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Form 990-PF

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

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

Department of the Treasury Internal Revenue Service

OMB No 1545-0052

| For | calen | dar year 2011 or tax year beginning DEC | 1, 2011 | , and ending | NOV 30, 2012 | 2 |
|------------------------------|-------------|--|---|---------------------|---|--|
| Naı | ne of | foundation | | - | A Employer identification | number |
| М | AR: | ION G & BARBARA W NELSO | N FOUNDATION | | 59-693095 <i>6</i> | |
| | | nd street (or P O box number if mail is not delivered to street | | Room/surte | B Telephone number | <u> </u> |
| _1 | 8 | ISLAND BAY LANE | | | | |
| | | own, state, and ZIP code | _ | • | C If exemption application is p | pending, check here |
| | | INGFIELD, IL 62712 | · | | | . — |
| G (| heck | all that apply: Initial return | | rmer public charity | D 1. Foreign organization | s, check here |
| | | Final return | Amended return | | Foreign organizations me 2. check here and attach co | eeting the 85% test, |
| | 1 | Address change | Name change | | 2. check here and attach co | omputation |
| H (| _ | type of organization: X Section 501(c)(3) exction 4947(a)(1) nonexempt charitable trust | empt private foundation Other taxable private founda | tion | E If private foundation sta | |
| LE | | rket value of all assets at end of year J Accounti | | X Accrual | under section 507(b)(1 | |
| | | · I — | her (specify) | Accidal | F If the foundation is in a under section 507(b)(1 | |
| | \$ | 6,233,830. (Part I, colu | | pasis.) | | (b), oneok here |
| Pa | art I | Analysis of Revenue and Expenses | (a) Revenue and | (b) Net investment | (c) Adjusted net | (d) Disbursements |
| | | (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) | expenses per books | income | income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received | 5,467,222. | | N/A | |
| | 2 | Check I if the foundation is not required to attach Sch. B | | | | |
| | 3 | Interest on savings and temporary cash investments | 15.000 | | | |
| | 4 | Dividends and interest from securities | 15,023. | 15,023. | | STATEMENT 1 |
| | | Gross rents | | | | |
| | | Net rental income or (loss) | <4,426. | | | |
| ine | oa h | Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 651,143. | <u> </u> | <u></u> | | |
| IJ Revenue | 7, | assets on line 6a OOL, 145. Capital gain net income (from Part IV, line 2) | | 0. | | |
| 2 2 2 2 8 | 8 | Net short-term capital gain | | | | |
| ٠ <u>.</u> | 9 | Income modifications | | | | |
| 0 | 10a | Gross sales less returns and allowances | | <u></u> | | |
| 4 | | Less Cost of goods sold | | | | |
| | С | Gross profit or (loss) | | | | |
| Ξ | 11 | Other income | - 1 212 | | | |
|) — | 12 | Total. Add lines 1 through 11 | 5,477,819. | 15,023. | | 2 400 |
| | 13 | Compensation of officers, directors, trustees, etc | 3,200. | 800. | | 2,400. |
| ş | 14 15 | Other employee salaries and wages Pension plans, employee benefits | | - | | |
| se 🕻 | | Legal fees | | | | |
| ens | b | Accounting fees STMT 2 | 984. | 0. | | 984. |
| Expense | ء | | 6,909. | 6,909. | | 0. |
| <u>§</u> | 17 | Other professional tees STMT 3 | | • | | |
| rat | 18- | Taxes STMT 4 | 222. | 0. | | 0. |
| SE | 5 19 | Depresation and defletion O | | · | | |
| E E | 120 | Occupancy Fravel, conferences, and meetings | | | | |
| ¥ | 24- | Travel, conferences, and meetings | | | | |
| Operating and Administrative | 22 | Other expenses STMT 5 | 30. | 0. | | 0. |
| ting | 24 | Total operating and administrative | 30. | | | · · · · · · · |
| era | - | expenses. Add lines 13 through 23 | 11,345. | 7,709. | | 3,384. |
| ö | 25 | Contributions, gifts, grants paid | 47,400. | ,,,,,,,, | | 47,400. |
| | 1 | Total expenses and disbursements. | | | | |
| _ | | Add lines 24 and 25 | 58,745. | 7,709. | | 50,784. |
| | 27 | Subtract line 26 from line 12: | | | | |
| | a | Excess of revenue over expenses and disbursements | 5,419,074. | | | |
| | | Net investment income (if negative, enter -0-) | | 7,314. | | |
| 1005 | C | Adjusted net income (if negative, enter -0-) | <u> </u> | | N/A | <u> </u> |

| n | art | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of | year |
|---------------------------|-------|---|-------------------|----------------|-----------------------|
| P | ап | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bearing | | 22,770. | 22,770. |
| | | Savings and temporary cash investments | 15,533. | 499,276. | 499,276. |
| | | Accounts receivable | 23/3331 | 23372701 | 255/2700 |
| | ľ | Less: allowance for doubtful accounts | | j | |
| | | Pledges receivable | | | |
| | * | Less; allowance for doubtful accounts | | | |
| | _ ا | | | | |
| | _ | Grants receivable | | | ··· |
| | 6 | Receivables due from officers, directors, trustees, and other | | | |
| | | disqualified persons | | | |
| | _ | Other notes and loans receivable | | | |
| | | Less; allowance for doubtful accounts | | | |
| ts | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | |
| ⋖ | 10a | Investments - U.S. and state government obligations STMT 6 | 832,079. | 277,640. | <u> 281,784.</u> |
| | ь | Investments - corporate stock STMT 7 | 0. | 3,390,000. | 5,430,000. |
| | c | Investments - corporate bonds | | · | |
| | 11 | Investments - land, buildings, and equipment basis | | | |
| | | Less accumulated depreciation | | | |
| | 12 | Investments - mortgage loans | | | |
| | 13 | Investments - other | | | |
| | | Land, buildings, and equipment basis | | | |
| | ' 7 | Less accumulated depreciation | | | |
| | 15 | Other assets (describe) | | | |
| | 15 | Other assets (describe | | | |
| | 40 | Tatal access (to be completed by all filess) | 847,612. | 4,189,686. | 6,233,830. |
| | | Total assets (to be completed by all filers) | 047,012. | 4,105,000. | 0,233,030. |
| _ | | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| ies | 19 | Deferred revenue | <u> </u> | | |
| 蕓 | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities | 21 | Mortgages and other notes payable | | | |
| _ | 22 | Other liabilities (describe) | | | |
| | | | _ | | |
| _ | 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. | | | |
| ces | 24 | Unrestricted . | 847,612. | 4,189,686. | |
| <u>a</u> | 25 | Temporarily restricted | | | |
| Net Assets or Fund Balanc | 26 | Permanently restricted | | | |
| П | | Foundations that do not follow SFAS 117, check here | | | |
| Ē | | and complete lines 27 through 31. | | | |
| ō | 27 | Capital stock, trust principal, or current funds | | | |
| ĕ | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| Ass | 29 | Retained earnings, accumulated income, endowment, or other funds | | | |
| ŧ | 30 | Total net assets or fund balances | 847,612. | 4,189,686. | |
| Z | " | Total lict assets of fully balances | 047,0121 | 4,105,000. | |
| | 21 | Total liabilities and net assets/fund balances | 847,612. | 4,189,686. | |
| _ | 131 | | | 4,109,000. | |
| P | art | III Analysis of Changes in Net Assets or Fund Ba | alances | | |
| _ | Take | not constant or fund belongs of beginning of the Death Control of the Control | | | |
| 1 | | net assets or fund balances at beginning of year - Part II, column (a), line 3 | ου | | 0.47 (10 |
| | | it agree with end-of-year figure reported on prior year's return) | | 1 | 847,612. |
| | | amount from Part I, line 27a | | 2 | 5,419,074. |
| | | r increases not included in line 2 (itemize) | | 3 | 0. |
| | | lines 1, 2, and 3 | | 4 | 6,266,686. |
| | | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 | Total | net assets or fund halances at end of year (line 4 minus line 5) - Part II, co. | lumn /h\ line 30 | 1 6 1 | 6.266.686. |

MARION G & BARBARA W NELSON FOUNDATION

59-6930956

Page 2

Form **990-PF** (2011)

Form 990-PF (2011)

| Form 990-PF (2011) MAR | ION G | & BARBARA | W NELSO | ON FOUND | AT: | ON | | <u> 59-</u> | 69309 | 956 | Page 3 |
|---|----------------|------------------------------------|-----------------|--------------------------------------|--------------|---------------|------------------|------------------------------|----------------------------------|----------------|-----------------------|
| | | ses for Tax on In | | Income | (b) F | low acquired | 1 (2 | N Data agai | urad | /d\ Dot | |
| | | | | | | | | | (d) Dat (mo., da | | |
| 1a | | | | , | | | | • | | | |
| b SEE ATTACHED | STAT | EMENT | | | | | | | | | |
| <u> </u> | | | | | ├— | | _ | | | | |
| <u>d</u> | | | | | ┼ | | | | | | |
| <u>e</u> | (f) D | epreciation allowed | (a) Cos | t or other basis | ┸ | | | (h) Gain d | or (loss) | | |
| (e) Gross sales price | | (or allowable) | | xpense of sale | | | (| e) plus (f) | | | |
| a | | | | | | | | | | | |
| b | | | | | | | | | | | |
| C | | | | | 1 | | | | | | |
| d | | | · | CEE E C | | | -,.,- | | | | 106 |
| e 651,143. Complete only for assets show | | olumn (h) and owned by | the foundation | 655,56 | 9. | | | (0-1 (| (1.) | | <u>,426.</u> |
| Complete only for assets show | T | | | | | | còl. (k | ains (Col. (), but not l | eśs than -0 |)-) or | |
| (i) F.M.V. as of 12/31/69 | |) Adjusted basis as of 12/31/69 | | cess of col. (ı) col. (ֈ), ıf any | | | | osses (fro | m col. (h)) | | |
| <u>a</u> | ļ | | | | | | | | | | |
| <u>b</u> | 1 | | | | | | | | | | |
| <u>C</u> | | | | | | | | | | | |
| <u>d</u> e | | | | | | | | | | -4 | ,426. |
| | 1 | ∫ If gain, also enter | un Dart I lina | 7 | - | | | | | | <u>, = 20 .</u> |
| 2 Capital gain net income or (net o | apıtal loss) | If (loss), enter -0 | | |) | 2 | | | | <4 | ,426. |
| 3 Net short-term capital gain or (lo | ss) as defin | | | | | | - | | | | |
| If gain, also enter in Part I, line 8 | , column (c) | , , | | |] | | | | | | |
| If (loss), enter -0- in Part I, line 8 | Indox Sa | ection 4940(e) for | Poducod | Toy on Not | <u> [</u> | 3 cotmont | Inco | | N/A | | |
| | | | | | | | mco | | | | |
| (For optional use by domestic priva | te toutidatio | ns subject to the section 4 | 1940(a) lax on | net investment ii | icome | i-) | | | | | |
| If section 4940(d)(2) applies, leave | this part bla | nk. | | | | | | | | | |
| Was the foundation liable for the se | ction 4942 t | ax on the distributable am | ount of any ye | ar in the base pe | rıod? | | | | | Yes | X No |
| <u>If "Yes," the foundation does not qu</u> | | | | | | | | | | | |
| 1 Enter the appropriate amount in | each colum | | uctions before | making any entri | | | | | | 1 | |
| (a) Base period years | | (b) Adjusted qualifying dis | tributions | Net value of no | (c) nchar | rtable-use as | sets | /aal | (d Distributi L (b) divide | on ratio | (0)) |
| Calendar year (or tax year beginn 2010 | ling in) | | 5,778. | | | 881,4 | | (COI | . (b) uiviue | | 51934 |
| 2009 | | | 5,796. | | | 916,8 | | | | | $\frac{31934}{49951}$ |
| 2008 | | | 6,761. | - - | | 929,5 | | | | | 50307 |
| 2007 | | | 6,579. | | | 956,0 | | | | | 48719 |
| 2006 | | 4 | 2,642. | | | 958,2 | | | | .0 | 44499 |
| | | | | | | | | | | _ | |
| 2 Total of line 1, column (d) | _ | | | | _ | | | 2 | | . 2 | <u>45410</u> |
| 3 Average distribution ratio for the | - | | on line 2 by 5, | or by the number | r of ye | ars | | | | ^ | 40000 |
| the foundation has been in exist | ence ii iess i | man 5 years | | | | | | 3 | | . • 0 | <u>49082</u> |
| 4 Enter the net value of noncharita | ible-use ass | ets for 2011 from Part X. | line 5 | | | | | 4 | 1 | .359 | ,931. |
| The first value of figuresiana | .0.0 000 000 | 0.01012017110111121171 | | | | • | | | | , , , , , | 13320 |
| 5 Multiply line 4 by line 3 | | | | | | | | 5 | | 66 | ,7 <u>4</u> 8. |
| | | | | | | | | | | | |
| 6 Enter 1% of net investment inco | me (1% of F | Part I, line 27b) | | | | | , | 6 | | | 73. |
| - Allian 5 10 | | | | | | | | | | ~ ~ | 0.01 |
| 7 Add lines 5 and 6 | | | | | | | | 7 | | 66 | <u>,821.</u> |
| 8 Enter qualifying distributions fro | m Part YII | ine 4 | | | | | | 8 | | 50 | ,784. |
| If line 8 is equal to or greater that | • | | 1b and come | lete that nart user | nn a 1º | % tax rate | | <u> </u> | | | <u>, , 0 = 0</u> |
| See the Part VI instructions. | | | , and comp | mat part usii | .y u 1 | , was rate. | | | | | |
| 123521 12-02-11 | | | | | | | | | Forr | n 990 - | PF (2011) |

123521 12-02-11

| | | (2011) MARION G & BARBARA W NELSON FO | | | | | | <u> 59-</u> | 6930 | 956 | | Page 4 |
|-----|----------|---|---------|----------|-------------|--------------|------------|-------------|----------|---------|-----------|------------|
| | rt.VI | Excise Tax Based on Investment Income (Section 4940 | | | | 1940(e |), or 4 | 948 | - see i | nstru | ction | ıs) |
| 1a | Exempt | t operating foundations described in section 4940(d)(2), check here 🕨 🔲 and en | iter "N | /A" o | n line 1. | • |) | | | | | |
| | | ruling or determination letter: (attach copy of letter if nece | | | | | | | İ | | | |
| b | Domest | tic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 | ـــا ٠ | and | d enter 19 | 6 | þ | 1 | ļ | | 1 | <u>46.</u> |
| | of Part | I, line 27b | | | | | | | | | | |
| C | All othe | er domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% | of Pa | ırt I, I | ine 12, co | l. (b). |) | | } | | | |
| 2 | Tax und | der section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Oth | hers e | enter | -0-) | | | 2 | <u> </u> | | | <u>0.</u> |
| 3 | Add line | es 1 and 2 | | | | | | 3 | | | <u> 1</u> | 46. |
| 4 | Subtitle | e A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Ot | thers (| enter | -0-) | | | 4 | <u> </u> | | | 0. |
| 5 | Tax bas | sed on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | | | | | | 5 | <u> </u> | | 1 | 46. |
| 6 | Credits/ | /Payments: | | | | | | | | | | |
| а | 2011 es | stimated tax payments and 2010 overpayment credited to 2011 | 6a | _ | | | | | 1 | | | |
| b | Exempt | t foreign organizations - tax withheld at source | 6b | | | | | ļ | | | | |
| C | Tax paid | d with application for extension of time to file (Form 8868) | 6c | \perp | | | | ļ | | | | |
| d | Backup | withholding erroneously withheld | 6d | | | | | | | | | |
| 7 | Total cr | redits and payments. Add lines 6a through 6d | | | | | | 7 | ļ | | | 0. |
| | | ny penalty for underpayment of estimated tax. Check here if Form 2220 is attac | ched | | | | | 8 | ļ | | | |
| | | e. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | | | 9 | ļ | | 1 | <u>46.</u> |
| | • | yment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | 1 | . ▶ | 10 | ļ | | | |
| | | ne amount of line 10 to be: Credited to 2012 estimated tax | | | | Refun | ded 🚩 | 11 | | | | |
| | | -A Statements Regarding Activities | | | | | | | | | | |
| 1a | | the tax year, did the foundation attempt to influence any national, state, or local legisla | lation | or di | d it partic | pate or i | ntervene | : IN | | | Yes | |
| | | litical campaign? | | | | | | | | 1a | | X |
| b | | pend more than \$100 during the year (either directly or indirectly) for political purpos | | | | | | | | 1b | | <u>X</u> |
| | | answer is "Yes" to 1a or 1b, attach a detailed description of the activities and | d cop | ies c | of any m | aterials i | publish | ed or | | | | |
| | | uted by the foundation in connection with the activities. | | | | | | | | 1 | | |
| | | foundation file Form 1120-POL for this year? | | | | | | | | 1c | | <u>X</u> |
| . 0 | | the amount (if any) of tax on political expenditures (section 4955) imposed during the | | | | | • | | | | | |
| | | the foundation. > \$ (2) On foundation managers. | | | | | 0. | - | | | | |
| е | | he reimbursement (if any) paid by the foundation during the year for political expendit | ture ta | ax im | posed on | foundati | on | | | | | |
| | - | ers.▶\$ | | | | | | | | | | 7.7 |
| 2 | | e foundation engaged in any activities that have not previously been reported to the IR | 157 | | | | | | | 2 | | <u>X</u> |
| • | | s," attach a detailed description of the activities. | | | | | | | | | | |
| 3 | | e foundation made any changes, not previously reported to the IRS, in its governing in | | пепц | articles c | n incorpi | oration, t | or | | | | v |
| 40 | | , or other similar instruments? If "Yes," attach a conformed copy of the change | | | | | | | | 3 | | X |
| | | foundation have unrelated business gross income of \$1,000 or more during the year " has it filed a tax return on Form 990-T for this year? | ' | | | | • | ъ. | I/A | 4a | | |
| | | ere a liquidation, termination, dissolution, or substantial contraction during the year? | | | | | | 1 | 1/ A | 4b | | X |
| J | | s," attach the statement required by General Instruction T. | | | • | | | | | 1 | | |
| 6 | | requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit | ther: | | | | | | | | | |
| Ū | | nguage in the governing instrument, or | | | | | | | | : | | |
| | - | iate legislation that effectively amends the governing instrument so that no mandatory | v direc | etions | s that con | flict with | the state | e law | | | | |
| | | ain in the governing instrument? | , | | s inat oon | 11101 111111 | uio stati | | | 6 | | x |
| 7 | | foundation have at least \$5,000 in assets at any time during the year? | | | | • | | | | 7 | Х | |
| | | s," complete Part II, col. (c), and Part XV. | | | | | | | | <u></u> | | _ |
| 8a | | he states to which the foundation reports or with which it is registered (see instruction | ns) 🕨 | • | | | | | | | | |
| | FL | , | -, - | | | | | | | | | |
| b | | nswer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At | ttorne | y Ger | neral (or o | lesianate | 2) | | | | | |
| | | state as required by General Instruction G? If "No," attach explanation | | | | - 3 | , | | | 8b | х | |
| 9 | | oundation claiming status as a private operating foundation within the meaning of sec | ction 4 | 4942 | (j)(3) or 4 | 942(1)(5 |) for cale | endar | | | | |
| | | 011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," co | | | | \4/\- | | | | 9 | | X |
| 10 | | / Dersons become substantial contributors during the tax year? If "Yes " attach a scheduli | | | | d addraec | <u></u> S | ראיד | ٦ ۾ | 10 | x | |

| | 1990-PF (2011) MARION G & BARBARA W NELSON FOUNDATION 59-6930 | <u> 1956</u> | F | Page 5 |
|-----|--|--------------|------------|---------------|
| Pa | art-VII-A Statements Regarding Activities (continued) | | | |
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | <u>X</u> |
| 12 | Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? | | | |
| | If "Yes," attach statement (see instructions) | 12 | | <u>X</u> |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | X | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► MARION G. NELSON, JR. Telephone no. ► | | | |
| | Located at ► 18 ISLAND BAY LANE, SPRINGFIELD, IL ZIP+4 ►62 | 2712 | | $\overline{}$ |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | , .▶ | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N/ | | |
| 16 | At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, | 1 | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | <u> </u> |
| | See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign | | | |
| Pa | country ► art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | 1 | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | /es | No |
| 12 | During the year did the foundation (either directly or indirectly): | | | .40 |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | a disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? X Yes No | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available | | l | |
| | for the benefit or use of a disqualified person)? | | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | 1 | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | | - 1 | |
| | termination of government service, if terminating within 90 days.) | 1 1 | | |
| - b | o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? | 1b | | X |
| _ | Organizations relying on a current notice regarding disaster assistance check here | | | |
| 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 2011? | 1c | | X |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | | } | |
| а | At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | | | |
| | before 2011? Yes X No | 1 1 | | |
| | If "Yes," list the years > | | | |
| b | Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | 1 1 | | |
| | statement - see instructions.) N/A | 2b | | |
| C | : If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | | 1 1 | | |
| За | a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | | | |
| b | olf "Yes," did it have excess business holdings in 2011 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 2011.) | 3b | | |
| | a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | _4a | | X |
| 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 the tax year beginning in 2011? | 4b | | X |

Form **990-PF** (2011)

| Form 990-PF (2011) MARION G & BARBARA W NEL | | | <u>59-69309</u> | <u>956</u> | P | age 6 |
|--|--|-----------------------------------|--|--------------|--------------------------------|---------------|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be I | Required (contin | ued) | | | |
| 5a During the year did the foundation pay or incur any amount to: | | | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | า 4945(e))? | Ye | es 🗓 No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); o | r to carry on, directly or indire | | | | | |
| any voter registration drive? | | Ye | es X No | | | , |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | ? | Ye | es X No | ĺ | | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | n described in section | | [| | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | es X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | for | | | | |
| the prevention of cruelty to children or animals? | , | | es X No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | der the exceptions described | | | j | | |
| section 53.4945 or in a current notice regarding disaster assistance (see instru | · · | | N/A | 5b | | |
| Organizations relying on a current notice regarding disaster assistance check h | • | | | - | | |
| c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi | | inad | | | | |
| expenditure responsibility for the grant? | | I/A 🔲 Y | es No | | | |
| | | 1/A1 | 8 L NO | | | |
| If "Yes," attach the statement required by Regulations section 53.494 | | | | | İ | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | <u> </u> | [1 2] | | | |
| a personal benefit contract? | | Y | es X No | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | | 6b | | <u>X</u> |
| If "Yes" to 6b, file Form 8870. | | | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Y₁ | es X No | | | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | | |
| Part VIII Information About Officers, Directors, Trust | ees, Foundation Ma | nagers, Highl | У | | | |
| | | | | | | |
| 1 List all officers, directors, trustees, foundation managers and their | 1 | 1, , 0 | 1 (d) 0 | 1 | | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (If not paid, | (d) Contributions to employee benefit plans | s a | (e) Expe | ense other |
| (a) Name and address | to position | enter -0-) | and deferred compensation | | allowan | ces |
| | TRUSTEE | | | | | |
| 18 ISLAND BAY LANE | | | | | | |
| SPRINGFIELD, IL 62712 | 2.00 | 3,200. | 0 | • | | 0. |
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| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none. | enter "NONE." | | | | |
| | (b) Title, and average | | (d) Contributions to | \Box | (e) Expe | ense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | s a | (e) Expe ccount, allowan | other |
| NONE | devoted to position | | compensation | | anowan | - |
| NONE | | | | ŀ | | |
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| | 1 | | | | | |
| Total number of other employees paid over \$50,000 | | | > | | | 0 |

| Form 990-PF (2011) MARION G & BARBARA W NELSON FOUR | | <u>6930956 </u> |
|---|---------------------------------------|--|
| Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued) | ation Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, ente | r "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | 37, 31 | · · · · · · · · · · · · · · · · · · · |
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| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statis | stical information such as the | |
| number of organizations and other beneficiaries served, conferences convened, research papers pro | duced, etc. | Expenses |
| 1 N/A | | |
| | | |
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| 3 | | |
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| 4 | | |
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| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax year or | lines 1 and 2. | Amount |
| 1 N/A | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions. | | · · · · · · · · · · · · · · · · · · · |
| 3 | | |
| | | |
| | | <u></u> |
| Total. Add lines 1 through 3 | | 0. |

Form **990-PF** (2011)

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** (2011)

50,784.

50,784.

3b

4

6

3

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

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

a Suitability test (prior IRS approval required)b Cash distribution test (attach the required schedule)

income. Enter 1% of Part I, line 27b

Part XIII Undistributed Income (see instructions)

| (a) (b) (c) Corpus Years prior to 2010 2010 | (d) 2011 |
|---|-------------|
| 1 Distributable amount for 2011 from Part XI, line 7 | 67,851. |
| 2 Undistributed income, if any, as of the end of 2011 | |
| a Enter amount for 2010 only | 9. |
| b Total for prior years: | |
| 3 Excess distributions carryover, if any, to 2011: | |
| a From 2006 | |
| b From 2007 | |
| c From 2008 | |
| d From 2009 | |
| e From 2010 | |
| f Total of lines 3a through e | |
| 4 Qualifying distributions for 2011 from | |
| Part XII, line 4: ► \$ 50 , 784 . | |
| a Applied to 2010, but not more than line 2a | 9 . |
| b Applied to undistributed income of prior | |
| years (Election required - see instructions) | |
| c Treated as distributions out of corpus | |
| (Election required - see instructions) | ļ |
| d Applied to 2011 distributable amount | 7,295. |
| e Remaining amount distributed out of corpus 0 • | 7,255. |
| 5 Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount | 0. |
| must be shown in column (a)) 6 Enter the net total of each column as indicated below; | |
| - a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | |
| b Prior years' undistributed income. Subtract | |
| line 4b from line 2b | |
| c Enter the amount of prior years' | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | |
| d Subtract line 6c from line 6b. Taxable | |
| amount - see instructions 0 . | |
| e Undistributed income for 2010. Subtract line | |
| | 0. |
| f Undistributed income for 2011. Subtract | |
| lines 4d and 5 from line 1. This amount must | |
| be distributed in 2012 | 60,556. |
| 7 Amounts treated as distributions out of | |
| corpus to satisfy requirements imposed by | |
| section 170(b)(1)(F) or 4942(g)(3) | |
| 8 Excess distributions carryover from 2006 | |
| not applied on line 5 or line 7 | |
| 9 Excess distributions carryover to 2012. | |
| Subtract lines 7 and 8 from line 6a 0. | |
| 10 Analysis of line 9: | |
| a Excess from 2007 | |
| b Excess from 2008 | |
| c Excess from 2009 | |
| d Excess from 2010 | |
| e Excess from 2011 | |

| Form 990-PF (2011) MARION Part XIV Private Operating F | G & BARBARA oundations (see in: | W NELSON structions and Part V | FOUNDATION (II-A. guestion 9) | 59-69 N/A | 930956 Page 1 |
|---|------------------------------------|---|-------------------------------|----------------------------|----------------------|
| 1 a If the foundation has received a ruling of | | • | | N/A | |
| foundation, and the ruling is effective fo | | | ' <u> </u> | | |
| b Check box to indicate whether the foun | • | - | l in section | 4942(j)(3) or 4 | 1942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | ig louidation described | Prior 3 years | 4942(])(3) 01 | 1942())(3) |
| income from Part I or the minimum | (a) 2011 | (b) 2010 | (c) 2009 | (d) 2008 | (e) Total |
| | (4) 2011 | (8) 2010 | (0) 2000 | (4) 2000 | (0) 10(2) |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | - | | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | 1 | | | |
| exempt activities | | | | | |
| e Qualifying distributions made directly | | | | | |
| for active conduct of exempt activities. | | | | | |
| Subtract line 2d from line 2c 3 Complete 3a, b, or c for the | | | | | |
| alternative test relied upon: | | | | | |
| 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: | | | | - | |
| (1) Total support other than gross | | | | | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | | | | |
| . (2) Support from general public | | | - | | + |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | - | | | + |
| an exempt organization | | | | | |
| (4) Gross investment income | | | | | |
| Part XV Supplementary Info | rmation (Comple | te this part only | , if the foundatio | n had \$5,000 or m | ore in assets |
| at any time during | | | , ii tiio iodiiddiio | | ioro iir addetto |
| 1 Information Regarding Foundati | on Managers: | | | | |
| a List any managers of the foundation w | • | than 2% of the total co | ntributions received by th | e foundation before the cl | ose of any tax |
| year (but only if they have contributed | | | | | |
| NONE | | | | | |
| b List any managers of the foundation w other entity) of which the foundation has | | | n (or an equally large por | tion of the ownership of a | partnership or |
| NONE | | | | | |
| 2 Information Regarding Contribu | tion, Grant, Gift, Loan | , Scholarship, etc., l | Programs: | | |
| | only makes contributions | • • • | • | not accept unsolicited red | nuests for funds. If |
| the foundation makes gifts, grants, etc. | | | | | |
| a The name, address, and telephone num | nber of the person to who | m applications should b | e addressed: | | |
| MARION G. NELSON JR. | | | | | |
| 18 ISLAND BAY LANE, | SPRINGFIELD |), IL 62712 | | | |
| b The form in which applications should | | | should include: | <u> </u> | · |
| LETTER INDICATING N | EEDS, PLANNE | D USES AND | EXEMPT STA | TUS | |
| c Any submission deadlines: | | | | | |
| d Any restrictions or limitations on award | is, such as by geographic | al areas, charitable field | s, kinds of institutions. oi | r other factors: | |
| CHARITABLE ORGANIZAT | | | | | |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or **Amount** status of contribution Name and address (home or business) recipient a Paid during the year ANCHORAGE CHILDREN'S HOME NONE 501 C 3 CHARITABLE PURPOSES 2121 LISENBY AVE PANAMA CITY, FL 32405 5,000. BAY HEALTH FOUNDATION NONE 501 C 3 CHARITABLE PURPOSES 582 NORTH MACARTHUR AVE PANAMA CITY, FL 32401 5,000. BAY HIGH SCHOOL FOUNDATION NONE 501 C 3 CHARITABLE PURPOSES 1200 HARRISON AVE PANAMA CITY, FL 32401 2,000. BOY SCOUTS OF AMERICA NONE 501 C 3 CHARITABLE PURPOSES 9440 UNIVERSITY PKWY PENSACOLA, FL 32514 2,500. FAMILY SERVICE AGENCY NONE 501 C 3 CHARITABLE PURPOSES 114 E 9TH ST PANAMA CITY FL 32401 1 500 SEE CONTINUATION SHEET(S) Total ➤ 3a 47 400. **b** Approved for future payment NONE Total **▶** 3b

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

| Enter gross amounts unless otherwise indicated. | Unrelated business income | | | ded by section 512, 513, or 514 | (e) | | |
|---|---------------------------|--------------------------|---------------|---------------------------------|-------------------|--|--|
| - | (a) Business | (b) | (C) Exclu- | (d) | Related or exempt | | |
| 1 Program service revenue: | code | Amount | sion | Amount | function income | | |
| a | | | | | | | |
| b | | | | | | | |
| C | | | | | | | |
| d | | | | | | | |
| e | | | | | | | |
| f | | | | | | | |
| g Fees and contracts from government agencies | | | | | | | |
| 2 Membership dues and assessments | | | | | | | |
| 3 Interest on savings and temporary cash | | | | | | | |
| investments | | | | | | | |
| 4 Dividends and interest from securities | | | 14 | 15,023. | | | |
| 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 | | | | | | | |
| 8 Gain or (loss) from sales of assets other | | | | | | | |
| than inventory | | | 14 | <4,426. | | | |
| 9 Net income or (loss) from special events | | | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | | | |
| 11 Other revenue: | | | | | | | |
| a | | | | | | | |
| b | | | | | | | |
| C | | | | | | | |
| - d | | | | | ***** | | |
| e | | | | | | | |
| 12 Subtotal. Add columns (b), (d), and (e) | | 0. | | 10,597. | 0. | | |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | | 10,597. | | |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | | | |
| Part XVI-B Relationship of Activities to | o the Acc | omplishment of Fo | remn | t Purnoses | | | |
| Telationionip of Activities to | o tile Acc | | четтр | t i diposes | | | |
| Line No. Explain below how each activity for which incom | | | contril | outed importantly to the accor | nplishment of | | |
| the foundation's exempt purposes (other than b | by providing fu | ınds for such purposes). | | | | | |
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| Part | 00-PF (2 • XVII | | garding | | | | | | 59-69 Ships With Nonch | | | ge 13 |
|-------------|---------------------------|--|--|---------------------------------------|-----------|-------------------|-----------------|-------------------------|---------------------------------------|--------------------------------|----------------------|--------------|
| 1 Di | d the ord | ganization directly or indi | | | lowing | with any of | her organizatio | on described in sec | tion 501(c) of | | Yes | No |
| | | | | | | - | | | מטוו טט ו(כ) טו | | 103 | 140 |
| | | other than section 501(c) | | <u> </u> | | | | iizations? | | | | |
| a Tr | ansfers i | from the reporting founda | ation to a n | oncharitable exem | pt orga | anızatıon of: | | | | | | |
| (1 |) Cash | | | | | | | | | 1a(1) | | X |
| (2 |) Other | assets | | | | | | | | 1a(2) | | X |
| • | • | sactions: | | | | | | | | | | |
| | | of assets to a noncharital | hla avamnt | organization | | | | | | 16(1) | | Х |
| - | | | | | | | | | | | | |
| • | • | ases of assets from a no | | | OII | | | | | 1b(2) | - | X |
| • | • | l of facilities, equipment, | | sets | | | | | | 1b(3) | <u> </u> | X |
| (4 |) Reimt | oursement arrangements | | | | | | | | 1b(4) | | X |
| (5 |) Loans | or loan guarantees | | | | | | | | 1b(5) | | X |
| (6 |) Perfoi | rmance of services or me | mbership o | or fundraising solic | citations | S | | | | 1b(6) | | X |
| c St | narıng of | facilities, equipment, ma | ilıng lısts, d | ther assets, or pa | ıd empl | lovees | | | | 1c | | Х |
| | | ver to any of the above is | | | | - | (h) should ab | wave show the fair | market value of the good | | sets | |
| | | s given by the reporting fo | | | | | | • | • | • | 0010, | |
| | |) the value of the goods, | | | | | | o in any danoadio | or oncoming arrangement | ., | | |
| (a) Line | | (b) Amount involved | |) Name of nonchar | | exempt orga | anization | (d) Descriptio | n of transfers, transactions, a | ınd sharıng a | rangeme | ents |
| | | | Ì | N/ | | | | 1 ,, , | · · · · · · · · · · · · · · · · · · · | <u> </u> | | - |
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| 0- 1- | the feur | | the offiliated | Luuth or volated to | | | | | | | | |
| | | idation directly or indirec | • | • | - | | exempt organi | izations described | | | Γ υ |] No |
| | | 501(c) of the Code (other | | 011 50 1(0)(3)) 01 11 | i secuo |)II 32 <i>1 1</i> | | | | Yes | لم∟ | □ 140 |
| D 11 | Yes, co | omplete the following sch (a) Name of org | | | | (h) Type of | organization | T | (c) Description of relation | nchin | | |
| | | N/A | amzadon | | | (b) Type of | Organization | | (c) Description of relation | лізіпр | | |
| | | N/A | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | ^ | | | | | | | | | | |
| | Under | penalties of perjury declare | that I have e | amined this return, in | ncludina | accompanyir | a schedules and | statements, and to the | e best of my knowledge | | | |
| Sign | | | | | | | | nation of which prepare | | May the IRS return with the | discuss he prepai | this er |
| Here | | | M/ | = L | | 17 | -9-17 | | 1 | shown below | | |
| 11616 | F_ | MAN | 1 | V TOO | | | <u> </u> | 1 100 | 70. | LX Yes | s <u> </u> | ∟ No |
| | Sign | ature of officer or trustee | / | | - 1:= | Date | | Title | Ohaali C | 141 | | |
| | | Print/Type preparer's na | ame | Prepar | er Sig | nature A | A | Date | Check if PT | IN | | |
| D-:- | | | | | mi | A R | * | 3-5-13 | self- employed | | | |
| Paid | | | NER, | CPA | | | | | | 00020 | | |
| Prep | | Firm's name ► TIP | TON, | MARLER, | GAF | RNER, | & CHAS | TAIN | Firm's EIN ► 20 - | 12176 | 29 | |
| use | Only | | | | | | | _ | | | | |

Firm's address ▶ P. O. BOX 1100

PANAMA CITY, FL 32402-1100

Phone no.

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No 1545-0047

2011

Employer identification number

▶ \$

59-6930956 MARION G & BARBARA W NELSON FOUNDATION Organization type (check one): Filers of: Section: 501(c)(Form 990 or 990-EZ) (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** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. Special Rules For a section 501(c)(3) organization 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) and received from any one contributor, during the year, a contribution 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 a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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

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) (2011)

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 Part II, line 2 of its Form 990-PF, to

religious, charitable, etc., contributions of \$5,000 or more during the year.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

'Name of organization

Employer identification number

MARION G & BARBARA W NELSON FOUNDATION

59-6930956

| Part I | Contributors (see instructions) Use duplicate copies of Part I i | f additional space is needed. | |
|------------|--|-------------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | MG NELSON ESTATE 18 ISLAND BAY LANE SPRINGFIELD, IL 62712 | \$\$,467,000. | Person Payroll Noncash X (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | | Person Payroll Noncash (Complete Part II if there is a noncash contribution) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II if there is a noncash contribution.) |

Employer identification number

50_6030056

| art II | N G & BARBARA W NELSON FOUNDATION | | 0-6930956 |
|------------------------------|---|--|----------------------|
| 2FL 11 | Noncash Property (see instructions). Use duplicate copies of Part II if | additional space is needed. | |
| (a) No. rom Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| 1 | 200,000 SHARES OF SUNTRUST BANK STOCK VALUED AT \$27.335 PER SHARE. | | |
| | | \$ 5,467,000. | 10/24/12 |
| (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 |
| | | | |
| | | | |

Employer identification number

| b) Purpose of gift Fransferee's name, address, and a | (c) Use of gift (e) Transfer of gift ZIP + 4 (c) Use of gift | (d) Description of how gift is held Relationship of transferor to transferee (d) Description of how gift is held | | |
|---|---|--|--|--|
| | ZIP + 4 | | | |
| b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| | | | | |
| Fransferee's name, address, and a | (e) Transfer of gift | Relationship of transferor to transferee | | |
| b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| (e) Transfer Transferee's name, address, and ZIP + 4 | | of gift Relationship of transferor to transferee | | |
| b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | |
| (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | |
| | o) Purpose of gift | (c) Use of gift (c) Use of gift (e) Transfer of gift | | |

59-6930956

MARION G & BARBARA W NELSON FOUNDATION

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 any foundation manager contribution Name and address (home or business) or substantial contributor recipient FIRST PRESBYTERIAN SCHOOL NONE 501 C 3 CHARITABLE PURPOSES 100 E 7TH ST PANAMA CITY FL 32401 1,500. IMMANUEL BAPTIST CHURCH NONE 501 C 3 CHARITABLE PURPOSES 216 COLLEGE AVE PANAMA CITY, FL 32401 1,500. MEMORIAL MEDICAL CENTER FOUNDATION 501 C 3 CHARITABLE PURPOSES 701 NORTH FIRST ST SPRINGFIELD, IL 62781 5,000. SALAVATION ARMY NONE 501 C 3 CHARITABLE PURPOSES P O DRAWER 540 6,000. PANAMA CITY, FL 32402 THE AFTER SCHOOL ASSISTANCE PROGRAM NONE 501 C 3 CHARITABLE PURPOSES P O BOX 203 LYNN HAVEN, FL 32444 1,000. THORNWELL CHILDREN'S HOME NONE 501 C 3 CHARITABLE PURPOSES P O BOX 60 CLINTON, SC 29325-0060 3,000. UNIVERSITY OF FLORIDA FOUNDATION NONE 501 C 3 CHARITABLE PURPOSES P O BOX 14425 GAINESVILLE, FL 32604 13,400. Total from continuation sheets 31 400.

J

Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold P - Purchase D - Donation 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo., day, yr.) (mo., day, yr.) 1a FED FARM CR BK 1.93% 5/13/15 11/13/12 P b FED HOM LN MTG 2.125& 9-21-12 P 09/21/12 c FEDERATED MMKT PRIME OBLIG-I P VARIOUS d US TREAS 3.375% 11-30-12 11/30/12 P e FED NATL MTG ASSN 2% 1-9-12 P 01/09/12 f FED FARM CR BK 1.39% 1-24-14 P 01/24/12 g FED HOME LN BK 3.75% 4-19-17 P 04/19/12 h FED NATL MTG ASSN 3% 10-25-16 P 04/25/12 LN BK 1.75% 12-26-14 P | FED HOME 04/26/12 | FED FARM CR BK 2.14% 4-27-15 P 04/27/12 2.59% 6-8-15 k FED FARM CR BKP 06/08/12 FED HOME LN BK 1.2% 12-29-14 P 06/29/12 m FED HOME LN BK 2% 6-29-16 P 06/29/12 n US TREAS 4.625% 7-31-12 P 07/31/12 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (or allowable) plus expense of sale (e) plus (f) minus (g) 50,000. 50,657. <657.> a b 50,000. 51,002. <1,002.> 26,143. 26,143. 0. C 25,000. 25,582. <582.> d 25,000. 25,526. е <526.> 75,000. 75,000. 0. f 50,000. 50,763. <763.> g 50,000. 50,000. 0. h 50,000. 50,000. 0. 50,000. 50,000. 0. 0. k 50,000. 50.000. -1 50,000. 50,000. 0. 50,000. 50,000. m 0. 50,000. 50,896. <896.> n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) (i) F.M.V. as of 12/31/69 but not less than "-0-") as of 12/31/69 over col. (j), if any <657.> a <1,002.> b 0. C <582.> d <526.> 0. <763.> g 0. h 0. 0. 0. 0. 1 0<u>.</u> m <896.> n 0 If gain, also enter in Part I, line 7 2 Capital gain net income or (net capital loss) { If (loss), enter "-0-" in Part I, line 7 } <4,426.> 2 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). If (loss), enter "-0-" in Part I, line 8 N/A

| FORM 990-PF DIVIDEND | S AND | INTER | EST FROM | SECUE | RITIES | STATEMENT | 1 |
|---------------------------------------|----------------|---------------------|---------------------------|-------|------------------------------|---------------------|-----|
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| U.S. GOVERNMENT OBLIGATIONS | | | 15,023. | - | 0. | 15,0 | 23. |
| TOTAL TO FM 990-PF, PART I, I | ກ 4 = | | 15,023. | | 0. | 15,0 | 23. |
| FORM 990-PF | ACC | COUNTI | NG FEES | | | STATEMENT | 2 |
| DESCRIPTION | | ISES | (B) NET INV MENT IN | EST- | (C) ADJUSTED NET INCOM | | |
| TIPTON, MARLER, GARNER & CHASTAIN | | 984. | | 0. | | 9 | 84. |
| TO FORM 990-PF, PG 1, LN 16B | | 984. | | 0. | | 9 | 84. |
| FORM 990-PF C | THER E | PROFES | SIONAL F | EES | | STATEMENT | 3 |
| DESCRIPTION | | A) ISES BOOKS | | EST- | | | |
| SUNTRUST MANAGEMENT FEE | 6 | 5,391. | 6 | ,391. | | | 0. |
| TERRILL AND COMPANY INVESTMENT FEE | | 518. | | 518. | | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 6 | 5,909. | 6 | ,909. | | | 0. |
| FORM 990-PF | TAXES | | | | STATEMENT | | |
| DESCRIPTION | EXPEN PER F | | (B) NET INV MENT IN | EST- | (C) ADJUSTED NET INCOM | | |
| 2011 FEDERAL TAX LIABILITY | | 222. | | 0. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | | 222. | | 0. | | | 0. |

| FORM 990-PF | OTHER EXPENSES | | | | STATEMENT | |
|-------------------------------|------------------------------|-----------------------------|----------|------------------------------|----------------------|-----|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTED NET INCOM | | |
| BANK CHARGES | 30. | 30. | | | C | |
| TO FORM 990-PF, PG 1, LN 23 | 30. | · | 0. | | | 0. |
| FORM 990-PF U.S. AND S | STATE/CITY G | OVERNMENT | OBLI | GATIONS | STATEMENT | 6 |
| DESCRIPTION | U.S GOV' | | воо | K VALUE | FAIR MARKET VALUE | ? |
| U.S. GOVERNMENT OBLIGATIONS | | 277,640. | 281,784. | | | |
| TOTAL U.S. GOVERNMENT OBLIGAT | rions | | | 277,640. | 281,78 | 34. |
| TOTAL STATE AND MUNICIPAL GOV | VERNMENT OBL | IGATIONS | | | | |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10A | | | 277,640. | 281,78 | 34. |
| FORM 990-PF | CORPORAT | E STOCK | | | STATEMENT | 7 |
| DESCRIPTION | | | вос | K VALUE | FAIR MARKET | P |
| SUNTRUST BANK STOCK | | | 3 | ,390,000. | 5,430,00 | 0. |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10B | | 3 | ,390,000. | 5,430,00 | 00. |

FORM 990-PF LIST OF SUBSTANTIAL CONTRIBUTORS STATEMENT 8
PART VII-A, LINE 10

NAME OF CONTRIBUTOR

ADDRESS

MARION G NELSON ESTATE

18 ISLAND BAY LANE SPRINGFIELD, IL 62712