<u></u>	X	
			Fo	rm 990)-PF (2014)	

Form **990-PF** (2014)

Total. Add lines 1 through 3

Part X. Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: 5,694,598. a Average monthly fair market value of securities 1a 33,504. b Average of monthly cash balances 1b c Fair market value of all other assets 5,728,102. 1**d** d Total (add lines 1a, b, and c) e Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e Acquisition indebtedness applicable to line 1 assets 3 Subtract line 2 from line 1d 85,922. Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) 4 5 5,642,180. Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4 282.109.Minimum investment return. Enter 5% of line 5 Part 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.) 282,109. Minimum investment return from Part X, line 6 4,513 Tax on investment income for 2014 from Part VI, line 5 2a Income tax for 2014. (This does not include the tax from Part VI.) 2b 2c 4,513. Add lines 2a and 2b 596. 3 Distributable amount before adjustments Subtract line 2c from line 1 <u>o .</u> 4 Recoveries of amounts treated as qualifying distributions 5 277,596. Add lines 3 and 4 Ō. 6 Deduction from distributable amount (see instructions) 277,596. Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1 7 Part XII: Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Œ. 203,290. Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 1a Program-related investments - total from Part IX-B 1b 2 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes Amounts set aside for specific charitable projects that satisfy the: \mathcal{O}° Suitability test (prior IRS approval required) За Cash distribution test (attach the required schedule) 3b 203,290 4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b 5 203,290. Adjusted qualifying distributions. Subtract line 5 from line 4 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Form **990-PF** (2014)

4940(e) reduction of tax in those years.

Part XIII Undistributed Inc	come (see instructions)				
,	(a) Corpus		(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Pa	<u> </u>		real o prior to 20 io	20.0	
line 7					277,596
2 Undistributed income, if any, as of the end of	f 2014	ŀ		210 002	
a Enter amount for 2013 only				219,892.	
b Total for prior years:	`		2 (50		
2011,	4- 0014	<u>.</u>	3,658.		
3 Excess distributions carryover, if any,	10 2014:				
a From 2009		1		İ	
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: ►\$ 203,					
a Applied to 2013, but not more than lin	e 2a			203,290.	
b Applied to undistributed income of prid					
years (Election required - see instructi	ons)		0.		
c Treated as distributions out of corpus				ļ	
(Election required - see instructions)		0.			
d Applied to 2014 distributable amount					0.
e Remaining amount distributed out of o	corpus	0.			
Excess distributions carryover applied to 201 (If an amount appears in column (d), the same 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 lin	e 5	0.			
b Prior years' undistributed income. Sub					, <u>,,</u>
line 4b from line 2b			3,658.	ľ	
c Enter the amount of prior years' undistributed income for which a notic deficiency has been issued, or on which the section 4942(a) tax has been previous assessed.	ch		0.		
dSubtract line 6c from line 6b. Taxable					
amount - see instructions			3,658.		
e Undistributed income for 2013. Subtra	act line				
4a from line 2a. Taxable amount - see	ınstr.			16,602.	
f Undistributed income for 2014. Subtra	nct - , ~	ŀ	4 - 5,		
lines 4d and 5 from line 1. This amoun	nt must >	, ,	* / * / * * * * * * * * * * * * * * * *		
be distributed in 2015		ľ			<u>277,</u> 596.
7 Amounts treated as distributions out of	of	,		, 4 *>	
corpus to satisfy requirements impose	ed by			*	
section 170(b)(1)(F) or 4942(g)(3) (El	ection				
may be required - see instructions)		0.			
8 Excess distributions carryover from 20	009				
not applied on line 5 or line 7		0.			
9 Excess distributions carryover to 201	5.				
Subtract lines 7 and 8 from line 6a		0.			
10 Analysis of line 9:					
a Excess from 2010					
b Excess from 2011					
c Excess from 2012					

 $dExcess\ from\ 2013$ e Excess from 2014

Part XV Supplementary Informati				
3 Grants and Contributions Paid During th		· · · · · · · · · · · · · · · · · · ·		
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
ACCICMANOR I BAQUE OF LOC	NONE	PUBLIC	SUPPORT	
ASSISTANCE LEAGUE OF LOS ALTOS/ASSISTEENS	NONE	PUBLIC	BOFFORT	
169 STATE STREET				
LOS ALTOS, CA 94022		İ		1,000
				
		L		
ASU FOUNDATION	NONE	PUBLIC	SUPPORT	
300 E UNIVERSITY DR.			1	1 000
TEMPE, AZ 85281-2033		 		1,000
AVON WALK FOR BREAST CANCER	NONE	PUBLIC	PREVENT AND TREAT	
777 THIRD AVENUE			BREAST CANCER	
NEW YORK, NY 10017				2,500
BAY AREA RIDGE TRAIL COUNCIL	NONE	PUBLIC	SUPPORT	
1007 GENERAL KENNEDY AVE., STE 3				
SAN FRANCISCO, CA 94129		 		1,500
BEAR LEAGUE	NONE	PUBLIC	SUPPORT	
P.O. BOX 393				
HOMEWOOD, CA 96141				2,000
BLACH SCHOOL	NONE	PUBLIC	SUPPORT	
1120 COVINGTON ROAD				
LOS ALTOS, CA 94024				3,000
BRONCO BENCH FOUNDATION	NONE	PUBLIC		
500 EL CAMINO REAL	NONE	1 02220	SCHOLARSHIPS FOR	
SANTA CLARA, CA 95053			ATHLETES	1,000
,			-	,
CALLEODNIA CHAME DADVO BOIDANIO	NONE	DURI TC	CIIDDORM	
CALIFORNIA STATE PARKS FOUNDATION 50 FRANCISCO ST. STE 110	NONE	PUBLIC	SUPPORT	
SAN FRANCISCO CA 94133				1,000
DAN FRANCISCO, CA 74133			-	1,000
CANINE COMPANIONS	NONE	PUBLIC	SUPPORT	
P.O. BOX 446 SANTA ROSA, CA 95402-0446				1,000
DAMES RODE, CA 33402-0440		 		1,000
CATHOLIC CHARITIES OF SANTA CLARA	NONE	PUBLIC	SUPPORT	
2625 ZANKER RD				
SAN JOSE, CA 95134				5,000
Total from continuation sheets				195,290

Part XV Supplementary Information)			
3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
CHILDREN'S THERAPY CENTER	NONE	PUBLIC	SUPPORT	
29-01 BERKSHIRE ROAD				
FAIR LAWN, NJ 07410				3,000.
CLAREMONT HIGH SCHOOL	NONE	PUBLIC	SUPPORT ATHLETICS	
1601 N INDIAN HILL BLVD				
CLAREMONT, CA 91711				5,000.
GLADDWOND MOREDNA GOLLEGE WILLIAM B	MONE	PUBLIC	SUPPOT	
CLAREMONT MCKENNA COLLEGE - WILLIAM B ARCE SCHOL, FUND	NONE	FUBLIC	SOFFOI	
500 EAST NINTH ST				
CLAREMONT, CA 91711				5,000.
COLLEGE OF ADAPTIVE ARTS	NONE	PUBLIC	SUPPORT	
1401 PARKMOOR AVE., STE 260				
SAN JOSE, CA 95126				1,000.
ODIGEO DEV HIGH COMOOL	NONE	PUBLIC	SUPPORT	
CRISTO REY HIGH SCHOOL 1390 FIVE WOUNDS LANE	NONE	POBLIC	SOPPORT	
SAN JOSE, CA 95116				2,500.
				· · · · ·
CSU FOUNDATION	NONE	PUBLIC	SUPPORT	
401 GOLDEN SHORE, 6TH FLR LONG BEACH, CA 90802-4210		•		1,000.
				, , , , , , , , , , , , , , , , , , ,
DEL MAR PTSA	NONE	PUBLIC	SUPPORT EDUCATION	
1224 DEL MAR AVE SAN JOSE, CA 95128				300.
	· ·			
		_		
ECUMENICAL HUNGER PROGRAM	NONE	PUBLIC	SUPPORT	
2411 PULGAS AVE EAST PALO ALTO, CA 94303				1,000.
EAST FAILO ALTO, CA 74303			-	1,000.
EL CAMINO HOSPITAL FOUNDATION	NONE	PUBLIC	SUPPORT	
2500 GRANT RD PAR 116				500
MOUNTAIN VIEW, CA 94040	 	<u> </u>	 	500.
EXCELLENCE IN EDUCATION, TRUCKEE	NONE	PUBLIC	SUPPORT	
11071 DONNER PASS ROAD				2 222
TRUCKEE, CA 96160 Total from continuation sheets				2,000.
Total from continuation sneets				

Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to **Amount** status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor FAMILY & CHILDREN'S SERVICES NONE PUBLIC SUPPORT 375 CAMBRIDGE AVENUE PALO ALTO, CA 94306 1,000. FOCUS ON TANZANIAN COMMUNITIES NONE PUBLIC ASSIST TANZANIAN WITH SUSTAINABLE PROJECTS 14 MOUNT AUBURN STREET WATERTOWN, MA 02472 500. FRIENDS OF TRUCKEE LIBRARY NONE PUBLIC SUPPORT 10031 LEVON AVE. 1,000. TRUCKEE, CA 96161 PUBLIC ENCOURAGE UNDERSERVED GIANTS COMMUNITY FUND NONE YOUTH TO LIVE HEALTHY 24 WILLIE MAYS PLAZA PRODUCTIVE LIVES SAN FRANCISCO, CA 94107 440. TO SUPPORT THOSE WITH GOODWILL INDUSTRIES NONE PUBLIC 1080 NORTH 7TH STREET BARRIERS TO EMPLOYMENT 1,000. SAN JOSE, CA 95112 GUIDE DOGS FOR THE BLIND NONE PUBLIC PREPARE GUIDE DOGS TO SERVE THE BLIND 350 LOS RANCHITOS RD 500. SAN RAFAEL, CA 94903 NONE PUBLIC SUPPORT HAPPY HOLLOW PARK & ZOO 1300 SENTER ROAD 1,000. SAN JOSE, CA 95112 HIDDEN VILLA NONE PUBLIC OPERATING 26870 MOODY ROAD 500. LOS ALTOS HILLS, CA 94022 HUMANE SOCIETY OF SILICON VALLEY NONE PUBLIC OPERATING 901 AMES AVE 500. MILPITAS, CA 95035 HUMANE SOCIETY OF TRUCKEE NONE PUBLIC OPERATING 10382 DONNER PASS RD #3 7,500. TRUCKEE, CA 96161 Total from continuation sheets

Part XV Supplementary Informat				
3 Grants and Contributions Paid During th	e Year (Continuation)			
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	CONTRIBUTION	
				-
JASPER RIDGE FARM	NONE	PUBLIC	BRINGING ANIMALS TO	
2995 WOODSIDE ROAD			THOSE IN NEED	
WOODSIDE, CA 94062				1,000.
JEWISH HOME	NONE	PUBLIC	SUPPORT	
302 SILVER AVE				
SAN FRANCISCO, CA 94112				2,500.
	NO.VIII	DVIDI T.C	ODERACING	
KIDS ZONE MUSEUM 11711 DONNER PASS RD	NONE	PUBLIC	OPERATING	
TRUCKEE, CA 96161				5,000.
				· · · · · ·
KIVA MICROFUNDS	NONE	PUBLIC	SUPPORT	
875 HOWARD ST., STE 340 SAN FRANCISCO, CA 94103				2,000.
SAN FRANCISCO, CA 34103				2,000.
LAUMC	NONE	PUBLIC	SUPPORT	
655 MAGDALENA AVE				1 000
LOS ALTOS, CA 94024				1,000.
LEAGUE TO SAVE LAKE TAHOE	NONE	PUBLIC	SUPPORT	
2608 LAKE TAHOE BLVD				
SOUTH LAKE TAHOE, CA 94115			 	3,000.
LOAVES AND FISHES	NONE	PUBLIC	SUPPORT	
358 NORTH MONTGOMERY ST				
SAN JOSE, CA 95134				5,000.
LOS ALTOS COMMUNITY FOUNDATION	NONE	PUBLIC	SUPPORT	
183 HILLVIEW AVE				
LOS ALTOS, CA 94022				8,000.
LOS ALTOS HIGH SCHOOL ATHLETICS	NONE	PUBLIC	SUPPORT	
1299 BRYANT AVE	[10.12			
MOUNTAIN VIEW, CA 94040				5,000.
TOG NIMOG HIEMONY NOVEMBER	NONE	DIED TO	TO DESCRIVE AND GUARE	
LOS ALTOS HISTORY MUSEUM 51 S SAN ANTONIO RD	NONE	PUBLIC	TO PRESERVE AND SHARE OUR LOCAL HISTORY	
LOS ALTOS, CA 94022				500.
Total from continuation sheets	 	·		

Part: XV Supplementary Informatio				
3 Grants and Contributions Paid During the	<u> </u>			
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager	status of	contribution	Amount
	or substantial contributor	recipient		
MIDORI KAI	NONE	PUBLIC	SUPPORT	
5674 SONOMA DR	İ			
PLEASANTON, CA 94566				2,000
MIRACLE DISTRIBUTION CENTER	NONE	PUBLIC	OPERATING	
3947 E LA PALMA AVE				
ANAHEIM, CA 92807				300
MOUNTAIN VIEW UICH COUCOI	NONE	PUBLIC	CUDDORM	
MOUNTAIN VIEW HIGH SCHOOL	NONE	POBLIC	SUPPORT	
2900 PARKWAY DR. EL MONTE, CA 91732				7 000
MOUNTAIN VIEW PARENT NURSERY SCHOOL	NONE	PUBLIC	TO PROVIDE QUALITY	7,000
	NONE	FOBLIC	1 1	
1325 BRYANT AVE			EARLY CHILDHOOD	
MOUNTAIN VIEW, CA 94040			EDUCATION IN AN	
			ACCREDITED PARENT	
			PARTICIPATION PROGRAM	1,500
NATIONAL CENTED FOR FOLLING	NONE	PUBLIC	TO PROVIDE	
NATIONAL CENTER FOR EQUINE	NONE	POBLIC		
FACILITATED THERAPY			EQUINE-ASSISTED	
880 RUNNYMEDE ROAD			THERAPY TO THE	
WOODSIDE, CA 94062			DISABLED	1,000
NPCA	NONE	PUBLIC	OPERATING	
1300 19TH STREET, NW SUITE 300				
WASHINGTON, DC 20036				1,000
NRDC	NONE	PUBLIC	OPERATING -	
40 WEST 20TH STREET				
NEW YORK, NY 10011				1,500
PALO ALTO HOUSING AUTHORITY	NONE	PUBLIC	SUPPORT	
725 ALMA STREET		!		
PALO ALTO, CA 94301				2,000
PALO ALTO MEDICAL FOUNDATION	NONE	PUBLIC	TO LEAD THE	-
795 EL CAMINO REAL			TRANSFORMATION OF	
PALO ALTO, CA 94301			HEALTH CARE TO ACHIEVE	
			THE HIGHEST LEVELS OF	
			QUALITY, ACCESS, AND	500
PALO ALTO MUSEUM & ZOO	NONE	PUBLIC	SUPPORT	
1451 MIDDLEFIELD RD.				
PALO ALTO, CA 94301	<u></u>			1,000
Total from continuation sheets				•

Rantaxy Supplementary Information				
3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	oona isaacii	
PARKS CONSERVANCY	NONE	PUBLIC	TO PRESERVE THE GOLDEN	
BUILDING 201, FORT MASON			GATE NATIONAL PARKS	
SAN FRANCISCO, CA 94123	 	-		500.
PATHWAYS HOME HEALTH & HOSPICE	NONE	PUBLIC	SUPPORT	
585 NORTH MARY AVE				1 000
SUNNYVALE, CA 94085		<u> </u>	 	1,000.
PENINSULA HUMANE SOCIETY & SPCA	NONE	PUBLIC	SUPPORT	
1450 ROLLINS RD. BURLINGAME, CA 94010				500.
				· · · · ·
PENINSULA OPEN SPACE TRUST	NONE	PUBLIC	OPERATING	
222 HIGH STREET				
PALO ALTO, CA 94301				1,000.
PROJECT MANA	NONE	PUBLIC	SUPPORT	
948 INCLINE WAY				
INCLINE VILLAGE, NV 89451				3,000.
PUBLIC INTEREST LAW FOUNDATION	NONE	PUBLIC	SUPPORT	
152 NORTH THIRD ST, 3RD FLR				
SAN JOSE, CA 95112		 		2,500.
REACH FOUNDATION	NONE	PUBLIC	TO PROVIDE ACADEMIC,	
21520 YORBA LINDA BLVD, SUITE G503			ATHLETIC, AND ARTS	
YORBA LINDA, CA 92887			ENRICHMENT FOR	
			STUDENTS	3,000.
RESCUE RANCH	NONE	PUBLIC	SUPPORT	
PO BOX 7112				
BELLE CHASSE, LA 70037				5,000.
RESPONSIBILITY	NONE	PUBLIC		
P.O. BOX 433199 SAN YSIDRO, CA 92143				2,000.
	 		 	
DOBERT LOUIS CHEURNICON COMOS	NONE	PUBLIC	CIIDDORT	
ROBERT LOUIS STEVENSON SCHOOL 24 WEST 74TH STREET	HOME	JUDIE	SUPPORT	
NEW YORK, NY 10023		<u> </u>		5,000.
Total from continuation sheets	·			

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor RONALD MCDONALD HOUSE NONE PUBLIC SUPPORT ONE KROC DRIVE 1,000. OAK BROOK, IL 60523 SAMARITAN HOUSE NONE PUBLIC MOBILIZE RESOURCES OF COMMUNITY TO HELP 4031 PACIFIC BLVD THOSE IN NEED 500. SAN MATEO, CA 94403 SAN JOSE SPORTS HALL OF FAME NONE PUBLIC SUPPORT 345 PARK AVE., MS E6-500 3,750. SAN JOSE, CA 95110 PUBLIC SAN JOSE STATE LIBRARY NONE 150 E SAN FERNANDO ST SAN JOSE, CA 95112 SUPPORT 3,500. SAN JOSE STATE SCHOOL OF BUSINESS NONE PUBLIC SUPPORT ONE WASHINGTON SQUARE 4,000. SAN JOSE, CA 95192 SAN MATEO COUNTY PARKS FOUNDATION NONE PUBLIC SUPPORT 215 BAY ROAD 500. MENLO PARK, CA 94025 SEMPERVIRENS FUND NONE PUBLIC SUPPORT 419 SOUTH SAN ANTONIO RD STE 211 2,500. LOS ALTOS, CA 94022 NONE PUBLIC SUPPORT SIERRA WATCH 408 BROAD ST. #12 1,000. NEVADA CITY, CA 95959 NONE PUBLIC SUPPORT SPECIAL OLYMPICS 1133 19TH ST. NW 500. WASHINGTON, DC 20036 PUBLIC SPRINGER SCHOOL NONE EDUCATION 1120 ROSE AVE. 7,000. MOUNTAIN VIEW, CA 94040 Total from continuation sheets

PartXV Supplementary Information 3 Grants and Contributions Paid During the		·····		
Recipient	If recipient is an individual,	Foundation	Durnoss of great of	
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		
STROKE AWARENESS FOUNDATION	NONE	PUBLIC	SUPPORT	
2105 S BASCOM AVE				
CAMPBELL, CA 95008				4,000
SWIM ACROSS AMERICA	NONE	PUBLIC	RAISE MONEY AND	
ONE INTERNATIONAL PLACE, SUITE 4600			AWARENESS FOR CANCER RESEARCH, PREVENTION	
BOSTON, MA 02110			AND TREATMENT THROUGH	
			SWIMMING EVENTS	500
			DWITTING BYENTS	
TAHOE FOREST HOSPICE	NONE	PUBLIC	SUPPORT	
10083 LAKE AVE.				4,000
TRUCKEE, CA 96161	- 	 		4,000
TAHOE FOREST HOSPITAL FOUNDATION	NONE	PUBLIC	SUPPORT	
10121 PINE AVE.				
TRUCKEE, CA 96161			· · · · · · · · · · · · · · · · · · ·	5,000
TAHOE FUND	NONE	PUBLIC	IMPROVE THE NATURAL	
P.O. BOX 7124	10.12		ENVIRONMENT OF THE	
TAHOE CITY, CA 96145			LAKE TAHOE BASIN BY	
			BUILDING BROAD SUPPORT	500
TAHOE RIM TRAIL ASSOCIATION	NONE	PUBLIC	SUPPORT	
948 INCLINE WAY	NOME	[02210	Forton	
INCLINE VILLAGE, NV 89451				1,500
	<u>- </u>			·
TAHOE TRUCKEE COMMUNITY FOUNDATION	NONE	PUBLIC	SUPPORT	
P.O. BOX 366				1 500
TRUCKEE, CA 96160	NONE	PUBLIC	GIVE YOUNG PEOPLE AN	1,500
THE FIRST TEE OF MONTEREY COUNTY	NONE	FARTIC	OPPORTUNITY TO	
1551 BEACON HILL DRIVE			DEVELOP, THROUGH GOLF	
SALINAS, CA 93905			AND CHARACTER	
			EDUCATION,	3,000
		 		
THE SPARTAN FOUNDATION	NONE	PUBLIC	SUPPORT	
1393 SOUTH 7TH STREET				500
SAN JOSE, CA 95112		 		500
THUNDERBIRD LODGE PRESERVATION	NONE	PUBLIC	SUPPORT	
SOCIETY				
P.O. BOX 6812				
INCLINE VILLAGE, NV 89450				500
Total from continuation sheets				

Part:XV. Supplementary Information 3 Grants and Contributions Paid During the Y				
Recipient	If recipient is an individual,	<u> </u>	 	
<u> </u>	show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	 	
TOYS FOR TOTS	NONE	PUBLIC	SUPPORT	
18251 QUANTICO GATEWAY DR.				
TRIANGLE, VA 22172				1,000
TRUCKEE COMMUNITY CHRISTMAS	NONE	PUBLIC	SUPPORT	
P.O. BOX 2955 PRUCKEE, CA 96160				1,000
IROCKEE, CA 30100		<u> </u>		
TRUCKEE DONNER HISTORICAL SOCIETY	NONE	PUBLIC	SUPPORT	
P.O. BOX 8816				
TRUCKEE, CA 96162				1,000
•				
TRUCKEE DONNER LAND TRUST	NONE	PUBLIC		
10069 W RIVER ST, #C1			OPERATING	
TRUCKEE, CA 96162	<u> </u>			5,000
TRUCKEE TAHOE HIGH SCHOOL	NONE	PUBLIC	SUPPORT HIGH SCHOOL	
11725 DONNER PASS ROAD			ATHLETICS	1 000
TRUCKEE, CA 96161				1,000
	NO.	DUDY TO		
TRUCKEE TRAILS P.O. BOX 1751	NONE	PUBLIC	SUPPORT	
TRUCKEE, CA 96160				1,000
		-		
UCSF FOUNDATION	NONE	PUBLIC	SUPPORT	
UCSF BOX 0248				
SAN FRANCISCO, CA 94143				500
UNIVERSITY OF SAN FRANCISCO GOLF TEAM	NONE	PUBLIC	SUPPORT USF GOLF TEAM	
2130 FULTON ST				E00
SAN FRANCISCO, CA 94117	+			500
	10077	DUDY 13	CURROUM UNITED OF COLUMN	
UNIVERSITY OF SANTA CLARA BASEBALL 500 EL CAMINO REAL	NONE	PUBLIC	SUPPORT UNIV OF SANTA CLARA BASEBALL	
SANTA CLARA, CA 95053				7,500
VASCULAR CURES	NONE	PUBLIC	SUPPORT	
555 PRICE AVE., STE 180				
REDWOOD CITY, CA 94063		<u> </u>		1,000.
Total from continuation sheets		<u>. </u>	<u></u>	

Part XV Supplementary Informatio 3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
VILDLIFE CENTER OF SILICON VALLEY	NONE	PUBLIC	TO PROVIDE HIGH	
027 PENITENCIA CREEK RD	1		QUALITY CARE AND	
AN JOSE, CA 95132			REHABILITATION FOR	
	ļ		INJURED, SICK AND	
			ORPHANED WILDLIFE	500
ILDLIFE REHABILITATION AND RELEASE	NONE	PUBLIC	CARE AND	
99 MALTMAN DRIVE	NO.		REHABILITATION OF	
			INJURED AND ORPHANED	
RASS VALLEY, CA 95945			WILDLIFE	500
VILDLIFE SHELTER	NONE	PUBLIC		
P.O. BOX 226				
OMEWOOD, CA 96141				
		<u> </u>	SUPPORT	1,00
_				
		 		
- 	 	 		
	- 		 	-
Total from continuation sheets	<u>, l</u>			

Enter gross amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded b	y section 512, 513, or 514	(e)
1 Program service revenue;	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
•	code				
a	-				
<u> </u>			- 		
4					
е	-				
f			 		
g Fees and contracts from government agencies			 		
2 Membership dues and assessments				·	
3 Interest on savings and temporary cash					
investments			14		
4 Dividends and interest from securities			14	125,867.	
5 Net rental income or (loss) from real estate:				,	
a Debt-financed property				-	· · · · ·
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	1,229.	
8 Gain or (loss) from sales of assets other					
than inventory					98,551
9 Net income or (loss) from special events	<u> </u>				
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b	_	·	_		
C	_				
d	_				
6	_		0.	127,096.	09 551
12 Subtotal. Add columns (b), (d), and (e)	3		<u> </u>		98,551 225,647
13 Total. Add line 12, columns (b), (d), and (e)				13	223,047
(See worksneet in line 13 instructions to verify calculations.)	•				
Part XVI-B Relationship of Activities	to the Accom	plishment of	Exempt Po	urposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than	come is reported in c	olumn (e) of Part X\	/I-A contributed	importantly to the accomp	lishment of
13 SALE OF INVESTMENT ASS				ED TO CHARTT	ARI.E
13 ACITIVITIES	PIP FROVI	DE INCOM	e Redai	ED TO CHARTI	ADDE
15 ACTIVITIES	· · · · · · · · · · · · · · · · · · ·		· · ·		
	· · · · · · · · · · · · · · · · · · ·		_		
	<u>-</u>		_		
			_		
	<u> </u>		-		
	· · · · · · · · · · · · · · · · · · ·		_		
			-		
		=			
					

Part XVII	Information Re Exempt Organ		nsfers To a	and Transactions	and Relations	hips With Nonch	aritable		
1 Did the or			y of the followin	g with any other organizati	on described in sect	ion 501(c) of	Y	es N	Ю
				7, relating to political orga		, ,			,
a Transfers	from the reporting founda	ition to a nonchari	table exempt org	ganization of:				[
(1) Cash							1a(1)		X
(2) Other	assets					-	1a(2)		X
b Other tran	isactions:							_	
` '	of assets to a noncharital						1b(1)		X
	hases of assets from a nor		organization				1b(2)		<u>X</u> .
• •	al of facilities, equipment, o	or other assets					1b(3)		X
	bursement arrangements						1b(4)		X
	s or loan guarantees		1				1b(5)		X X
	rmance of services or me				-		1b(6)		<u>X</u>
	f facilities, equipment, mai			pioyees dule. Column (b) should al	human about the four r	parket value of the goods	1c		<u>~</u>
or service		oundation. If the fo	undation receive	ed less than fair market val				٥,	
(a)Line no	(b) Amount involved			exempt organization	(d) Description	of transfers, transactions, and	d sharing arran	gements	
			N/A						
				· - · - · -					
	<u></u>			· 		_			
				·	<u> </u>				
				 		•			—
					 				
						· · · · · ·			
			-		***				
	.								—
ın section	501(c) of the Code (other omplete the following sch	than section 501(edule.				[Yes	X	
	(a) Name of org	anization		(b) Type of organization		(c) Description of relation	ship		
	N/A		····						
		_			<u> </u>				
					 				
					ļ				
Sign Here		nplete Peclaration of		Ig accompanying schedules and naxpayer) is based on all information of the Date		r has any knowledge re	lay the IRS dis- eturn with the p hown below (se X Yes	reparer e instr)?	
	Print/Type preparer's na		Preparer's si	ignature	Date	Check if PTIN	-	_	_
						self- employed			
Paid KIRK KNIGHT, CPA KIRK KNIGHT, CPA 09/30/15					PC	09576	28		
Preparer	Firm's name ► KNI					Firm's EIN ► 26 - 3	374286	4	
Use Only									
	Firm's address ▶ 42								
	LO	S ALTOS,	CA 940	22			948-8		
							Form 990-	PF (20)14)

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.lrs.gov/form990 ·

OMB No. 1545-0047

2014

Employer identification number Name of the organization 94-3400451 OLANDER FAMILY FOUNDATION, Organization type (check one): 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 X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. General Rule [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(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 any one contributor, 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, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year Caution. An organization 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). but it must answer "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 certify that it does not 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

Employer identification number

OLANDER FAMILY FOUNDATION, INC.

94-3400451

Parel	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	RON OLANDER 24191 SUMMERHILL LOS ALTOS, CA 94024	\$ 102,303.	Person X Payroll
(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 Payroli 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.)

10440930 350757 00586

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization Employer identification number OLANDER FAMILY FOUNDATION, INC. 94-3400451

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
-		\$	
(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
		\$	
100150 11 55		Schedule B /Form (990 990-F7 or 990-PF\ (2014)

Name of org	ganization		Employer identification number						
OT.ANIDI	ER FAMILY FOUNDATION, I	NC.	94-3400451						
Part III	Exclusively religious, charitable, etc., contributor. Complete c	ibutions to organizations described olumns (a) through (e) and the follow	in section 501(c)(/), (8), or (10) that total more than \$1,000 for						
	completing Part III, enter the total of exclusively religious	, charitable, etc., contributions of \$1,000 or	less for the year (Enter this info once)						
(a) No.	Use duplicate copies of Part III if additiona								
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
	·								
-		(e) Transfer of gif	t						
		.,							
_	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) Na									
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I		- .							
	(e) Transfer of gift								
	(b) Italisies of gift								
-	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
i			**						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
}		(e) Transfer of gif	<u> </u>						
		(c) manufact of gir	•						
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held						
Part I									
	(e) Transfer of gift								
	(-)								
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee						
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OLANDER FAMILY F	OUNDATION, INC.	94-34		PAGE	1 OF 1
Part IV Capital Gains and Lo	osses for Tax on investment income			<u></u>	
	d describe the kind(s) of property solo prick warehouse; or common stock, 20		(b) How acqu P - Purcha D - Donatio	uired (c) Date acqui se on (mo., day, yr	red (d) Date sold (mo., day, yr.)
1a 300SH QUESTCOR	PHARM INC		P	11/22/1	L304/16/14
b 50SH ONE GAS I		P		L311/18/14	
c .02SH CDK GLOB			P		0209/30/14
d 800SH CDK GLOB			P		0210/13/14
e 200SH CDK GLOE			P		0310/13/14
f 250SH KNOWLES			P		L005/16/14
	UNICATIONS HOLDI	NGS	P		0508/06/14
h 2400SH LOWES C	OMPANIES		P	08/13/0	0202/06/14
1					
k					
T					
m					
n					
0		-			
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (loss) (e) plus (f) minus (g	
a 23,052.		18,362.			4,690.
b 1,843.		1,539.			304.
c 1.					1.
d 20,627.		9,889.			10,738.
e 5,157.		2,375.			2,782.
f 7,293.		3,635.			3,658.
g 29,913.		22,721.			7,192.
h 110,562.		41,376.			69,186.
1					
1					
<u>k</u>					
<u> </u>					
<u>m</u>					
<u>n</u>			<u>-</u> _		
0		10/04/00			
Complete only for assets show	ing gain in column (h) and owned by t		(I)) Losses (from col. ((h)) over col (k)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	t	but not less than '-0	-*)
a					4,690.
<u>b</u>					304.
<u>c</u>					1.
<u>d</u>					10,738.
<u>e</u>					2,782.
<u>f</u>					3,658. 7,192.
<u>g</u>	<u> </u>				69,186.
<u>h</u>	<u> </u>				09,100.
1	 		· · · · · ·		
<u> </u>	 			 -	
<u>k</u>	 	-			
<u></u>	 				
<u>m</u>	 				
<u>n</u>	 				
0		,		· · ·	
2 Capital gain net income or (net c	capital loss) { If gain, also enter "-0	in Part I, line 7 In Part I, line 7	2		98,551.

423591 05-01-14 N/A

If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c).