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

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OMB No 1545-0052

		enue Service Information al dar year 2014 or tax year beginning	out For SEP	m 990-PF and its separate 1. 2014	instructions <u>i nstructions i</u> and end		s.gov/form990pf AUG 31, 2015	Open to Public Inspection
		foundation	- 567	1, 2014	, and chu	<u>.</u>	A Employer identification	
14011								
N	IEI	LSEN FAMILY FOUNDAT	ION				31-1567600	
		nd street (or PO box number if mail is not delivere	d to street	address)	F	loom/suite	B Telephone number	
		30X 3859					203-987-36	660
•		own, state or province, country, and ZIP or	foreign p	ostal code			C If exemption application is p	pending, check here
		ENVILLE, DE 19807					B 1 Ferrige ergenisetion	a sheek bara
li U	песк	all that apply Initial return Final return		Initial return of a fo	ormer public cha	тцу	D 1. Foreign organization	s, check here
		Address change	•	Name change			Foreign organizations me check here and attach co	eeting the 85% test,
H C	heck			kempt private foundation			E If private foundation sta	•
		ction 4947(a)(1) nonexempt charitable trus		Other taxable private founda	ation		under section 507(b)(1	
l Fa				ng method X Cash	Accrua	1	F If the foundation is in a	60-month termination
(fr	om F	Part II, col (c), line 16)		ther (specify)			under section 507(b)(1	
				mn (d) must be on cash i	basis)			T
Pa	rt I	(I he total of amounts in columns (b), (c), and (d)	may not	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net	(d) Disbursements for charitable purposes
		necessarily equal the amounts in column (a))		155,307.	ilicon		N/A	(cash basis only)
	_	Contributions, gifts, grants, etc., received	. Cat D	155,307.			IN/A	-
S	2	Check Interest on savings and temporary cash investments	1 Sch B	9.		9.		STATEMENT 1
SCANNED	3 A	Dividends and interest from securities		3,902.	3	,902.		STATEMENT 2
	5a	Gross rents		3,73020		,,,,,,		
		Net rental income or (loss)						
֓֞֞֞֓֞֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	_	Net gain or (loss) from sale of assets not on line 1	0	95,900.		****	1	-
֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	b	Gross sales price for all assets on line 6a 174, 0					G AN WELL	
Revenue	7	Capital gain net income (from Part IV, line 2)			95	,900.		111
•	8	Net short-term capital gain					DEC	3 ·
•	9	Income modifications Gross sales less returns					1	
		and allowances				40. 11., 141	<u> </u>	
		Less Cost of goods sold						77-7
	11	Gross profit or (loss) Other income						
	12	Total. Add lines 1 through 11		255,118.	99	,811.		
	13	Compensation of officers, directors, trustees, etc.		0.		0.		0.
	14	Other employee salaries and wages						
	15	Pension plans, employee benefits						
Ses	l .	Legal fees					<u> </u>	
je d		Accounting fees		220		220		ļ
Ã	ł .	Other professional fees STMT	3	239.		239.		0.
Administrative Expenses	ı	Interest Taxes STM7	۱ ۸	1,497.		0.		0.
stra	18 19	Taxes STM1 Depreciation and depletion	•	1,457.	 	•		
<u>=</u>	20	Occupancy			-			
Adr	21	Travel, conferences, and meetings			-			
and	22	Printing and publications						
ng a	1	Other expenses						
Operating	24	Total operating and administrative						
þer		expenses Add lines 13 through 23		1,736.		239.		0.
J	25	Contributions, gifts, grants paid		60,000.	ļ			60,000
	26	Total expenses and disbursements.		61 726		239.		60,000
	27	Add lines 24 and 25		61,736.		237.		00,000
	ļ.	Subtract line 26 from line 12	ent-	193,382.				_
		Excess of revenue over expenses and disbursen Net investment income (if negative, enter -0		133,002.	99	,572.	}	
	1	Adjusted net income (if negative, enter -0-)	·				N/A	
_								

LHA For Paperwork Reduction Act Notice, see instructions

D۵	a	Δ	

(p	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	· · · · · · · · · · · · · · · · · · ·
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	71,099.	39,434.	39,434.
	ı	Savings and temporary cash investments			
		Accounts receivable		117 71 1 1 111 1 1 1 1 1 1 1 1 1 1 1 1	· · · · · · · · · · · · · · · · · · ·
	٦	Less allowance for doubtful accounts		1	
	۱.				
	4	Pledges receivable -			
	1	Less allowance for doubtful accounts ▶			
		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	ļ	disqualified persons			······
	7	Other notes and loans receivable			
		Less allowance for doubtful accounts ▶			
Ś	8	Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
As		Investments - U S and state government obligations			
		amum c	290,524.	428,251.	412,829.
			230,324.	420,231.	412,023.
	}	Investments - corporate bonds			······································
	11	Investments - land buildings, and equipment basis			
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment basis			n
		Less accumulated depreciation	į		
	15	Other assets (describe		* -	
		,			
	פו	Total assets (to be completed by all filers - see the	361,623.	467,685.	452,263.
_	├	instructions Also, see page 1, item I)	301,023.	407,003.	432,203.
	1	Accounts payable and accrued expenses			
	18	Grants payable			
es	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			
Ξ	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
_		Foundations that follow SFAS 117, check here			
	1	·	•		
S	١	and complete lines 24 through 26 and lines 30 and 31.			
ည	24				
<u>=</u>	25	Temporarily restricted			
Ö	26	Permanently restricted			
Assets or Fund Balances		Foundations that do not follow SFAS 117, check here			
Ę		and complete lines 27 through 31.	į		
ō	27	Capital stock, trust principal, or current funds	140,708.	140,708.	
ě	28	Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
Ass	29	Retained earnings, accumulated income, endowment, or other funds	220,915.	326,977.	
Net.	30	Total net assets or fund balances	361,623.	467,685.	
Z	30	i orgi list gazera ni iniin naigiicea	301,023.	10//0031	
		7 A 14 A 1991 A cod consider the code of	361,623.	467,685.	
_	31	Total liabilities and net assets/fund balances	301,023.	407,003.	
F	art	Analysis of Changes in Net Assets or Fund B	alances		
1	Tota	il net assets or fund balances at beginning of year - Part II, column (a), line	30		
		st agree with end-of-year figure reported on prior year's return)		1	361,623.
2		er amount from Part 1, line 27a		2	193,382.
3		er increases not included in line 2 (itemize)		. 3	0.
A		lines 1, 2, and 3		4	555,005.
=		reases not included in line 2 (itemize)	SEE SEA	TEMENT 5 5	87,320.
0				6	467,685.
<u>6</u>	I Ota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumin (D), line 30		
					Form 990-PF (2014)

Part IV Capital Gains	and Losses for Tax on Ir	nvestment	Income					
(a) List and desc 2-story brick wa	ribe the kind(s) of property sold (e garehouse, or common stock, 200 sh	, real estate, s MLC Co)		`P-	ow acquired Purchase Donation		te acquired , day, yr)	(d) Date sold (mo , day, yr)
	SHARES OF POWER				D	VAR	IOUS	12/18/14
	09 SHARES OF OW	REAL RI	ETURN					
c FUND					D	VAR	IOUS	02/25/15
d CAPITAL GAINS	DIVIDENDS							
8		· · · · ·						<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	1 137	t or other basis kpense of sale				Gain or (loss lus (f) minus	(g)
a 151,282.			66,48	19.	_			84,793.
<u>b</u>			11 70					
9,283.			11,70					<2,417. 13,524.
d 13,524.								13,524.
Complete and for accept about	a company and an and an and but	the foundation	an 10/21/60			<u> </u>	(0-1-(1-)	
Complete only for assets snown	ng gain in column (h) and owned by	T			С	(I) Gains of (k), bu	(Col (h) gain it not less tha	ı mınus ın -0-) or
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col (i) col (j), if any		·	Losse	es (from col	(h))
			()/ /	-+				84,793.
<u>a</u> b		 		<u> </u>				01/133.
C				-				<2,417.
								13,524.
e		<u> </u>						
	C If gain, also ente	r in Part I line	7	5				
2 Capital gain net income or (net ca	If gain, also ente apital loss) { If (loss), enter -C)- in Part I, line	, 7	 	2			95,900.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) a			. [
If gain, also enter in Part I, line 8,		(0)		<i>J</i>				
If (loss), enter -0- in Part I, line 8	l				3		N/A	1
Part V Qualification L	Jnder Section 4940(e) for	r Reduced	Tax on Net	Inve	estment Ir	come		
(For optional use by domestic privat	e foundations subject to the section	4940(a) tax on	net investment ir	ncome)			
If section 4940(d)(2) applies, leave t	this part blank							
	•							
	ction 4942 tax on the distributable ar			riods				Yes X No
	alify under section 4940(e) Do not co each column for each year, see the			entries				
(a)	(b)	instructions be	ore making any e					(d)
Base periód years Calendar year (or tax year beginn	Advicted avaliture du	stributions	Net value of no	(c) onchari	table-use asse	ts		bùtión ratio vided by col (c))
2013	ing in the second	35,000.			289,80			.120770
2012		10,000.			269,78			.037067
2011		19,435.			151,52			.326248
2010		54,941.			147,89			.439105
2009		0.		-	147,34	6.		.000000
 								
2 Total of line 1, column (d)						2		923190
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5 ,	or by the number	r of yea	ırs			
the foundation has been in existe	ence if less than 5 years					3		.184638
								456 464
4 Enter the net value of noncharita	ble-use assets for 2014 from Part X	, line 5				4		456,184.
								04 000
5 Multiply line 4 by line 3						5		84,229.
								006
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)					- 6		996.
T Add times Ford C						-	,	85,225.
7 Add lines 5 and 6			•			7		
8 Enter qualifying distributions fro	m Part XII. line 4					8	,	60,000.
	an line 7, check the box in Part VI, lin	e 1h and comr	alete that nart user	nn a 10	6 tay rate			
See the Part VI instructions	in the 7, check the box in Fait VI, IIII	o io, ano comp	note that part usii	y a 17	י נפא ופנט			

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Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940)(b), 4940(e), or	4948	- see	instru	ictio	ıs)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on	line 1					
	Date of ruling or determination letter (attach copy of letter if necessary-see in	nstructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and e	enter 1%	1			1,9	91.
	of Part I, line 27b					•	
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line	e 12, col (b)					
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			1,9	91.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0)-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5			1,9	91.
6	Credits/Payments						
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a						
b	Exempt foreign organizations - tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) 6c						
	Backup withholding erroneously withheld 6d						
	Total credits and payments Add lines 6a through 6d		7 7	1			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				33.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	•	9	1		2,0	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	•	10			<u> </u>	
	Enter the amount of line 10 to be Credited to 2015 estimated tax	Refunded >					
	rt VII-A Statements Regarding Activities						
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did i	t participate or interve	ne in		T	Yes	No
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instr	uctions for the definiti	on)?		1b		X
	If the answer is "Yes" to 1_{Ω} or 1_{D} , attach a detailed description of the activities and copies of						
	distributed by the foundation in connection with the activities	,					
C	Did the foundation file Form 1120-POL for this year?				10		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
_	(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$	0	•				
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo						
_	managers ▶\$ 0.						
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2	į į	X
_	If "Yes," attach a detailed description of the activities.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles of incorporation	. or				
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	, , , , , , , , , , , , , , , , , , ,	., •.		3	•	Х
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	I/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?				5		X
-	If "Yes," attach the statement required by General Instruction T				1		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
	By language in the governing instrument, or						
	By state legislation that effectively amends the governing instrument so that no mandatory directions t	hat conflict with the st	ate law				
	remain in the governing instrument?				6		Х
7		II. col. (c), and Part	χV		7	Х	
		.,,	••				
88	Enter the states to which the foundation reports or with which it is registered (see instructions)						
-	DE						
ħ	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	ral (or designate)					
_	of each state as required by General Instruction G ² If "No," attach explanation	(86	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)	(3) or 4942(i)(5) for o	alendar				
-	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Pa				g	•	Х
10	Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their r				10	_	X
_							

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

Form 990-PF (2014) NIELSEN FAMILY FOUNDATION	<u>N</u>		<u>31-15676</u>	00 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (continu	ued)	
5a During the year did the foundation pay or incur any amount to				
(1) Carry on propaganda, or otherwise attempt to influence legislation (sectio	n 4945(e))?	Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955), or	or to carry on, directly or indire			
any voter registration drive?	-		s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	,7	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		i	
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f			
the prevention of cruelty to children or animals?		L Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		n Regulations	/-	
section 53 4945 or in a current notice regarding disaster assistance (see instru	•		N/A t	ib
Organizations relying on a current notice regarding disaster assistance check t				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?		I/A 🔲 Ye	s L No	
If "Yes," attach the statement required by Regulations section 53.494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		.	
a personal benefit contract?		Ye	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		⁵	ib X
If "Yes" to 6b, file Form 8870.	ahalias tananatian 2		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		16		7b
Part VIII Information About Officers, Directors, Trust		nagere Highly		, u
Paid Employees, and Contractors	ees, i oulluation Ma	mayers, mgm,	•	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	account, other allowances
RICHARD A. NIELSEN	TRUSTEE			
PO BOX 1111				
BOCA GRANDE, FL 33921	0.00	0.	0.	0.
GRETCHEN W. NIELSEN	TRUSTEE			
PO BOX 1111	1		_	
BOCA GRANDE, FL 33921	0.00	0.	0.	0.
JEFFREY M. DUPONT NIELSEN	TRUSTEE			
PO BOX 3859				_
GREENVILLE, DE 19807	0.00	0.	0.	0.
	_			
	_			
2 Compensation of five highest-paid employees (other than those in	 cluded on line 1), If none.	enter "NONE."		
	(b) Title, and average	110112.	(d) Contributions to	(e) Expense
(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 compensation	account, other allowances
NONE	devoted to position		Compensation	allowalices
	_			
		1		
	1			
				
			İ	_
	<u> </u>	1		_
Total number of other employees paid over \$50,000			▶	0

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▶

All other program-related investments. See instructions

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, see	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
а	Average monthly fair market value of securities	1a	370,124.
	Average of monthly cash balances	1b	370,124. 93,007.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	463,131.
е	Reduction claimed for blockage or other factors reported on lines 1a and		<u> </u>
		0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	463,131.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	6,947. 456,184.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	456,184.
6	Minimum investment return. Enter 5% of line 5	6	22,809.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part.)	ns and certain	-
1	Minimum investment return from Part X, line 6	1	22,809.
2a	Tax on investment income for 2014 from Part VI, line 5 2a 2 1,99	1.	
b	income tax for 2014 (This does not include the tax from Part VI)		
C	Add lines 2a and 2b	_2c	1,991.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	1,991. 20,818.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	20,818.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	20,818.
	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		60.000
a		_1a	60,000.
þ		1b	0.
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		
a	,	3a	
b	and the second of the second o	3b	60.000
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	60,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	^
e	Income Enter 1% of Part I, line 27b	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	60,000.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundat 4940(e) reduction of tax in those years	ion qualifies for the	e section

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, line 7				20,818.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years				
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	0.		
3 Excess distributions carryover, if any, to 2014				
a From 2009				
b From 2010 57,664. c From 2011 42,989.				
d From 2012				
e From 2013 21,975.	122 620			
f Total of lines 3a through e	122,628.			······
4 Qualifying distributions for 2014 from				
Part XII, line $4 \triangleright \$ 60,000$.		•		
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_			
(Election required - see instructions)	0.	· · · · · · · · · · · · · · · · · · ·		00 010
d Applied to 2014 distributable amount	20 102			20,818.
B Remaining amount distributed out of corpus	39,182.	<u></u>		
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	161,810.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which				
the section 4942(a) tax has been previously				
assessed		0.		
d Subtract line 6c from line 6b Taxable				
amount - see instructions		0.		
e Undistributed income for 2013 Subtract line				
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2014 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	0.	······································		···, ·· <u>/}</u>
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	161,810.			1,101 111111111111111111111111111111111
10 Analysis of line 9				
a Excess from 2010 57,664.	1			
b Excess from 2011 42,989.	1			
c Excess from 2012		· · ·	· · · · · · · · · · · · · · · · · · ·	
d Excess from 2013 21,975.				
e Excess from 2014 39, 182.				- 000 DT :-
11-24-14				Form 990-PF (2014)

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors

c Any submission deadlines

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 Recipient Purpose of grant or contribution Foundation any foundation manager or substantial contributor **Amount** status of Name and address (home or business) recipient a Paid during the year JOHN HOPKINS HEART & VASCULAR N/A 501(C)3 SUPPORT INSTITUTE - DR. NANCY V, STRAHAN 10755 FALLS ROAD, PAVILION I SUITE 340 LUTHERVILLE, MD 21093 50,000. GOVERNOR ACADEMY 501(C)3 SUPPORT N/A 1 ELM ST. 5,000. BYFIELD, MA 01922 501(C)3 SUPPORT WILMINGTON FRIENDS SCHOOL N/A 101 SCHOOL ROAD 5,000. WILMINGTON, DE 19803 **▶** 3a Total 60,000. b Approved for future payment NONE Total **▶** 3b

nter gross amounts unless otherwise indicated	Unrelated t	usiness income		section 512, 513, or 514	(e)
Program service revenue	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b					
c					
d					
е					
1					
g Fees and contracts from government agencies			1		
Membership dues and assessments					
Interest on savings and temporary cash					• •
investments			14	9.	
Dividends and interest from securities		• •	14	3,902.	
Net rental income or (loss) from real estate		7 77777 1 111 1			
a Debt-financed property			- - - 		······································
b Not debt-financed property					
Net rental income or (loss) from personal	\ 				
property					
Other investment income					
Gain or (loss) from sales of assets other					
than inventory	•		18	95,900.	
Net income or (loss) from special events		 	1 - 1	3373331	
Gross profit or (loss) from sales of inventory					
Other revenue					
				Ì	
a b					
d					
Ω	· · · · · · · · · · · · · · · · · · ·	(o.	99,811.	······································
Subtotal Add columns (b) (d) and (e)	1 1		1	13	99,81
Subtotal Add columns (b), (d), and (e)					
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e)	tions)			<u></u>	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula		nplishment of	Exempt Pu		
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for wi	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculated and the substitution of the substitution o	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for wi	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculated and the second seco	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with the foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculated a color of the line No. Explain below how each activity for with the foundation's exempt purposes (of the line No.)	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculated a color of the line No. Explain below how each activity for with the foundation's exempt purposes (of the line No.)	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with the foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with the foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with the foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with the foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with the foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculated a color of the line No. Explain below how each activity for with the foundation's exempt purposes (of the line No.)	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	
Subtotal Add columns (b), (d), and (e) Total Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calcula Part XVI-B Relationship of Activ ine No. Explain below how each activity for with the foundation's exempt purposes (of	vities to the Accon	olumn (e) of Part X\	/I-A contributed	urposes	-

	F-PF (2014		CN LAMITI				31-13		Page 13
Part)		Information Re Exempt Organi		sfers To a	nd Transactions a	and Relations	hips With Nonch	naritable	
1 Did	the organi	zation directly or indir	ectly engage in any (of the following	g with any other organization	on described in sect	ion 501(c) of	Yes	s No
		er than section 501(c) In the reporting founda			7, relating to political organ	izations?			
	Cash	,			,			1a(1)	Х
	Other ass	ets						1a(2)	X
٠,	er transact							12(2/	1
		ssets to a noncharitat	nie evemnt orozoizat	ion				1b(1)	x
		s of assets from a nor	• •					1b(2)	X
				ryamzation				· · · ·	X
		facilities, equipment, o	or other assets					1b(3)	$\frac{X}{X}$
		ement arrangements						1b(4)	X
		loan guarantees						1b(5)	
		nce of services or mei		-				1b(6)	$\frac{X}{X}$
	-	ilities, equipment, mai						10	<u> </u>
					dule Column (b) should alv				
					ed less than fair market valu	ie in any transaction	i or sharing arrangemen	t, show in	
		value of the goods, o				1			
(a) Line no	o (b)	Amount involved	(c) Name of		exempt organization	(d) Description	of transfers, transactions, a	nd shanng arranger	nents
				N/A					
					·				
							•		
					<u>-</u>				
							-		
									
	+								
20 10 11	ho foundat	uan diracthi ar indiract	ly offiliated with or	rolated to one	or more tax-exempt organi	unations described			
		•	•		• •	izations described			X No
		(c) of the Code (other		(3)) or iii sect	1011 527 7			Yes	2 NO
0 11 1	res, comp	lete the following sche (a) Name of org			(b) Type of organization	· · · · ·	(c) Description of relation	nehin	
		N/A	amzation		(b) Type of organization	-	(c) Description of relation		
		N/A							
					=	 			
		-A	' 					•	
	Ti.: .		2 /						
O:	and belief,				g accompanying schedules and n taxpayer) is based,on all inform		- 1	May the IRS discus	s this
Sign					1/2/12/11	^		s <u>hown</u> below (see ii	1str)?
Here		11/1/	/		1/2/1/16	TRUSTI	SE	X Yes	No
		re of officer or trustee			Date V	Title	<u> </u>		
	Pr	int/Type preparer's na	ime	Rreparer's si	ignature ///	Date	Check I If PTI	N	
				lana.	. M///0/1	12/2/15	self- employed		
Paid		JACQUELINE		LUCCULU CONTRACTOR OF THE CONT		1410117		0125668	<u>) </u>
Prepa	1	m's name > AND	ERSEN TAX	LLC()		• •	Firm's EIN ► 33-	1197384	_
Use C				, ,			_		
	Fii				AVENUE, SUIT	E 408			
		OL	D GREENWI	CH, CT	06870		Phone no 203-	987-366	<u> </u>

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

2014

Name of the organization

Employer identification number

N	IELSEN FAMILY FOUNDATION	31-1567600
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
Note. Only a section 501(is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special R	tule. See instructions.
General Rule		
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1	ion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support I) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a stor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amounts in the property of the second	a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or edu for cruelty to children or animals. Complete Parts I, II, and III	
year, contributio is checked, ente purpose. Do not	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled in here the total contributions that were received during the year for an exclusively religious complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions totaling \$5,000 or more during the year	more than \$1,000 If this box us, charitable, etc.,
but it must answer "No"	that is not covered by the General Rule and/or the Special Rules does not file Schedule on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its set the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Name of organization

Employer identification number

NIELSEN FAMILY FOUNDATION

31-1567600

al space is needed.
al spa

_			
(a) No.	(b) Name, address, and ZIP + 4		
1	P.O. BOX 1111 BOCA GRANDE, FL 33921	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	P.O. BOX 1111 BOCA GRANDE, FL 33921	\$1,497.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
423452 11-0	05-14	Schedule B (Form	990, 990-EZ, or 990-PF) (201

Employer identification number

NIELSEN FAMILY FOUNDATION

31-1567600

Part II	Noncash Property	(see instructions). Use duplicate copies of Part II if additional space is needed.
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(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 3	POWER INTEGRATIONS 3,000 SHARES COMMON STOCK	\$\$ <u>153,810.</u>	12/12/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
 		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
- - -		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		* \$	190, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number NIELSEN FAMILY FOUNDATION 31-1567600 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry For organizations Part III completing Part III, enter the total of exclusively religious, chantable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (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 (a) No. from Part I (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 (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

FORM 990-PF INTERE	ST ON SAVIN	NGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT 1
SOURCE	REVE	(A) REVENUE NET IN PER BOOKS IN		(C) ADJUSTED NET INCOME	
BESSEMER ACCT #9D44	.57		9.		
TOTAL TO PART I, LINE 3			9.		
FORM 990-PF	DIVIDENDS	S AND INTER	EST FROM SECUI	RITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	REVENUE	(B) NET INVEST MENT INCOM	
BESSEMER ACCT #9D4457	17,426	. 13,52	4. 3,902	. 3,902	•
TO PART I, LINE 4	17,426	13,52	3,902	3,902	•
FORM 990-PF	0.	THER PROFES	SIONAL FEES	:	STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
BESSEMER TRUST #9D4	 1457	239.	239.	-	0.
TO FORM 990-PF, PG	1, LN 16C	239.	239.		0.
FORM 990-PF		TAX	ES		STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
PRIOR YEAR BALANCE	DUE	1,497.	0.		0.
TO FORM 990-PF, PG	1, LN 18	1,497.	0.		0.
					

FORM 990-PF OTHER DECREASES IN NET ASSETS OF	R FUND BALANCES	STATEMENT	5
DESCRIPTION		AMOUNT	
BOOK TO TAX ADJUSTMENT FOR SECURITIES DONATED	87,320.		
TOTAL TO FORM 990-PF, PART III, LINE 5	87,320	0.	
FORM 990-PF CORPORATE STOCE	K	STATEMENT	6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
OW LARGE CAP CORE FD OW LARGE CAP STRATEGIES FD OW SMALL & MID CAP FUND OW STRATEGIC OPPTYS FUND OW REAL RETURN FUND	89,994. 188,479. 69,731. 80,047.	88,029 185,29 63,819 75,689	7. 9.
TOTAL TO FORM 990-PF, PART II, LINE 10B	428,251.	412,82	9.