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

Department of the Treasury Internal Revenue Service

▶ 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 alwaw.irs.gov/form990pf.

2014

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OMB No 1545-0052

For calendar year 2014, or tax year beginning 2014, and ending Employer identification number WELSH FAMILY FOUNDATION INC 22-3331136 C/O PATRICK WELSH 7 SEA COURT Telephone number (see instructions) VERO BEACH, FL 32963 If exemption application is pending, check here Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check Address change Name change here and attach computation X Section 501(c)(3) exempt private foundation Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Fair market value of all assets at end of year Accounting method. X Cash Accrual (from Part II, column (c), line 16) Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here. 9,113,311 (Part I, column (d) must be on cash basis) **Partille** Analysis of Revenue and (a) Revenue and (b) Net investment (c) Adjusted net (d) Disbursements Expenses (The total of amounts in expenses per books income for charitable income columns (b), (c), and (d) may not neces-sarily equal the amounts in column (a) purposes (cash basis only) (see instructions)) Contributions, gifts, grants, etc, received (attach schedule) .323.917 2 Ck ► if the foundin is not required to attach Sch B Interest on savings and temporary cash investments 3,175 Dividends and interest from securities 110,238 5 a Gross rents b Net rental income or (loss) 6 a Net gain or (loss) from sale of assets not on line 10 3,478,250. REVENU b Gross sales price for all assets on line 6a 5,587,317 Capital gain net income (from Part IV, line 2) 3,478,250 Net short-term capital gain Income modifications. 10 a Gross sales less returns and allowances b Less Cost of goods sold C Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 12 Total Add lines 1 through 11 6,915,580 3,591,663 113,413 Compensation of officers, directors, trustees, etc. ብ Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) See St 1 b Accounting fees (attach sch) 1,975 1,975 000 c Other prof fees (attach sch) Interest 586 586. 18 See Stm 2 Taxes (attach schedule)(see mstrs) 14,291 14,291 Depreciation (attach sch) and depletion Occupancy Travel, conferences, and meetings Printing and publications 23 Other expenses (attach schedule) 31,070 31,070 See Statement 3 24 Total operating and administrative 47,922 expenses. Add lines 13 through 23 47,922 Part XV Contributions, gifts, grants paid 7,509,500 1. 422 7,509,500. Total expenses and disbursements. Add lines 24 and 25 7,557,422 47,922 0 7,509,500. Subtract line 26 from line 12. a Excess of revenue over expenses and disbursements -641,842 b Net investment income (if negative, enter -0-) 3,543,741. C Adjusted net income (if negative, enter 0) 113,413.

Form 990-PF (2014) WELSH FAMILY FOUNDATION INC

2 Savings and temporary cash investments

Less: allowance for doubtful accounts ▶

Less allowance for doubtful accounts ▶

Other notes and loans receivable (attach sch)

Inventories for sale or use

12 Investments - mortgage loans 13 Investments - other (attach schedule) Land, buildings, and equipment basis

Less accumulated depreciation

Other assets (describe

Other liabilities (describe

Less allowance for doubtful accounts

Prepaid expenses and deferred charges 10a Investments - U.S. and state government obligations (attach schedule)

b Investments - corporate stock (attach schedule) c Investments - corporate bonds (attach schedule) Investments - land, buildings, and

Total assets (to be completed by all filers see the instructions. Also, see page 1, item I) Accounts payable and accrued expenses

Mortgages and other notes payable (attach schedule)

Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.

and complete lines 27 through 31.

27 Capital stock, trust principal, or current funds

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances(see instructions) Total liabilities and net assets/fund balances

Loans from officers, directors, trustees, & other disqualified persons

Foundations that do not follow SFAS 117, check here

Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)

Cash - non-interest-bearing

Accounts receivable

Pledges receivable

Grants receivable

equipment basis Less accumulated depreciation

(attach schedule)

(attach schedule)

Grants payable

Unrestricted

Temporarily restricted

(see instructions)

Permanently restricted

Deferred revenue

17 18

19

20

26

28

29

Partil Balance Sheets

ASSETS

Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions.)

	Beginning of year	22-333 End o	Page 2 of year
	(a) Book Value	(b) Book Value	(c) Fair Market Value
	4,163,517.	1,956,091.	1,956,088.
	man the second of the second of the second		
	MAY W	And the second s	and the second
		1,215,151.	3,121,474.
		the transfer of	
	3,569,727.	4,035,749.	4 035 749
			4,035,749.
_	7,733,244.	7,206,991.	9,113,311.
	17,0072111	7,200,332.	
)			
	0.	0.	
			المراجعة والمستوالي
X			
	7 733 244	7,206,991.	
	7,733,244.	1,200,331.	
	7,733,244.	7,206,991.	
	7,733,244.	7,206,991.	
	es	1	
di ir	mn (a), line 30 (must ag	ree with	ľ

Part III Analysis of Changes in Net Assets or Fund Balar Total net assets or fund balances at beginning of year- Part II, co end-of-year figure reported on prior year's return) 7,733,244. Enter amount from Part I, line 27a 2 2 -641,842. Other increases not included in line 2 (itemize) 3 See Statement 115,589. Add lines 1, 2, and 3 4 7,206,991. 5 Decreases not included in line 2 (itemize) Total net assets or fund balances at end of year (line 4 minus line 5)- Part II, column (b), line 30 6 6 7,206,991.

N E T F

ASSETS

O R

UZD

В

Α

Page 3

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse, or common stock, 200 shares MLC Company) (b) How as P — Purd D — Don					ase	(C) Date acquired (month, day, year)	(d) Date sold (month, day, year)
1	SHORT TERM LOSS FRO	M PASSTHROUGH		P		1/01/14	12/31/14
	LONG TERM GAIN FROM			<u>F</u> P	-	Various	12/31/14
	375000 SELECT MEDIC	· · · · ·		P		Various	12/31/14
	d	ALL HOLDINGS		<u>F</u>	-	various_	TC/ 21/ 14
	e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other ba plus expense of sa			(h) Gain or (e) plus (f) m	
	a		·	6,567.			-16,567.
	b 346,858.			0,307.			346,858.
	c 5,240,459.		2 09	2,500.			340,050. $3,147,959.$
	d		2,03	2,300.			7, 141, 333.
	e						
`	`	ing gain in column (h) and owned b	by the foundation on 12/31	169		(I) Come (Col.	(h)
	(i) Fair Market Value	(i) Adjusted basis	(k) Excess of column		aa	(I) Gains (Coli ain minus column (k	
	as of 12/31/69	as of 12/31/69	over column (j), if a			n -0-) or Losses (fr	
							-16,567.
	b						346,858.
	<u>-</u>						340,030. 3,147,959.
	<u> </u>				-	·`	., , , , , , , .
	e						
	Capital gain net income or (ne		enter in Part I, line 7 ter -0- in Part I, line 7		2		3,478,250.
3	Net short-term capital gain or	(loss) as defined in sections 1222(5) and (6)	İ			
	If gain, also enter in Part I, line in Part I, line 8	e 8, column (c) (see instructions)	f (loss), enter -0-	-	3		-16,567.
Pa		Section 4940(e) for Reduce	d Tax on Net Investm	ent Inco	me	<u> </u>	
		e foundations subject to the section					
•	•	·	• •		•		
If se	ection 4940(d)(2) applies, leave t	his part blank					
Was	the foundation liable for the sec	ction 4942 tax on the distributable a	mount of any year in the b	ase period	17	∏Yes	X No
lf 'Y	es,' the foundation does not qua	lify under section 4940(e) Do not o	complete this part.				
1	Enter the appropriate amount	n each column for each year, see t	he instructions before make	ing any er	ntries		
-	(a)	(b)	(c)			_ (d)	
	Base period years Calendar year (or tax year	Adjusted qualifying distributions	Net value of noncharitable use as	cate	/coli	Distribution imn (b) divided	
	beginning in)		Horiciantable use as	5613	(COIC	iiiii (b) divided	by column (c))
	2013	978,000.	5.74	2,783.			0.170301
	2012	2,198,190.		6,253.			0.469072
	2011	1,042,500.		3,922.			0.133245
	2010	904,500.		6,439.			0.105958
-	2009	3,049,531.		3,923.	_		0.365042
		2,0-2,002.		-,			1.000012
2	Total of line 1, column (d)				2		1.243618
3	• • • • • • • • • • • • • • • • • • • •	ne 5-year base period— divide the t	otal on line 2 by 5, or by th	ne İ			
•	number of years the foundation	n has been in existence if less than	5 years		3		0.248724
4	Enter the net value of nonchar		t V. June 5		4		8,296,930 <mark>.</mark>
		itable-use assets for 2014 from Par	(A, 11116 J				
5	A.A. J.L	itable-use assets for 2014 from Par	CA, Tille 3				
	Multiply line 4 by line 3	itable-use assets for 2014 from Par	(A, 1111e 3		5	:	2,063,646.
			(X, 1111e 3		5		2,063,646.
6	Enter 1% of net investment inc		CA, fille 3		5 6	:	
	Enter 1% of net investment inc		CA, fille 3		6		35,437.
6 7	Enter 1% of net investment inc		CA, fille 3				2,063,646. 35,437. 2,099,083.
7	Enter 1% of net investment inc Add lines 5 and 6	come (1% of Part I, line 27b)	CA, fille 3		6		35,437. 2,099,083.
	Enter 1% of net investment inc Add lines 5 and 6 Enter qualifying distributions fr	come (1% of Part I, line 27b)			6 7 8		35,437. 2,099,083. 7,509,500.

•	• • • • • • • • • • • • • • • • • • • •						
orm	990-PF (2014) WELSH FAMILY FOUNDATION INC		_22-	33311	.36	Pa	ge 4
Par	EXIMP Excise Tax Based on Investment Income (Section 4940(a), 49	940(b), 4940(e), d	r 4948– see	instruct	tions)		
1 a		N/A' on line 1	7	TEX:	1	知过	
	Date of ruling or determination letter (attach copy of letter if necessar	ry– see instrs)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V,		- ·	1		35, 43	37.
	check here. ► X and enter 1% of Part I, line 27b			***	0.00 10.0 0 10.40 10.0	The state of	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I,	line 12, column (b)		22 122			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			2			0.
3	Add lines 1 and 2			3		35,43	37 .
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	ons only Others	enter -0-)	4			0.
5	Tax based on investment incomeSubtract line 4 from line 3. If zero or less, enter		•	5		35, 43	
6	Credits/Payments.				Marie Jane		(F)
а	2014 estimated tax pmts and 2013 overpayment credited to 2014	6 a			EN PLE	a.√oro atti tu⊐	
b	Exempt foreign organizations - tax withheld at source	6 b				A	***
c	Tax paid with application for extension of time to file (Form 8868)	6 c				1	25
c	Backup withholding erroneously withheld	6 d					識
7	Total credits and payments Add lines 6a through 6d			7			0.
8	Enter any penalty for underpayment of estimated tax. Check here X if Form 2	220 is attached		8		35	53.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enteramount owed		•	9		35,79	90.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		•	10			
11	Enter the amount of line 10 to be. Credited to 2015 estimated tax.	Refun	ded	11			
Pai	LVII-Ą⊋ Statements Regarding Activities				1		
1 a	During the tax year, did the foundation attempt to influence any national, state, or participate or intervene in any political campaign?	or local legislation	on or did it		1 a	Yes	No X
t	Did it spend more than \$100 during the year (either directly or indirectly) for poli (see Instructions for the definition)?	tical purposes			1 b		<u>х</u>
	If the answer is 'Yes' to 1a or 1b , attach a detailed description of the activities ar or distributed by the foundation in connection with the activities	nd copies of any	materials pi	ublished			
c	Did the foundation file Form 1120-POL for this year? Enter the amount (if any) of tax on political expenditures (section 4955) imposed (1) On the foundation • \$ 0. (2) On foundation mar	d during the year			1 c		X
•	Enter the reimbursement (if any) paid by the foundation during the year for politifoundation managers • \$ 0.		tax imposed	Ton			
2	Has the foundation engaged in any activities that have not previously been repoil	rted to the IRS?			2		Х
_	If 'Yes,' attach a detailed description of the activities						
3	Has the foundation made any changes not proviously reported to the IRS, in its of incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformation of the conformat	med copy of the	changes	es	3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the latest than a few with the control of \$1,000 or more during the latest than the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or more during the control of \$1,000 or m	ing the year?			4 a	- NT/	<u>X</u>
	If 'Yes,' has it filed a tax return on Form 990-T for this year?				5	N/	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				****	A TIME	X
c	If 'Yes,' attach the statement required by General Instruction T Are the requirements of section 508(e) (relating to sections 4941 through 4945)	caticfied either			120	15-14	
О	By language in the governing instrument, or	sausneu eithei					٠.٠٠ د و کړ
	• By state legislation that effectively amends the governing instrument so that n with the state law remain in the governing instrument?	o mandatory dır	ections that	conflict	6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II,	column (c), and Part	XV		7	Х	
	Enter the states to which the foundation reports or with which it is registered (se		▶.				
	N/A				_		
ł	of the answer is 'Yes' to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Ger (or designate) of each state as required by <i>General Instruction G? If 'No,' attach explanation</i>	neral			8 b	X	
9	Is the foundation claiming status as a private operating foundation within the me for calendar year 2014 or the taxable year beginning in 2014 (see instructions for	eaning of section or Part XIV)?If 'Y	n 4942(j)(3) (es, ' complet	or 4942() e Part X	(/(J/ 	9	X

10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses

See Statement 5

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Form 990-PF (2014)

10

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)). a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?

If 'Yes,' list the years ▶ 20 _ _ , 20 _ _ , 20 _ _ , 20 _ _ .

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 statement- see instructions)

c If the provisions of section 4942(a)(2) are being applied toany of the years listed in 2a, list the years here

► 20 _ , 20 _ , 20 _ , 20 _ .

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

XNo

b If 'Yes,' did it have excess business holdings in 2014 as a result of(1) any purchase by the foundation or disqualified persons after May 26, 1969;(2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2014)

4 a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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 2014? 2 b

N/A

Form 990-PF (2014)

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Form 990-PF (2014)

FORM 390-FF (2014) WELSH FAMILY FOUNDATION INC ZZ-333	1136 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
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 IX-A. Summary of Direct Charitable Activities	
Summary of Direct Chantable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc	
1 <u>N/A</u>	1
	1
2	
	1
3	
	1
	1
4	
	1
	L
Partix B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
7.7.	
N/A	
2	
2	
All other program-related investments. See instructions.	
3	
Fotal. Add lines 1 through 3 . ▶	0.
BAA	Form 990-PF (2014)

	see instructions.)		
1	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	5,363,475.
ı	Average of monthly cash balances	1 b	3,059,804.
(Fair market value of all other assets (see instructions)	1 c	
	Total (add lines 1a, b, and c)	1 d	8,423,279.
•	Reduction claimed for blockage or other factors reported on lines 1a and 1c		
	(attach detailed explanation) 1 e 0.	1.3	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,423,279.
4	Cash deemed held for charitable activities. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	126,349.
5	Net value of noncharitable-use assetsSubtract line 4 from line 3. Enter here and on Part V, line 4	5	8,296,930.
6	Minimum investment return.Enter 5% of line 5	6	414,847.
Pa	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations check here ► ☐ and do not complete this part.)	ating fo	oundations
1	Minimum investment return from Part X, line 6	1	414,847.
2 8	Tax on investment income for 2014 from Part VI, line 5 2a 35, 437.	- Market	
ı	Income tax for 2014 (This does not include the tax from Part VI)	3	
(Add lines 2a and 2b	2 c	35,437.
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	379,410.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	379,410.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amountas adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	379,410.
Pa	Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc, purposes. Expenses, contributions, gifts, etc— total from Part I, column (d), line 26	1 a	7,509,500.
- 1	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	
1	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	7,509,500.
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	35,437.
6	Adjusted qualifying distributionsSubtract line 5 from line 4	6	7,474,063.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether qualifies for the section 4940(e) reduction of tax in those years.	er the fo	undation

Form 990-PF (2014)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1	Distributable amount for 2014 from Part XI,	H. P. Carlotte		14 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
_	line 7	signed & transmitter label	क्रिकेट क्षेत्र हो है । सुरात	the Court of the state of the s	379,410.
2.	Undistributed income, if any, as of the end of 2014				
	Enter amount for 2013 only	# 1/2007 No 201	F 1-2	0.	
3,	Total for prior years. 20 , 20 , 20		0.	127	
,	- · · · · · · · · · · · · · · · · · · ·		*		' -
	From 2009 2,808,773. From 2010 478,220.		ا میں بیان کے		-
	From 2011 651, 325.	· · · · · · · · · · · · · · · · · · ·		ا ماده در اداده در ا در اداده در	
_	From 2012 1,973,497.				
_	From 2013 705, 044.				
	Total of lines 3a through e	6,616,859.	the rest of the second of the		
	Qualifying distributions for 2014 from Part	0,010,033.	, -		
•	XII, line 4: ► \$ 7,509,500.	(*)	(17		
8	Applied to 2013, but not more than line 2a	الله المنافق والمنافق المنافق ا	the second second second	0.	the said to be a first to the said
	• Applied to undistributed income of prior years	是是大學	***	2 3 3 3	
	(Election required – see instructions)		0.		The second secon
	Treated as distributions out of corpus				:
•	(Election required – see instructions)	0.		8	
c	Applied to 2014 distributable amount		· 雪 医尿管 · 水管 等		379,410.
6	Remaining amount distributed out of corpus	7,130,090.	A SAME TO THE SAME OF	71 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	西京 \$ 275
5	Excess distributions carryover applied to 2014	0.			0.
	(If an amount appears in column (d), the same amount must be shown in column (a))	the state of the s	أمديوني بالمرابون	a Carrier and	1. 1. 1. 1. 1.
	Same amount must be shown in column (a)			-	
6	Enter the net total of each column as				
	indicated below:	13 1 2 2 1 1 1 1 1 1 1		Tag (Sau	4
a	Corpus Add lines 3f, 4c, and 4e Subtract line 5	13,746,949.			·
Ł	Prior years' undistributed income Subtract	L'Andrew mariente " marique en			
	line 4b from line 2b	Exercise to the second of	0.		
•	Enter the amount of prior years' undistributed income for which a notice of deficiency has			. : . :),
	been issued, or on which the section 4942(a)	Strate in the	_		,
	tax has been previously assessed		0.		
c	Subtract line 6c from line 6b. Taxable			· · · · · · · · · · · · · · · · · · ·	
	amount - see instructions		0.		
•	Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount — see instructions				-
	The Sa Taxable animalit — see man actions		<u> </u>	0.	
f	Undistributed income for 2014. Subtract lines			26 9 5.	
	4d and 5 from line 1. This amount must be distributed in 2015				
7	Amounts treated as distributions out of	7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7			0.
	corpus to satisfy requirements imposed by			,	
	section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.	1		-
8	Excess distributions carryover from 2009 not	<u>`</u>	,		
0	applied on line 5 or line 7 (see instructions)	2,808,773.			
9	Excess distributions carryover to 2015.				
•	Subtract lines 7 and 8 from line 6a	10,938,176.			ľ ·
10	Analysis of line 9:	12.		2-2	
а	Excess from 2010 478, 220.			, ,	
	Excess from 2011 651, 325.				-
C	Excess from 2012 1,973,497.		-	·,	ŀ
-	Excess from 2013 705, 044.			-	
•	Excess from 2014 7, 130, 090.	<u> </u>	<u>'</u>		Farm 800 DF (2014)

Form 990-PF (2014) WELSH FAMILY FOU	NIDATION INC			22-222112	6 Page 10
PartXIV Private Operating Foundation		ructions and Par	t VII-A guestio	22-333113	N/A
1 a If the foundation has received a ruling or is effective for 2014, enter the date of the	determination letter				N/II
b Check box to indicate whether the foundar	tion is a private op	erating foundation of	lescribed in section	4942(j)(3) or	4942(J)(5)
2 a 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) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
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 exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c 			<u> </u>		
3 Complete 3a, b, or c for the alternative test relied upon:			1		
a 'Assets' alternative test – enter					
(1) Value of all assets		ļ	 	ļ	
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)			<u> </u>		
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					
Rart XV Supplementary Information assets at any time during the	(Complete this	part only if the	foundation had	ł \$5,000 or more	in
Information Regarding Foundation Managers of the foundation who is close of any tax year (but only if they have None	gers:	ore than 2% of the	total contributions i section 507(d)(2).)	received by the foun	dation before the
b List any managers of the foundation who	own 10% or more of	of the stock of a cor	poration (or an equ	ally large portion of	the ownership of
a partnership or other entity) of which the None	foundation has a 1	0% or greater inter	est	, go portuer o	
2 Information Regarding Contribution, Gran Check here ☐ If the foundation only requests for funds. If the foundation make complete items 2a, b, c, and d. a The name, address, and telephone number	nakes contributions s gifts, grants, etc	s to preselected cha (see instructions) to	aritable organization o individuals or orga	anizations under oth	er conditions,
See Statement 6		·····			
b The form in which applications should be	submitted and infoi	rmation and materia	als they should inclu	ıde.	
See Statement for Line 2a					
c Any submission deadlines:					
See Statement for Line 2a					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charita	ble fields, kinds of	institutions, or other	factors
See Statement for Line 2a					
ВАА	TE	EA0310L 06/17/14		F	orm 990-PF (2014)

Page **11**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	toundation manager or substantial contributor	recipient	contribution	Amount
a Paid during the year				
See Statement 7				
		İ		
		}		
		ĺ		
		l		
		l I		
		ĺ		
		ĺ		
				:
		}		
Total	·		► 3a	7,509,500.
b Approved for future payment				
		<u> </u>		
		l		
		<u> </u>		
Total			► 3b	d.

Enter gross	er gross amounts unless otherwise indicated.		d business income	Excluded by	section 512, 513, or 514	(e)	
1 Duage		(a) Business code	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income (See instructions.)	
	ram service revenue:			code			
a		_					
b			·				
с				+			
e		-	·····	- -			
·				 			
a Fees	and contracts from government agencies	- 		+			
•	bership dues and assessments			+			
	st on savings and temporary cash investments	}		14	3,175.		
	ends and interest from securities			14	110,238.		
•	ental income or (loss) from real estate						
	financed property			F INSTANCE DAY			
	lebt-financed property			 			
	ntal income or (loss) from personal property			1 1		·	
7 Other	r investment income						
8 Gain o	r (loss) from sales of assets other than inventory					3,478,250	
9 Net ir	ncome or (loss) from special events				-		
10 Gross	s profit or (loss) from sales of inventory						
11 Other	r revenue·	The Later of the l	Control of Tables of the Control of		A STATE OF THE PARTY OF THE PAR		
а							
b							
c							
d							
e							
	otal Add columns (b), (d), and (e)			AND THE STATE OF 	113,413.	3,478,250	
	. Add line 12, columns (b), (d), and (e)				13	3,591,663	
(See works	heet in line 13 instructions to verify calculat	tions.)					
Part XVI	-B% Relationship of Activities to th	ne Accomplis	shment of Exemp	t Purpose	s		
Line No.	Explain below how each activity for which	income is repor	ted in column (e) of F	art XVI-A co	intributed importantly	to the	
V	accomplishment of the foundation's exemp	purposes (oth	er than by providing f	unas for suc	n purposes). (See ins	structions.)	
N/A							

•	accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See instructions.)
N/A	

Form 990-PF (2014) WELSH FAMILY FOUNDATION INC 22-3331136 Part XVIII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

des	the organization dire cribed in section 501 iting to political organ	(c) of the Code (of	ngage in any of the following ther than section 501(c)(3) or	with any other ganizations) or	organization in section 527,	Yes No
			a noncharitable exempt orga	nization of:		
(1)	Cash					1 a (1) X
(2)	Other assets					1 a (2) X
	er transactions					Caric and Sec
	Sales of assets to a		- · · · ·			1 b (1) X
` '			ble exempt organization			1 b (2) X
` '	Rental of facilities, e		r assets			1 b (3) X
('7	Reimbursement arra	3				1 b (4) X
` '	Loans or loan guara					1 b (5) X
` '			ip or fundraising solicitations			1 b (6) X
c Sha	aring of facilities, equ	ipment, mailing lis	its, other assets, or paid emp	loyees		1 c X
d If the	ne answer to any of to goods, other assets,	he above is 'Yes,' or services given	complete the following sched by the reporting foundation. I now in column(d) the value of	lule. Columr (b) : If the foundation	should always show the fail received less than fair ma er assets, or services recei	r market value of arket value in
(a) Line no			of noncharitable exempt organization		ription of transfers, transactions,	
N/A	(2)	(6) // (10)		(4)	The training training to	arra vitating arrangements
	<u> </u>		······································		· · · · · · · · · · · · · · · · · · ·	
					· · · · · · · · · · · · · · · · · · ·	
	<u> </u>					
			· · · · · · · · · · · · · · · · · · ·		···	
						·
				- 		
	_ <u></u>					
des	ne foundation directly cribed in section 501 'es,' complete the fol	(c) of the Code (ot	ated with, or related to, one of ther than section 501(c)(3)) o	or more tax-exe r in section 527	mpt organizations	Yes XNo
	(a) Name of organ	,	(b) Type of organizat	ion	(c) Description of	relationship
N/A	(-)				(0)	
	·					
						
Ui	nder penalties of perjury, I de orrect, and complete Meclar	clare that I have examined	this return, including accompanying sche than taxpayer) is based on all informat	dules and statements	and to the best of my knowledge and has any knowledge	belief, it is true,
Sign	Mal	1/ 0.1			, -	May the IRS discuss
Here	$\#/\mathcal{U}$	/ 11/1/	16-7-	/5 Tru	stee	this return with the preparer shown below
	Signature of officer or truste	90	Date	Title	3000	(see instructions)?
	Print/Type preparer		Preparer's signature	Da Da	te Check X	
Paid	HAROLD V GOO	OVAERTS CPA	HAROLD V GOOVAER	IS CPA	S/2q/15 self employed	P01204124
Prepare			ovaerts, CPA	CPA		3238410
Use On			oad, First Floor			0200110
JJJ 011	7	Wayne, NJ 07			Phone no (9	73) 696-1633
BAA					 	Form 990-PF (2014)

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

Schedule of Contributors

OMB No 1545-0047

2014

Department of the Treasury Internal Revenue Service ► Attach to Form 990, Form 990-EZ, or Form 990-PF
► Information about Schedule B (Form 990, 990-EZ, 990-PF) and its Instructions is above.irs.gov/form990.

Name of the organization

WELSH FAMILY FOUNDATION INC

Organization type (check one):

Filers of:

Section:

Filers of:

Form 990 or 990-EZ

Section:

[501(c)() (enter number) organization

[4947(a)(1) nonexempt charitable trustnot treated as a private foundation

[527 political organization

[X 501(c)(3) exempt private foundation

[4947(a)(1) nonexempt charitable trust treated as a private foundation

[501(c)(3) taxable private foundation

Check if your organization is covered by the General Rule or a Special Rule

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions,

General Rule

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33-1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than

\$1,000. If this box is checked, enter here the total contributions that were received during the year for anexclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because

it received nonexclusively religious, charitable, etc. contributions totaling \$5,000 or more during the year

Caution: An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer 'No' on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990EZ, or 990-PF

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

•	•			
	B (Form 990, 990-EZ, or 990-PF) (2014)	Page	1 of 1 of Part 1	
Name of org	FAMILY FOUNDATION INC	Employer identification number 22-3331136		
	Contributors (see instructions). Use duplicate copies of Part I if additi			
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
1	PATRICK J WELSH		Person X Payroll	
	7 SEA COURT	\$3,323,917.	1	
	VERO BEACH, FL 32963		(Complete Part II for noncash contributions.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$\$	Person Payroll Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		^{\$}	Person Payroll Noncash Complete Part II for noncash contributions.)	
(a) Number	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		 \$	Person Payroll Noncash	

Page

1 to 1 of Part II
Employer identification number

Name of organization

WELSH FAMILY FOUNDATION INC

22-3331136

Patill'	Noncash Property (see instructions). Use duplicate copies of Part II if additional s	pace is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	592,769 SHARES OF SELECT MEDICAL HOLDINGS COMMON STOCK		
		\$3,307,651.	7/15/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ 	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
~ 		\$	<u></u>
(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
		\$ 	
RAA	Sche	dule B (Form 990, 990-EZ	or 990.PE) (201.

1 to

of Part III

Name of organization
WELSH FAMILY FOUNDATION INC

Employer identification number 22-3331136

the fo	0) that total more than \$1,000 for the lowing line entry. For organizations condutions of \$1,000 or less for the year. (I huplicate copies of Part III if additional states.)	the year from any one contrib impleting Part III, enter the total Enter this information once. See	butor. Compl o <i>exclusively</i>	religious, charitable, etc.,
(a) lo. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
N/A				
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) io. from	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
		(e) Transfer of gift		
	Transferee's name, addres	Transfer of gift ss, and ZIP + 4	Rela	tionship of transferor to transferee
(a) o. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held
	Transferee's name, addres	(e) Transfer of gift ss, and ZIP + 4	Rela	itionship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(a) Description of how gift is held
	 		
			
		(e) Transfer of gift	

Transfer of gift
Transferee's name, address, and ZIP + 4

Relationship of transferor to transferee

(Rev January 2014)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

	the Treasury	i iic a sepi	arate applic	cation for each return.		
Internal Revenu		►Information about Form 886	58 and its i	nstructions is atwww.lrs.gov/form8868.		
• If you a	re filing for an	lutomatic 3-Month Extension, com	plete only	Part and check this box		<u>► X</u>
If you a	re filing for an A	Additional (Not Automatic) 3-Month	Extension	, complete only Part ton page 2 of this	form)	
Do not con	plete Part II un	less you have already been granted	an automa	atic 3-month extension on a previously f	led Form 8868.	
corporation request an Associated	required to file extension of tin With Certain Pe	Form 990-T), or an additional (not not not not not not not not not not	automatic) Part I or Pa ust be sent	l a 3-month automatic extension of time 3-month extension of time. You can ele art II with the exception of Form 8870, In to the IRS in paper format (see instruct Charities & Nonprofits	ectronically file Form 8868 nformation Return for Trai	nsfers
Part I	Automatic :	3-Month Extension of Time. O	nly subm	it original (no copies needed).		
				month extension- check this box and c	omplete Part I only	▶ □
All other co income tax	rporations (incl returns	uding 1120-C filers), partnerships, i	REMICs, ar	nd trusts must use Form 7004 to reques Enter filer's identi	t an extension of time to : fying number, see instru	file
	Name of exempt	organization or other filer, see instructions			Employer identification number	
Type or						
print	WELSH FA	MILY FOUNDATION INC			22-3331136	
File by the		and room or suite number. If a P.O. box, see in:	structions		Social security number (SSN)	
due date for filing your	C/O PATR	ICK WELSH 7 SEA C				
return See	City, town or pos	t office, state, and ZIP code. For a foreign addr	ess, see instru	ctions		
	VERO BEA	CH, FL 32963				
Enter the R	eturn code for	the return that this application is fo	r (file a sep	parate application for each return)	0	4
Application is For	1		Return Code	Application Is For		eturn ode
Is For	r Form 990-EZ			Application Is For Form 990-T (corporation)	С	
Form 990 o	r Form 990-EZ		Code	Is For Form 990-T (corporation) Form 1041-A	С	07 08
Form 990 o Form 990-E Form 4720	r Form 990-EZ BL (individual)		Code 01	Form 990-T (corporation) Form 1041-A Form 4720 (other than individual)	С	07 08 09
Form 990 o Form 990-E Form 4720 Form 990-F	r Form 990-EZ BL (individual) PF		01 02 03 04	Form 990-T (corporation) Form 1041-A Form 4720 (other than individual) Form 5227	С	07 08 09
Form 990 o Form 990-E Form 4720 Form 990-F Form 990-T	r Form 990-EZ BL (individual) PF (section 401(a) or 408(a) trust)	01 02 03 04 05	Form 990-T (corporation) Form 1041-A Form 4720 (other than individual) Form 5227 Form 6069	С	07 08 09 10
Form 990 o Form 990-E Form 4720 Form 990-F Form 990-T	r Form 990-EZ BL (individual) PF		01 02 03 04	Form 990-T (corporation) Form 1041-A Form 4720 (other than individual) Form 5227	С	07 08 09
Form 990 o Form 990-E Form 990-F Form 990-T Form 990-T Telepho If the or If the extention I requuntil The e	r Form 990-EZ (Individual) F (section 401(a (trust other that oks are in the come No. • 772- rganization does for a Group Rehis box ension is for. lest an automat 8/15 extension is for calendar year	are of WELSH_FAMILY_FOUN -492-6630 s not have an office or place of buseturn, enter the organization's four If it is for part of the group, colors 3-month (6 months for a corporal, 20 15, to file the exempt organization's return for:	Code 01 02 03 04 05 06 NDATION Fax No siness in the digit Group heck this bettin required inization residual control of the control o	Form 990-T (corporation) Form 1041-A Form 4720 (other than individual) Form 5227 Form 6069 Form 8870 • United States, check this box Exemption Number (GEN) ox and attach a list with the nated to file Form 990-T) extension of time turn for the organization named above	f this is for the whole grou	07 08 09 10 11 12
Form 990 o Form 990-E Form 990-F Form 990-T Form 990-T Telepho If the or If the extention I require until The e	r Form 990-EZ (Individual) F (section 401(a (trust other that obes are in the come No. • 772- rganization does for a Group Reference of this box ension is for. lest an automat 8/15 extension is for xx calendar year tax year beging	are of WELSH_FAMILY_FOUN -492-6630 s not have an office or place of buseurn, enter the organization's four . If it is for part of the group, co ic 3-month (6 months for a corpora , 20 15 _, to file the exempt organithe organization's return for:	Code 01 02 03 04 05 06 NDATION Fax No siness in the digit Group heck this bettion require inization re	Form 990-T (corporation) Form 1041-A Form 4720 (other than individual) Form 5227 Form 6069 Form 8870 • United States, check this box • Exemption Number (GEN) ox • and attach a list with the named to file Form 990-T) extension of time turn for the organization named above	f this is for the whole grou	07 08 09 10 11 12

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

3 a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions

c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions

b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit

3 a |\$

3 b

3 c |\$

	Federal Statements	Page
	WELSH FAMILY FOUNDATION INC	22-33311
Statement 1 Form 990-PF, Part I, Line 16b Accounting Fees		(4)
ACCOUNTING	(a) (b) Net (c) Expenses Investment Adjust per Books Income Net Income \$ 1,975. \$ 1,975. \$ 1,975. \$ 1,975. \$ \$ 1,975.	
Statement 2 Form 990-PF, Part I, Line 18 Taxes		
FEDERAL INCOME TAX	(a) (b) Net (c) Expenses Investment Adjust per Books Income Net Income \$ 14,291. \$ 14,291. Total \$ 14,291. \$ 14,291.	(d) ted Charitable come Purposes 0. \$ 0
Statement 3 Form 990-PF, Part I, Line 23 Other Expenses		
Other Expenses		c) (d)
PORTFOLIO INCOME DEDUCTION SERVICE CHARGES	Expenses Investment Adjus per Books Income Net In	ted Charitable
PORTFOLIO INCOME DEDUCTION	Expenses Investment Adjuster per Books Income Net Income Net Income Service Se	ted Charitable
PORTFOLIO INCOME DEDUCTION SERVICE CHARGES Statement 4 Form 990-PF, Part III, Line 3	Expenses Investment Adjust per Books Income Net Income	ted Charitable Purposes 0. \$ 0
PORTFOLIO INCOME DEDUCTION SERVICE CHARGES Statement 4 Form 990-PF, Part III, Line 3 Other Increases ROUNDING	Expenses Investment Adjust per Books Income Net Income	\$ 1 115,588

2014

Federal Statements

Page 2

WELSH FAMILY FOUNDATION INC

22-3331136

Statement 5 (continued) Form 990-PF, Part VII-A, Line 10 Substantial Contributors During the Tax Year

PATRICK J WELSH

STE 501 2770 INDIAN RIVER BLVD VERO BEACH, FL 32960

Statement 6 Form 990-PF, Part XV, Line 2a-d Application Submission Information

Name of Grant Program:

Name:

TRUSTEES OF THE WELSH FAMILY FOUNDATION

Care Of:

7 SEA COURT

Street Address: City, State, Zip Code:

VERO BEACH, FL 32963

Telephone:

E-Mail Address:

Form and Content:

WRITE TO RECEIVE INFORMATION AS TO WHAT FORMAT APPLICATION

MUST BE SUBMITTED

Submission Deadlines:

N/A N/A

Restrictions on Awards:

Statement 7 Form 990-PF, Part XV, Line 3a Recipient Paid During the Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	 Amount
PEP FOUNDATION	NONE		UNRESTRICTED FOR THE EDUCATION AND ASSIMILATION INTO SOCIETY OF DISADVANTAGED YOUTHS	\$ 850,000.
AMERICAN RED CROSS	NONE		THE FURTHERANCE OF HUMATIARIAN DISASTER RELIEF	80,000.
BERKLEE COLLEGE OF MUSIC	NONE		UNRESTRICTED USE OF FUNDS FOR THE PURPOSE OF THE ENHANCEMENT OF THE QUALITY OF LIFE IN THE COMMUNITY	2,000.

)1'4	Federal Stat	ements		Page 3
	WELSH FAMILY FOU	NDATION IN	С	22-3331136
Statement 7 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
CARE ,	NONE		UNRESTRICTED USE S FOR THE ASSISTANCE OF DISADVANTAGED INDIVIDUALS	7,000
JOSEPINE'S PLACE	NONE		SCHOLARSHIP GRANTS FOR DESERVING STUDENTS	1,000
CHRISTOPHER & DANA REEVE FOUNDATION ,	NONE		UNRESTRICTED CONTRIBUTION FOR THE ASSISTANCE OF INDIVIDUALS WITH SPINAL INJURIES	10,000
COMMUNITY FOOD BANK OF NJ	NONE		RESTRICTED CONTRIBUTION FOR THE BENEFIT OF DISADVANTAGED INDIVIDUALS	20,000
MAKE A WISH FOUNDATION	NONE		FOR THE CARE OF CANCER STRICKEN CHILDREN	5,000
GILDA'S CLUB NY	NONE		TO FURTHER THE RESEARCH INTO CANCER	3,000
STEVEN M RANCH MD RESEARCH FDN	NONE		TO FURTHER CANCER RESEARCH	10,000
HABITAT FOR HUMANITY	NONE		NRESTRICTED CONTRIBUTION FOR THE CARE AND UPKEEP OF RIVERSIDE PARK	30,000

NONE

INDIAN RIVER LAND TRUST

UNRESTRICTED
CONTRIBUTION TO
FURTHER THE
CHARITABLE AIMS
OF THE
ORGANIZATION

3,000.

2014	Federal State	ements		Page 4
	WELSH FAMILY FOUN	IDATION IN	С	22-3331136
Statement 7 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
FAMILY LEARNING CENTER	NONE		UNRESTRICTED CONTRIBUTION TO FURTHER CARE FOR DISADVANTAGED FAMILIES	\$ 1,000.
INDIAN RIVER MEDICAL CENTER FDN	NONE		FOR THE MEDCIAL RESEARCH PURPOSES OF THE ENTITY	6,005,000.
INDIAN RIVER COMMUNITY FDN	NONE		FOR THE PROTECTION OF THE INDIAN RIVER WETLANDS	170,000.
JOHN'S ISLAND FOUNDATION	NONE		FOR THE PROTECTION AND PRESERVATION OF THE PROPERTY	2,000.
NATURE CONSERVANCY	NONE		FOR THE PROTECTION OF WILDLIFE	1,000.
OVERLOOK HOSPITAL FDN ,	NONE		FOR THE MEDICAL RESEARCH PURPOSES OF THE RECIPIENT	20,000.
RONALD MCDONALD HOUSE	NONE		FOR THE AID OF CANCER STRICKEN CHILDREN	15,000.
SALVATION ARMY ,	NONE		FOR THE ASSISTANCE OF DISASTER STRICKEN INDIVIDUALS	60,000.
SUMMIT VOLUNTEER FIRST AID SQUAD	NONE		UNRESTIRCTED FOR THE PURPOSES OF THE FIRST SQUAD	2,000.
SUSAN G KOMEN FOUNDATION	NONE		FOR CANCER RESEARCH	5,000.
VAIL HOSPICE ,	NONE		FOR THE CARE OF INDIVIDUALS IN THEIR FINAL DAYS	1,000.
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014	Federal Stat	ements		Page 5
	WELSH FAMILY FOU	NDATION IN	С	22-333113
Statement 7 (continued) Form 990-PF, Part XV, Line 3a Recipient Paid During the Year				
Name and Address	Donee Relationship	Found- ation Status	Purpose of Grant	Amount
VAIL MEDICAL CENTER FOUNDATION	NONE		FOR MEDICAL PURPOSES	\$ 2,000
VERO BEACH MUSEUM OF ART CHAIR	NONE		TO FURTHER THE EDUCATIONAL ASPECTS OF THE ART MUSEAUM	5,000
VNA & HOSPICE FOUNDATION	NONE		FOR THER CARE AND ASSISTANCE OF PEOPLE IN A HOSPICE SITUATION	5,000
WORLD WILDLIFE FUND	NONE		FOR THE PRESERVATION OF WILDLIFE	2,000
CHILDRENS HOME SOCIETY OF FLA	NONE		FOR THE CARE AND EDUCATION OF DISADVANTAGD YOUTHS	5,000
UCLA FOUNDATION	NONE		FOR THE EDUCATIONAL PURPOSES OF THE ORGANIZATION	15,000
EAGLE VALLEY LAND TRUST	NONE		FOR THE PRESERVATION OF WILDERNESS	1,000
ST JUDES CHILDREN'S RESEARCH HOSPITAL	NONE		FOR THE CARE AND TREATMENT OF CANCER STRICKEN YOUTHS	10,000
HABITAT FOR HUMANITY EAGLE, CO	, NONE		FOR THE PRESERVATION OF OPEN SPACES	20,000
INDIAN RIVER HABITAT FOR HUMANITY	NONE		FOR LAND AND OPEN SPACE PRESERVATION	20,000
WOUNDED WARRIOR FOUNDATION	NONE		FOR THE CARE AND TREATMENT OF WOUNDED SERVICEMEN	1,000

A Section		
2014	Federal Statements	Page 6
	WELSH FAMILY FOUNDATION INC	22-3331136
Statement 7 (continu Form 990-PF, Part X	ued) V. Line 3a	

Statement 7 (continued)	
Form 990-PF, Part XV, Lin	e 3a
Recipient Paid During the	Year

Name and Address	Donee <u>Relationship</u>	Found- ation Status	Purpose of Grant	Amount
THE HASTINGS CENTER	NONE		TO FURTHER THE EDUCATIONAL PURPOSES OF THE ORGANIZATION	\$ 1,000.
FAR HILLS COUNTRY DAY SCHOOL	NONE		FOR THE EDUCATIONAL PURPOSES OF THE ORGANIZATION	10,000.
EVANS SCHOLARS FDN	NONE		FOR THE EDUCATION OF DISADVANTAGED YOUTHS	5,000.
FISHER HOUSE FDN	NONE		FOR THE CARE OF FAMILIES IN NEED	1,000.
MAYO CLINIC DEVELOPMENT FDN	NONE		FOR CANCER RESEARCH	1,000.
TROUT UNLIMITED	NONE		FOR THE PRESERVATION OF TROUT SPECIES AND THEIR HABITAT	1,500.
BOYS AND GIRLS CLUB EXPANSION FD	NONE		FOR THE EXPANSION OF THE INDIAN RIVER BOYS AND GIRLS CLUB	100,000.
WILDERNESS WORKSHOP	NONE		FOR WILDERNESS PRESEVATION	500.
THE AMERICAN IRELAND FDN	NONE		FOR THE CULTURAL PURPOSES OF THE ORGANIZATION	500.
			Total	\$ 7,509,500.