

### 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



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

OMB No 1545-0052

2015

► Do not enter social security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

G/8 Form 990-PF (2015)

) ]	For cal	endai	r year 2015, or ta	ax year beginnir	ıg	, 2015	, and ending		,	
			Anderson					A	Employer identification null 77-0360264	
<b>.</b>	5482	Йоı	Foundation rningside I					В	Telephone number (see inst 408-274-3336	ructions)
	San	Jose	e, CĀ 95138	3-2244				С	If exemption application is	pending, check here
₹	G Che	eck al	I that apply	Initial return		Initial return of a forr	mer public charity	D	1 Foreign organizations, chec	ck here
-			}	Final return Address chan	ge	Amended return  Name change	!		2 Foreign organizations meet	ting the 85% test, check
	H Che	eck ty	pe of organization			(c)(3) exempt private f	oundation		here and attach computation	on / ►
	[					rust X Other taxable		E	If private foundation status under section 507(b)(1)(A)	
			t value of all assets a II, column (c), line 16		J Acc	ounting method XC Other (specify)	ash Accrual	F	If the foundation is in a 60	
_ ,	<b>►</b> \$		· · · · · · · · · · · · · · · · · · ·	<u>.</u>	(Part I,	column (d) must be or	cash basis)		under section 507(b)(1)(B)	, check here
Ĺ	Part l	<b>E</b> ;	nalysis of Re kpenses (The blumns (b), (c), a crily equal the an	total of amounts and (d) may not	neces-	(a) Revenue and expenses per books	<b>(b)</b> Net investmer income	nt	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
_			eé instructions)	)			7,7 %	ž.		(casir basis only)
		2		s, etc, received (attach sche ndation is not required to a	•	843.		\$ .		
		3	Interest on savings and te						N/A	* " , , ,
		4	Dividends and interest from	· ·		57,885.	57,88	35.	N/A	\$ \$ * * *
			Gross rents Net rental income			* * * * * * * * * * * * * * * * * * *				
ţ	R	1 _	or (loss) Net gain or (loss) from sa	ele of assets not on line 10		65,478.	<u> </u>			
2016	REV	b	Gross sales price for assets on line 6a	<sup>rall</sup> 792,	844.	A SA		,		
<b>6</b>	Ė	7 8	Capital gain net inco Net short-term capital	ome (from Part IV, line	e 2)	1445 34 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	65,47	8.	* * >* * *	***************************************
<b>&gt;=</b>	ñ	9	Income modification	-				<u>.</u>	5	1000
AUG	E	10 a	Gross sales less returns and allowances			43×1, 14, 1 5 7 1 1		\$	444.	1. M. A
		b	Less Cost of goods sold							A CONTRACTOR OF THE PROPERTY O
		1	Gross profit or (loss) (atta	•			42A** * * * * * * * * * * * * * * * * * *	,, a	, , , , , , , , , , , , , , , , , , ,	
Ž		11	Other income (attacl	h schedule)						
SCANNED		12	Total Add lines 1	through 11		124,206.	123,36	3.		<u> </u>
Uj		13	Other employee sale	icers, directors, truste aries and wages	es, etc	0.				
		15	Pension plans, empl	•		- Parint				
	A D		Legal fees (attach so		C+ 1		PROFILE	)		
	M		Accounting fees (atta Other prof_fees (atta	•	St 1 St 2	4,250; 31,997.	ô/k; 1 n31, 99			2,125.
	0 I	17	Interest			51,95机	1 0 20 16°		2 ·	
	OPERAT	18	Taxes (attach schedule)(s		tm 3	2,107	OGDEN UT	4:		
		19	Depreciation (attach schedule) and deple			<u></u>	OGDEN CI		1	· , , , , , , , , , , , , , , , , , , ,
	N G E	20	Occupancy Travel, conferences,	and meetings						
		22	Printing and publica	=						
	AND EN	23	Other expenses (atta	ach schedule)						
	S	24	Total operating and			22.22				_
	Š	25	expenses. Add lines Contributions, gifts, grants		<b>.</b> 4	38,354. 138,643.	35,38	36.	** * * * *	2,125. 138,643.
		26	Total expenses and				<u> </u>		***	
-		27	Add lines 24 and 25 Subtract line 26 from			176,997.	35,38	56.		140,768.
			Excess of revenue	over expenses			* * * * * * * * * * * * * * * * * * * *			
		Ь	and disbursements Net investment inco		r -0-)	-52,791.	87,97	77		** *
			Adjusted net incom		•		<i>₹</i> ₹ .			y / ' 11

Daid		Balance Sheets  Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	f year
Pari		(See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash — non-interest-bearing	79,834.	46,167.	
	2	Savings and temporary cash investments			
	3	Accounts receivable	i New Mark Sie	13/10/14 12/15/14 - 13/14/14 * 24/13	Carrent Radio man market a may
		Less allowance for doubtful accounts			
	4	Pledges receivable		191401401401	لد المعالمة
	_	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 sch)			
S		Less allowance for doubtful accounts			
A S E T	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
S		a Investments — U.S. and state government obligations (attach schedule)			
		Investments — corporate stock (attach schedule)	1,852,314.	1,673,457.	
	•	: Investments — corporate bonds (attach schedule)			
	11	Investments – land, buildings, and equipment basis.			
		Less accumulated depreciation (attach schedule)			
	12	Investments – mortgage loans.			
	13	Investments - other (attach schedule)			
	14				
		Less accumulated depreciation (attach schedule)			
		Other assets (describe See Statement 5		1,839.	
	16	Total assets (to be completed by all filers — see the instructions Also, see page 1, item I)	1,932,148.	1,721,463.	0.
Ļ	17	Accounts payable and accrued expenses	_,,,	_,,	
Å	18	Grants payable			
B	19	Deferred revenue			
Ĺ	20	Loans from officers, directors, trustees, & other disqualified persons			
1	21	Mortgages and other notes payable (attach schedule)			
<u>i</u>	22	Other liabilities (describe )			
E S	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.	<u> </u>	<u> </u>	
NF	24	Unrestricted			
N F E U T N	25	Temporarily restricted			
TND	26	Permanently restricted			
		Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.			
A B S A E L T S N	27	Capital stock, trust principal, or current funds			
	28	Paid-in or capital surplus, or land, bldg, and equipment fund			
O E R S	29	Retained earnings, accumulated income, endowment, or other funds	1,932,148.	1,721,463.	
RS	30	Total net assets or fund balances (see instructions)	1,932,148.	1,721,463.	
	31	Total liabilities and net assets/fund balances (see instructions)	1,932,148.	1,721,463.	
Parl	<b>,      </b>	Analysis of Changes in Net Assets or Fund Balance		_,,,	
1	Total	net assets or fund balances at beginning of year – Part II, colu		gree with	
	end-	of-year figure reported on prior year's return)	,	1	1,932,148.
		r amount from Part I, line 27a		2	-52,791.
		increases not included in line 2 (itemize)		3	
		lines 1, 2, and 3.		4	1,879,357.
		ases not included in line 2 (itemize)   See Statement I net assets or fund balances at end of year (line 4 minus line 5)		5	157,894.
6	rotal	Thet assets of fullu balances at end of year (line 4 minus line 5)	- rait ii, column (b),	line 30 <b>6</b>	1,721,463.

(a) List and describe	the kind(s) of property sold (e.g., re.e., or common stock, 200 shares ML	eal estate, C Company) P	w acquired Purchase Donation	(c) Date acquired (mo , day, yr )	(d) Date sold (mo , day, yr )
1a Publicly traded sec	curities		P	Various	Various
b					
d d					
e					
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis	<del>-   -   -   -   -   -   -   -   -   -  </del>	(h) Gain oi	
	(or allowable)	plus expense of sale		(e) plus (f) n	
a 792,844.		727,36	6.	<del></del>	65,478.
b c					
d			-		
е					
Complete only for assets show	ring gain in column (h) and owned b	y the foundation on 12/31/69		(I) Gains (Col	(h)
(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		gain minus col (k), l ian -0-) <b>or</b> Losses (f	out not less
а					65,478.
b					
С				·	
d e					
· <del>- , · · · <u>- , · · · · · · · · · · · · · · · · · · </u></del>	If gain, also	enter in Part I, line 7		Ţ <del></del>	
2 Capital gain net income or (ne	t capital loss) — If (loss), enter	er -0- in Part I, line 7	2		65,478.
3 Net short-term capital gain or	(loss) as defined in sections 1222(5)	and (6)			
If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions) If	(loss), enter -0-	3		0.
Part V Qualification Under	r Section 4940(e) for Reduced	Tax on Net Investment	ncome	!	
	ction 4942 tax on the distributable ar alify under section 4940(e) Do not co	, ,	eriod?	Yes	X No
1 Enter the appropriate amount in	each column for each year, see the ins	tructions before making any entrie	S		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable-use assets	(col	(d) Distribution (b) divided by	
2014	165,485.	1,946,25			0.085027
2013	51,500.	1,898,69			0.027124
2012	134,278.	1,838,12			0.073052
2011 2010	140,366.	1,928,57		·	0.072782
2010	55,040.	1,936,81	<del></del>	T	0.028418
2 Total of line 1, column (d)			2		0.286403
3 Average distribution ratio for the number of years the foundation	ne 5-year base period — divide the to n has been in existence if less than	otal on line 2 by 5, or by the 5 years	3		0.057281
4 Enter the net value of nonchar	itable-use assets for 2015 from Part	X, line 5	4		L,807,342.
5 Multiply line 4 by line 3			5		103,526.
6 Enter 1% of net investment inc	come (1% of Part I, line 27b)		6		
7 Add lines 5 and 6	,				880.
, ridd iiries s und o	,		7		880. 104,406.
8 Enter qualifying distributions fr	om Part XII, line 4		8		

	990-FF (2013) Sality E. Anderson //-03602			Page 4
	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruc	· · · · · · · · · · · · · · · · · · ·	<del>- ,</del>	
1 a		لتنك	- <u> </u>	
	Date of ruling or determination letter: (attach copy of letter if necessary — see instrs)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V,			880.
	check here ► X and enter 1% of Part I, line 27b		2 E	
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)	.haaras	a Libera Distribu	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			_
_	foundations only Others enter -0-)			0.
3	Add lines 1 and 2.			880.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)  4  Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			0.
5		<b>8</b> 32 %	3 5	880.
0	Credits/Payments 2015 estimated to yearth and 2014 everyowent gradited to 2015			* `
	2015 estimated tax pmts and 2014 overpayment credited to 2015  Exempt foreign organizations — tax withheld at source  6 b		÷. 🤌	100
	Tax paid with application for extension of time to file (Form 8868)  6c 899.	ž , ž , *		. 3
	Backup withholding erroneously withheld  6 d  6 d			». ».
	Total credits and payments Add lines 6a through 6d	۔۔۔۔۔۔۔۔۔۔۔۔۔	<u>~</u> ~ ~ ~ ~ ~	899.
,	Enter any <b>penalty</b> for underpayment of estimated tax. Check here X if Form 2220 is attached.			19.
٥	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			<u></u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be Credited to 2016 estimated tax			
	tylia Statements Regarding Activities			
1,1		15.3	Yes	No
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1	a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the definition)?	_ 1	Ь	Х
	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	\$ \$ 2		
	Did the foundation file Form 1120-POL for this year?	1	c	X
c	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	¥3.	<u> </u>	
_	(1) On the foundation  \$\ 0. (2) On foundation managers  \$\ Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on	0.		
e	foundation managers \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2.2		X
_	If 'Yes,' attach a detailed description of the activities		4	1
_	, , , , , , , , , , , , , , , , , , , ,	İ		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3	3	X
<b>4</b> a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4	la	Х
t	If 'Yes,' has it filed a tax return on Form 990-T for this year?	4	tb N	I/A
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		;	X
	If 'Yes,' attach the statement required by General Instruction T		,**	î ĝ
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	2 %	4 2	, \$
	By language in the governing instrument, or	* * * *	i ja	Buch
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict	i.		
	with the state law remain in the governing instrument?	_ €		
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	7 X	
8 a	Enter the states to which the foundation reports or with which it is registered (see instructions)	- :		1.
	CA	. 🔼		
ŀ	) 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 <i>General Instruction G</i> ? <i>If 'No,' attach explanation</i>	<u> </u>	3b X	1
^		**		+
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j) for calendar year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If 'Yes,' complete Part'	XIV	)	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names	4.		,,
RΔΔ	and addresses	Form 5	990-PF (	<u>  X</u> 2015)
- CAM 44		1 (1)		

	n <b>990-PF</b> (2015) Sally E. Anderson	77-0	036026	4	Р	age <b>5</b>
Par	t 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 section 512(b)(13)? If 'Yes', attach schedule (see instructions)			11		Х
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified perso advisory privileges? If 'Yes,' attach statement (see instructions)	n had		12		Х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption	applicat	ion?	13	Х	
14	The books are in care of ► Sally E. Anderson Telephone		408-2	74-3	336_	
	Located at ► 5482 Morningside Dr. San Jose CA ZIP + 4 ►	9513	38			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the year	<b>►</b>   1	15	N/A	•	∐ N/A
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority or bank, securities, or other financial account in a foreign country?	ver a	1	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If 'Yes,'			10	, , , , , , , , , , , , , , , , , , ,	X
	enter the name of the foreign country				\$ ,	
Pai	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			y		
_	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.			* **	Yes	No
1 a	During the year did the foundation (either directly or indirectly)	_		*	Ç.,	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	Yes	X No	1	4.0	: : :
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	Yes	XNo			
	(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			` .
	(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)?	Yes	XNo	* *	, "\\", , ", , ", , ", , ", , ", , ", ,	. 3. 2.
	(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 )	Yes	X No	· · · · · · · · · · · · · · · · · · ·		
١	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)?  Organizations relying on a current notice regarding disaster assistance check here			1 b	N	/A
					· 24	2 1/2
•	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2015?			1 c		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))					4
i	a At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2015?	Yes	X No	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	If 'Yes,' list the years ► 20 , 20 , 20	_	_ ;			· «, .!
ļ	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a <b>all</b> years listed, answer 'No' and attach statement — see instructions).	a)(2) )(2) to		2 b		,
	•	~~~		7,8	N	<u>/A</u>
,	c If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years he 20 , 20 , 20 , 20	51 <b>6</b>		/ 代表 */ / が像 *(5 g - )/		· 1
3 :	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			, ; , ;
1	b If 'Yes,' did it have excess business holdings in 2015 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 2015)			3 b	N	/A
4 :	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?			4 a		X
ĺ	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of			Že.		
	the tax year beginning in 2015?			4 b		X
BAA			Foi	m <b>99</b> 0	)-PF (	2015)

BAA

Form 990-PF (2015) Sally E. Anderson			77-03	60264	Page
Part VII-B   Statements Regarding Activit		1 4720 May Be Req	uired (continued)		
5 a During the year did the foundation pay or incu	•				
(1) Carry on propaganda, or otherwise attempt	ot to influence legislatio	n (section 4945(e))?	Yes X	No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section ation drive?	1 4955), or to carry	Yes X	No (	
(3) Provide a grant to an individual for travel,	• .		Yes X	No	
(4) Provide a grant to an organization other the in section 4945(d)(4)(A)? (see instructions)	han a charıtable, etc, or s)	ganization described	Yes X	No '	
(5) Provide for any purpose other than religio educational purposes, or for the prevention	us, charitable, scientific n of cruelty to children	e, literary, or or animals?	Yes X	No	•
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to a a current notice regard	qualify under the excep ding disaster assistance	tions e	* 5 b	N/A
Organizations relying on a current notice rega	irding disaster assistand	ce check here	▶ [		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	the foundation claim ex sibility for the grant?	emption from the	N/A Yes	No :	*
If 'Yes,' attach the statement required by Reg	ulations section 53 494	5-5(d)			1 ,
6 a Did the foundation, during the year, receive a on a personal benefit contract?			Yes X	No	
<b>b</b> Did the foundation, during the year, pay prem	iums, directly or indirec	tly, on a personal bene	fit contract?	6 Ь	X
If 'Yes' to 6b, file Form 8870					\$0 A
7a At any time during the tax year, was the found				No 🚉	
<b>b</b> If 'Yes,' did the foundation receive any process				1/A   7b	l
Part VIII Information About Officers, D	irectors, Trustees,	Foundation Manag	gers, Highly Paid E	mployees	,
		· · · · · · · · · · · · · · · · · · ·		··	
1 List all officers, directors, trustees, foundation		<del></del>		(0) 5	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other all	e account, lowances
Sally E. Anderson	President &	0.	0.		0
5482 Morningside Dr.	0				
San Jose, CA 95138-2244					
Tim Anderson	CFO	0.	0.		0
12535 Addison St Valley Village, CA 91607	0				
Sharon Davidson	Secretary	0.	0.		0
158 Gemini Court	0				
Los Gatos, CA 95032					
		<u> </u>	<u> </u>		
2 Compensation of five highest-paid employees (o					
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d)Contributions to employee benefit plans and deferred compensation	(e) Expense other all	account, lowances
None					
					<del></del>
Total number of other employees paid over \$50,000	)	<u></u>	<b>•</b>		0
			<del></del>		DE (0015)

Form **990-PF** (2015)

	360264 Page <b>7</b>
Part VIII : Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid and Contractors (continued)	Employees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter 'NONE.'	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
None	
Total number of others receiving over \$50,000 for professional services	0
Part X A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
<u>,                                      </u>	
4	-
	-
Pait(X:B) Summary of Program-Related Investments (see instructions)	<del></del>
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
' N/A	· <b>-</b>
N/A	-
2	
	. 🛮
All other program-related investments See instructions	
3	_
	_
Total. Add lines 1 through 3	▶ 0.
BAA	Form <b>990-PF</b> (2015)

TEEA0307L 10/13/15

	see instructions.)		
1 a	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.	1 a	1,772,357.
Ŀ	Average of monthly cash balances	1 b	62,508.
c	Fair market value of all other assets (see instructions)	1 c	
c	Total (add lines 1a, b, and c)	1 d	1,834,865.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c	400	
	(attach detailed explanation) 1 e 0		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,834,865.
4	Cash deemed held for charitable activities Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	27,523.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	1,807,342.
6	Minimum investment return. Enter 5% of line 5	6	90,367.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operations	ating for	ındatıons
	and certain foreign organizations check here ► and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	90,367.
2 a	Tax on investment income for 2015 from Part VI, line 5		
t	Income tax for 2015 (This does not include the tax from Part VI)		
•	Add lines 2a and 2b	2 c	880.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	89,487.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	89,487.
6	Deduction from distributable amount (see instructions)	6	
	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	89,487.
Pai	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	1 a	140,768.
t	Program-related investments — total from Part IX-B	1 b	
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 suitability test (prior IRS approval required)	3 a	
ŧ	Cash distribution test (attach the required schedule)	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	140,768.
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	880.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	139,888.
	<b>Note.</b> The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the for qualifies for the section 4940(e) reduction of tax in those years	undation	
RΔΔ			Form 990-PF (2015)

#### Part XIII Undistributed Income (see instructions)

	<b>(a)</b> Corpus	(b) Years prior to 2014	<b>(c)</b> 2014	<b>(d)</b> 2015
1 Distributable amount for 2015 from Part 3	(I, x -		> 4 · · · · · · · · · · · · · · · · · ·	89,487.
2 Undistributed income, if any, as of the end of 2015	* * * * * *		***	05,407.
a Enter amount for 2014 only		, ,	0.	
<b>b</b> Total for prior years 20 , 20 , 20	7	0.	, , , , , , , , , , , , , , , , , , , ,	*
3 Excess distributions carryover, if any, to 2015	*	· · · · · · · · · · · · · · · · · · ·	/; «· · · ·	§ A
a From 2010			, , , , , , , , , , , , , , , , , , , ,	* , * ;
<b>b</b> From 2011 1, 8	43.		* * * * *	, , ,
<b>c</b> From 2012 43, 0	16.	* * * * *	* / ^	, , , , , , , , , , , , , , , , , , , ,
<b>d</b> From 2013		************		
e From 2014 69, 8	02.			* * * * * * * * * * * * * * * * * * * *
f Total of lines 3a through e	114,661.	,		
4 Qualifying distributions for 2015 from Par		15.0	3,4%, %	
XII, line 4 ► \$ 140,768.	s' * *			
a Applied to 2014, but not more than line 2		, ,	0.	
<b>b</b> Applied to undistributed income of prior y	ears			
(Election required – see instructions)		0.		
c Treated as distributions out of corpus				
(Election required — see instructions)	0.		120 Carlo 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	****** · · · · · · · · · · · · · · · ·
<ul> <li>d Applied to 2015 distributable amount</li> <li>e Remaining amount distributed out of corp</li> </ul>		***		89,487.
	01/201.			
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the	0.	* * * *	3 / 9 d. f. see a se	0.
same amount must be shown in column (	(a) )			
	. •			
6 Enter the net total of each column as		* * * * * * * * * * * * * * * * * * * *		
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5	1.65 042	1.2. 1.2. 1.2. 1.2. 1.		
	165,942.	A SAME BANK YOU	/	* * * *
b Prior years' undistributed income Subtra- line 4b from line 2b		0.		
c Enter the amount of prior years' undistrib	uted ************************************			<u>*</u>
income for which a notice of deficiency had been issued, or on which the section 494.			* * * * * * * * * * * * * * * * * * *	* * * * ,
tax has been previously assessed		0.	1 1/2 (\$ 3/4° \$) 21 1/4 48 4	* * * *
d Subtract line 6c from line 6b Taxable				***
amount — see instructions	*	0.		
e Undistributed income for 2014 Subtract line 4a from	8 % / 3 	\$ \$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
line 2a Taxable amount — see instructions	140 0 10 3554		0.	
f Undistributed income for 2015 Subtract li	nes			
4d and 5 from line 1. This amount must be				
distributed in 2016	<u>*</u>	111111111111111111111111111111111111111	16674	0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by				143
section 170(b)(1)(F) or 4942(a)(3) (Election		, ,		
may be required - see instructions)	0.	- , « ; >		· ××× 1
8 Excess distributions carryover from 2010 applied on line 5 or line 7 (see instruction	not s) 0.	. \$ , .		* * * * * * * * * * * * * * * * * * * *
	0.		5 % 8 8 W W W W S 800 8	
9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a	165,942.	. , , , , , , , , , , , , , , , , , , ,		~ <sup>1</sup> * · · · · · · · · · · · · · · · · · ·
10 Analysis of line 9	* * * * * * * * * * * * * * * * * * * *	×	* ,	
a Excess from 2011 1,84	13.	, , , , , , , , , , , , , , , , , , ,		
<b>b</b> Excess from 2012 43, 03				
c Excess from 2013	* * * *	, , , , , , , , , , , , , , , , , ,		*
<b>d</b> Excess from 2014 69, 80	02.	, , , , , , , , , , , , , , , , , , ,		
e Excess from 2015 51, 28	31.	3 . / . ^ . * /	* * * *	* *
BAA				Form <b>990-PF</b> (2015)

Porm 990-FF (2015) Sally E. Anderson		internal Day	1 \ // \ A	0)	
Part XIV Private Operating Foundat  1 a If the foundation has received a ruling or dete				_ <i>_</i>	N/A
is effective for 2015, enter the date of the	ruling	it is a private operat	ing roundation, and tr	► l	
<b>b</b> Check box to indicate whether the foundate	ion is a private op	erating foundation of	described in section	4942(J)(3) or	4942(J)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		
investment return from Part X for each year listed	(a) 2015	<b>(b)</b> 2014	(c) 2013	(d) 2012	(e) Total
<b>b</b> 85% of line 2a.					
<ul> <li>Qualifying distributions from Part XII, line 4 for each year listed</li> </ul>					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
<ul> <li>Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c</li> </ul>					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b 'Endowment' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test — enter					
<ol> <li>Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)</li> </ol>					
					·
(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		<u> </u>	<u> </u>		
Part:XV Supplementary Information assets at any time during the	(Complete this	s part only if the	foundation had	\$5,000 or more	in
1 Information Regarding Foundation Management					
a List any managers of the foundation who hav	e contributed more t	han 2% of the total of	contributions received	by the foundation befo	ore the
close of any tax year (but only if they have None	e contributed more	than \$5,000) (See	e section 507(d)(2))		
b last any management the foundation who assure	100/ 27 7222 26 the	ataali af a aaraarati	on for an annually large	north an of the average	-1
b List any managers of the foundation who owr a partnership or other entity) of which the None	foundation has a	10% or greater inter	rest	e portion of the owner	snip or
		· -· -· -· -		·	
2 Information Regarding Contribution, Grad Check here ► X if the foundation only ma	ikes contributions to	preselected charitab	ole organizations and o		
requests for funds. If the foundation make complete items 2a, b, c, and d	s gitts, grants, etc	(see instructions) t	o individuals or orga	nizations under othe	er conditions,
a The name, address, and telephone number o	r e-mail address of t	the person to whom a	applications should be	addressed	
<b>b</b> The form in which applications should be	submitted and info	rmation and materi	als they should inclu	de	
c Any submission deadlines		- · · · · · · · · · · · · · · · · · · ·			
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	able fields, kinds of i	nstitutions, or other	factors

Recipient	Year or Approved for Fut  If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient	Continuation	
Paid during the year			7	
	ļ	i l		
			1	
			ļ.	
			1	
			1	
	ł			
	İ			
		]		
		j l		
	1	]	i	
		}		
	1			
		ļ i		
			j	
Total		<u> </u>	► 3a	··-··
	<u> </u>	T	- 3a	
Approved for future payment			[	
			1	
			1	
			1	
			ł	
		]	ĺ	
		1	•	
			1	
			Ī	
			j	
			!	
			ļ	
			}	
	1	1 1		
		1	I	

#### Part XVI-A Analysis of Income-Producing Activities

Inter gross	s amounts unless otherwise indicated	Unrelate	ed business income	Excluded	by section 512, 513, or 514	
_		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	(e) Related or exempt function income (See instructions)
J	ram service revenue	<u> </u>		code	·	
.a						
b		ļ				
<u>.</u> —		<del>                                     </del>				
<u>a</u>		<del> </del>				<del></del>
e		<del> </del>				
, <u></u>		ļ				<del></del> -
	and contracts from government agencies				<del></del>	
	bership dues and assessments				·· · · · · · · · · · · · · · · · · ·	
	st on savings and temporary cash investments	-		1.4	F7 00F	
-	ends and interest from securities	ville Show the Marine	ementerario de las establicas. Establicas e	14	57,885.	23. 38 Francis 1
	rental income or (loss) from real estate	*****		1000000	elegitest situation in the Color of the Colo	A HEAR A LA
	-financed property					
	debt-financed property					
	ntal income or (loss) from personal property					
	r investment income			10	65 450	
_	or (loss) from sales of assets other than inventory			18	65,478.	
	ncome or (loss) from special events	ļ				
	s profit or (loss) from sales of inventory	357.8. Y. 89	W			3 ×
<b>11</b> Othe	r revenue	\$1500 E		( m 12 3		3,7% 3, 3, 4, 4, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5, 5,
a				ļ		
b						-
c						
d						
e				20.0	100 000	
- <del> </del>						
	otal Add columns (b), (d), and (e)	17, 18, 18, 1		X > 5 5 .	123,363.	100.000
13 Tota	I. Add line 12, columns (b), (d), and (e)			(A, X, X, Y,	123,363.	123,363.
13 Tota				(A, Y,		123,363.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e)	ions )			13	123,363.
13 Tota (See works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	
13 Tota (See works Part XV Line No.	I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions to verify calculate Relationship of Activities to the	ons ) e Accompl	ishment of Exemp	t Purpe	oses	

# Form 990-PF (2015) Sally E. Anderson 77-0360264 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

describe relating for a Transfer (1) Cash (2) Other tra (1) Sale (2) Puro (3) Rent (4) Rein (5) Loar	d in section 501(c) of to political organizations from the reporting or assets ansactions as of assets from that of facilities, equipenbursement arranger as or loan guarantees or loan guarantees or so to the section of the section	of the Code (oth lons? foundation to a charitable exem in a noncharitable ment, or other ments s	le exempt organization	ganizatións)			1a (1) 1a (2) 1b (1) 1b (2) 1b (3) 1b (4) 1b (5)		X X X X X X
<b>c</b> Sharing	of facilities, equipme	ent, mailing list	s, other assets, or paid empl	oyees			1 c		Х
the goods any tran	s, other assets, or serv saction or sharing ar	vices given by the rangement, sho	complete the following scheding reporting foundation of the foow in column (d) the value or	f the goods,	ceived less than , other assets,	fair market or services	value in received		
(a) Line no	(b) Amount involved	(c) Name of	noncharitable exempt organization	(d)	Description of trans	sfers, transacti	ons, and sharing arra	ingement	[S
N/A								<del></del>	
			<u> </u>						
		·		-					
			· <del></del>	-					
				<del></del>					
			<del></del>						
- <del></del>				-					
				<del> </del>					
<u></u>									
describe	undation directly or inded in section 501(c) o	of the Code (oth	with, or related to, one or more ner than section 501(c)(3)) or	tax-exempt in section	organizations 527?		Ye	s X	No
	Name of organization		(b) Type of organizati	on	(c)	Description	n of relationship		
N/A							·		
						-			
Under o	enalties of perium. I declare	e that I have examin	ned this return, including accompanying	a schadulas and	d statements, and to	the best of my	knowledge and belief	at an town	
Sign correct,	and complete Declaration  Aully E. C. ture of office or trustee	of preparer (other the	nan laxpayer) is based on all information based on the	on of which pre	parer has any know	edge	May the this retu preparer (see ins.	IRS disci irn with the r shown b tructions)	uss ie pelow
	Print/Type preparer's nam	ne	Preparer's signature		Date /	Check	X if PTIN		
Paid	James R. Kun	se	James R. Kunse	;	8/4/16	self-emplo	_	<u>978</u> 6	
Preparer		AMES R KU	·		- , , , , , , , , , , , , , , , , , , ,	Firm's EIN	55-0807929		
Jse Only		.0. Box 1							
	l Bi	urlingame,	, CA 94011			Phone no	650-455-96	18	
BAA							Form <b>99</b>	10-PF (	2015)

2015	Fe	deral Statements	Page 1
Client 0264		Sally E. Anderson Family Foundation	77-0360264
5/10/16			01 37PM
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees			
		(a) (b) Net (c) Expenses Investment Adjus per Books Income Net In	ted Charitable
Accounting fees	Total	\$ 4,250. \$ 2,125. \$ 4,250. \$ 2,125.	\$ 2,125. \$ 2,125.
Statement 2 Form 990-PF, Part I, Line 16c Other Professional Fees			
Invest. Mgt. Fees		(a) (b) Net (c) Expenses Investment Adjus per Books Income Net In \$ 31,997. \$ 31,997.	ted Charitable
invest. Mgt. rees	Total	\$\\\ 31,997. \\\ \frac{\\$}{\$} \\\ 31,997. \\ \ 31,997. \\\\ 31,997. \\\\ 31,997. \\\\	\$ 0.
Statement 3 Form 990-PF, Part I, Line 18 Taxes			
		(a) (b) Net (c) Expenses Investment Adjus per Books Income Net In	ted Charitable
Excise tax & State filing f Foreign taxes	ees Total	\$ 843. 1,264. \$ 2,107. \$ 1,264.	\$ 0.
Statement 4 Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants			
Cash Grants and Allocations		_	
Donee's Name: Donee's Address:		Our Lady of Hope Parish Rectory - One Pineswamp Road Ipswich MA 01938	
Organizational Status of Do Amount Given:	nee:	501(c)(3)	\$ 12,000.
Donee's Name: Donee's Address:		Hope Unlimited for Children P.O. Box 2707 Los Alamitos CA 90720	
Organizational Status of Do Amount Given:	nee:	501(c)(3)	25,000.
Donee's Name: Donee's Address: Organizational Status of Do	nee:	Evergreen Valley Church 2750 Yerba Buena Road San Jose CA 95121 501(c)(3)	

Federal Statements	Page 2
Sally E. Anderson Family Foundation	77-0360264
	01 37PM
\$	5,000.
Valley Christian Schools 100 Skyway Drive San Jose CA 95111	
501 (c) (3)	28,863.
The Harker School 3800 Blackford Avenue San Jose CA 95117	
501 (c) (3)	35,000.
Light The Candle International, Inc. P.O. Box 4511 Santa Clara CA 95056	
501(c)(3)	13,600.
Joyce Meyers Ministries P.O. Box 655 Fenton MO 63026	
501(c)(3)	750.
Horn of Africa (USA) P.O. Box 4125 Mountain View CA 94040	
501(c)(3)	5,000.
CARE 151 Ellis Street Atlanta GA 30303	
501 (c) (3)	100.
Calvin College 3201 Burton St., SE Grand Rapids MI 49546	
501 (c) (3)	10,000.
Italy for Christ 1301 Shiloh Road, Suite 1820 Kennesaw GA 30144	
501 (c) (3)	300.
Jerusalem Prayer Team Intl. P.O. Box 30000 Phoenix AZ 85046	
501 (c) (3)	200.
Life Outreach Intl	
	Sally E. Anderson Family Foundation  Valley Christian Schools 100 Skyway Drive San Jose CA 95111 501 (c) (3)  The Harker School 3800 Blackford Avenue San Jose CA 95117 501 (c) (3)  Light The Candle International, Inc. P.O. Box 4511 Santa Clara CA 95056 501 (c) (3)  Joyce Meyers Ministries P.O. Box 655 Fenton MO 63026 501 (c) (3)  Horn of Africa (USA) P.O. Box 4125 Mountain View CA 94040 501 (c) (3)  CARE 151 Ellis Street Atlanta GA 30303 501 (c) (3)  Calvin College 3201 Burton St., SE Grand Rapids MI 49546 501 (c) (3)  Italy for Christ 1301 Shiloh Road, Suite 1820 Kennesaw GA 30144 501 (c) (3)  Jerusalem Prayer Team Intl. P.O. Box 30000 Phoenix AZ 85046 501 (c) (3)

2015	Federal Statements	Page 3
Client 0264	Sally E. Anderson Family Foundation	77-036026
5/10/16		01 37PM
Statement 4 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants		
Donee's Address:	P.O. Box 982000	
Organizational Status of Donee: Amount Given:	Fort Worth TX 76182 501(c)(3)	\$ 200.
Donee's Name: Donee's Address:	The Leukemia & Lymphoma Society 221 Main Street	
Organizational Status of Donee: Amount Given:	San Francisco CA 94105 501(c)(3)	100.
Donee's Name: Donee's Address:	Loaves & Fishes 1609 Regatta Lane, Suite D San Jose CA 95112	
Organizational Status of Donee: Amount Given:		200.
Donee's Name: Donee's Address:	The Navigators P.O. Box 6079 Albert Lea MN 56007	
Organizational Status of Donee: Amount Given:		100.
Donee's Name: Donee's Address:	OKIZU 16 Digital Drive, Suite 130 Novato CA 94949	
Organizational Status of Donee: Amount Given:		500.
Donee's Name: Donee's Address:	Orbis 520 8th Avenue, 12th Floor New York NY 10018	
Organizational Status of Donee: Amount Given:		200.
Donee's Name: Donee's Address:	Project Hope P.O. Box 96340 Washington DC 20090	
Organizational Status of Donee: Amount Given:		200.
Donee's Name: Donee's Address:	SCC Peace Officers Assn. P.O. Box 4629 Mountain View CA 94040	
Organizational Status of Donee: Amount Given:		80.
Donee's Name: Donee's Address:	Samaritan's Purse P.O. Box 3000 Boone NC 28607	
Organizational Status of Donee: Amount Given:		300.
Donee's Name: Donee's Address:	SmileTrain 41 Madison Ave., 28th Floor New York NY 10010	
Organizational Status of Donee:		

2015 Fe	ederal Statements	Page 4	
Client 0264	Sally E. Anderson Family Foundation		
5/10/16		01 43PN	
Statement 4 (continued) Form 990-PF, Part I, Line 25 Contributions, Gifts, and Grants			
Amount Given:	\$	250.	
Donee's Name: Donee's Address:	Straight Ahead Ministries, Inc. 791 Main Street		
Organizational Status of Donee: Amount Given:	Worcester MA 01610 501(c)(3)	100.	
Donee's Name: Donee's Address:	St. Jude Children's Research Hospital 501 St. Jude Place		
Organizational Status of Donee: Amount Given:	Memphis TN 38105 501(c)(3)	200.	
Donee's Name: Donee's Address:	Susan G. Komen 5005 LBJ Freeway, Suite 250		
Organizational Status of Donee: Amount Given:	Dallas TX 75244 501(c)(3)	200.	
Donee's Name: Donee's Address:	Feed The Children 333 N. Meridian		
Organizational Status of Donee: Amount Given:	Oklahoma City OK 73107 501(c)(3)	200.	
	Total <u>\$</u>	138,643.	
Statement 5 Form 990-PF, Part II, Line 15 Other Assets			
Erroneous donation - to be recover	<u>Book Value</u> V	Market alue 0.	
Statement 6 Form 990-PF, Part III, Line 5 Other Decreases			
Net decrease in valuation	\$ Total <u>\$</u>	157,894. 157,894.	