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Form 990-PF

Return of Private Foundation

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

Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0052

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf. For calendar year 2014 or tax year beginning DEC 2014 and ending NOV 30, 2015 Name of foundation A Employer identification number 59-6930956 MARION G & BARBARA W NELSON FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 217-787-9703 18 ISLAND BAY LANE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here 62712 SPRINGFIELD G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization; E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust _____ Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J | Accounting method: X Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 14,059,630. (Part I, column (d) must be on cash basis.) ▶\$ Part I | Analysis of Revenue and Expenses (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income income 322,380 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 3 741,111 741,111 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 455,495 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7,699,864. 455,495 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Š Income modifications APR 2 1 2016 Gross sales less returns \mathbb{C}^{9} C×D b Less Cost of goods sold OGDEM c Gross profit or (loss) 11 Other income 518,986 196,606 12 Total. Add lines 1 through 11 86,558 29,430 0. Compensation of officers, directors, trustees, etc. Other employee salaries and wages 15 Pension plans, employee benefits 11,297 11,297 0. 16a Legal fees STMT 1 STMT 8,592 0. 2 4,296 b Accounting fees 3 STMT 128,058 128,058 0. c Other professional fees 17 Interest 76.462 76,462 STMT 4 0. 18 19 Depreciation and depletion 20 Occupancy 4,500 0 0. Travel, conferences, and meetings 22 Printing and publications 0. 864 0 STMT 5 Other expenses Total operating and administrative 0. 249,543 316,331 expenses. Add lines 13 through 23 3,407,500 3,407,500. 25 Contributions, gifts, grants paid Total expenses and disbursements. 3,723,831 249.543 3,407,500. Add lines 24 and 25 Subtract line 26 from line 12: <2,204,845. 8 Excess of revenue over expenses and disbursements

LHA For Paperwork Reduction Act Notice, see instructions

b Net investment income (if negative, enter -0-)

c Adjusted net income (if negative, enter -0-)

Form 990-PF (2014)

N/A

947,063

Form 990-PF (2014) MARION G & BARBARA W NELSON FOUNDATION 59-6930956 Page 2 Beginning of year End of year						
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	End of			
<u>'</u>	urt	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash - non-interest-bearing	116,298.	69,912.		
	2	Savings and temporary cash investments	4,749,114.	601,562.	601,562.	
	3	Accounts receivable ►				
		Less; allowance for doubtful accounts ▶				
	4	Pledges receivable ►				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable		<u>, </u>		
	'	Less: allowance for doubtful accounts				
G	R	Inventories for sale or use				
Assets	-	Prepaid expenses and deferred charges				
As		Investments - U.S. and state government obligations STMT 6	50,617.	0.	0.	
		<u> </u>	12,091,686.	8,504,454.	9,535,706.	
	l	· · · · · · · · · · · · · · · · · · ·	9,564,600.	3,975,942.	3,852,450.	
	l	,	3,304,000.	3,313,3420	3,032,430.	
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
		Investments - mortgage loans				
		Investments - other				
	14	Land, buildings, and equipment; basis				
		Less accumulated depreciation				
		Other assets (describe ►)				
	16	Total assets (to be completed by all filers - see the				
	L	ınstructions. Also, see page 1, item I)	26,572,315.	13,151,870.	<u>14,059,630.</u>	
	17	Accounts payable and accrued expenses				
	18	Grants payable				
es	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ap	21	Mortgages and other notes payable				
	22	Other liabilities (describe >)				
_	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
G		and complete lines 24 through 26 and lines 30 and 31.		40 454 050		
Š	24	Unrestricted	26,572,315.	13,151,870.		
ā	25	Temporarily restricted				
ĕ	26	Permanently restricted				
Ę		Foundations that do not follow SFAS 117, check here				
or Fund Balances	-	and complete lines 27 through 31.				
S	27	Capital stock, trust principal, or current funds				
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
As	29	Retained earnings, accumulated income, endowment, or other funds				
Net Assets	30	Total net assets or fund balances	26,572,315.	13,151,870.		
	1					
_	31_	Total liabilities and net assets/fund balances	26,572,315.	13,151,870.		
P	art	III Analysis of Changes in Net Assets or Fund B	alances			
_	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30			
1			30	1	26,572,315.	
		st agree with end-of-year figure reported on prior year's return)	2	<2,204,845.>		
2		r amount from Part I, line 27a r increases not included in line 2 (itemize)	3	<u> </u>		
3		lines 1, 2, and 3		4	24,367,470.	
		reases not included in line 2 (itemize) TRANSFERS TO N	RI.SON FAMIT.V F		11,215,600.	
		I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co		6	13,151,870.	
<u>6</u>	1010	in not apporte or runo paraneous at one or your time 4 minus line of 11 art 11, or	YDD into OO		Form 990-PF (2014)	

Form 990-PF (2014) MAR	ION G & BARBARA	W NELS	ON FOUND	AT]	ON		5	<u>9-693</u>	0956	Page 3
	and Losses for Tax on Ir		Income	/6\ H	low acc	nured .				
(a) List and descr 2-story brick wai	ibe the kind(s) of property sold (e.g rehouse; or common stock, 200 sh	s. MLC Co.)		P-	Purch Donat	ase '	(mo., d	acquired ay, yr.)	(d) Date (mo., da	
1a										
b SEE ATTACHED	STATEMENTS									
<u> </u>										
<u>d</u>										
<u>e</u>	//> Dan-contract allowed	/-> Co-	t av athau basia	l			(b) C	oup or (long)		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				(e) plus	ain or (loss) s (f) minus (g)	
a										
b					,					
С										.
d		ļ <u> </u>								
e 7,699,864.			<u>7,244,36</u>	9.						<u>,495.</u>
Complete only for assets showin	g gain in column (h) and owned by	·				(1) (iains (C	ol. (h) gain	minus	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), if any			cor. (OSSES	ot less thar (from col. (i	h))	
a										
b										
c										
d										
е									455	<u>,495.</u>
	∫ If gain, also ente	r ın Part I, line	7	1						
2 Capital gain net income or (net cap	pital loss) { If (loss), enter -0	- in Part I, line	7	᠈ᡰ	2				455	<u>,495.</u>
3 Net short-term capital gain or (los		nd (6):		٦١						
If gain, also enter in Part I, line 8,	column (c).			 	,			N/A		
If (loss), enter -0- in Part I, line 8 Part V Qualification U	nder Section 4940(e) for	Reduced	Tax on Net	Inve	estm	ent Inco	me	N/A		
(For optional use by domestic private										
(For optional use by domestic private	Touridations subject to the section	4340(a) tax on	net investment in	come.	.,					
If section 4940(d)(2) applies, leave th	us part blank.									
Was the foundation liable for the sect	ion 4042 tay on the distributable an	nount of any ve	ar in the hace ner	und2					Yes	X No
If "Yes," the foundation does not qual			•	iou.						22 110
1 Enter the appropriate amount in a	each column for each year; see the i	nstructions bei	fore making any e	ntries.					·	
	(b)			(c)					(d) .	
(a) Base period years Calendar year (or tax year beginnir	Administration of Contraction	stributions	Net value of no		ıtable-u	ise assets		Distrib (col. (b) div	ùtión ratio ided by col.	(c))
2013	19 111/	2,000.		26	326	5,634.		((-)		23626
2012	50	6,780.				$\frac{3}{4},725.$				70419
2011		0,784.				9,931.				37343
2010		5,778.				1,471.				51934
2009		5,796.				6,815.				49951
2003					<u>,,,,,</u>	07010.				
2 Total of line 1, column (d)							2		. 2	33273
3 Average distribution ratio for the 5	5-year hase period - divide the total	on line 2 by 5.	or hy the number	of vea	ars			_		<u></u>
the foundation has been in exister		011 till 2 by 0,	or by the hamber	0. ,00			3		- 0	46655
the roundation has been in exister	100 II 1000 Mari O youro								······································	
4 Enter the net value of noncharitab	le-use assets for 2014 from Part X,	line 5					4	2	0,114	,927.
									000	460
5 Multiply line 4 by line 3							5		938	<u>,462.</u>
6 Enter 1% of net investment incom	ne (1% of Part I. line 27b)						6		9	<u>.471.</u>
										
7 Add lines 5 and 6							_7		947	<u>,933.</u>
8 Enter qualifying distributions from	n Part XII. line 4						8		3,407	,500.
	line 7, check the box in Part VI, line	e 1b. and com	lete that nart usin	o a 19	% tax r	ate.				
See the Part VI instructions.	r , whose the GOA III I the YI, IIII	, and odille								
423521 11-24-14								F	orm 990-	PF (2014)

Part VII Excise Tax Based on Investment Income (Section 4940(6), 4940(6), or 4940 in a 1. Dits of riving or determination inter: (attach copy of latter if necessary-see instructions) Domestic foundations that meet the section 4940(6) requirements in Part V, check here □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□		m 990-PF (2014) MARION G & BARBARA W NELSON FOUNDATION	N 0× 40	<u> 59-</u>	6930	956	otio	Page 4
Dates to furning or determination letter: of Part I, line 270 of Part I and Part I line 7 is more than 1 the outcome of the form 8888) of Backup withholding erroneously withheld of Departments of Part I and Part I and Part I and Part I line 7 is more than 1 the total crites and and sentent the annount overpaid of Departments			e), or 4:	940	- see in	Stru	Ctioi	ns)
b Domestic foundations that meet the section 4947(e) requirements in Part V, check here ► IX and enter 1% of Part I, line 12 7b. Fact I and 27b. All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (9). All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (9). Add lines 1 and 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) Add lines 1 and 2 Subtlie A (income) bax (domestic section 4947(a)(1) trusts and baxable foundations only. Others enter -0-) Tax based on investment income. Subtract line 4 from line 3.1 trace or less, enter -0- Coreditor-Paymentis. 2 2 0. 3 3 9, 471. 4 0. 5 Tax based on investment income. Subtract line 4 from line 3.1 trace or less, enter -0- Exempt foreign organizations - tax withheld at source 1 Tax paid with application for extension of line to life (Form 8868) Beakup withholding erroneously withheld Total cridds and grayments. Add lines 5a hid 5s in more than files 7; enter amount of line 10 to life incompanyment of stimated tax. Check here [X] if form 2220 is attached Better any penalty for underpayment of stimated tax. Check here [X] if form 2220 is attached Coverayment liter 3 is more than the total of line 5s and 36, sine the amount overpaid Enter the amount of line 10 to the Credited to 2015 estimated tax b Down you have a company of the company of	18	1 1 7						
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and Allother domestic foundations enter 2% of time 27b. Exempt foreign organizations enter 4% of Part I, line 12, oct. (b). 2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-) 3 Add lines 1 and 2 4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, Others enter -0-) 5 Tax based on investment income. Subtract line 4 from line 3. It zero riess, enter -0- 6 Credits/Payments: 5 29, 471. 6 Credits/Payments: 2 2014 estimated tax payments and 2013 overpayment credited to 2014 8 Exempt foreign organizations - tax withheld at source 6 Tax paid with application for extension of time to file (Form 8868) 8 Exit and year paid for underpayment of estimated tax. Check here 【X] (if Form 2220 is attached) 9 Tax due. If the total of lines 5 and 6 is more than line 7, enter amount overed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount overed 9 Tax due. If the total of lines 5 and 5 is more than line 7, enter amount overed 9 Tax due. If the total of lines 5 and 5 is more than line 10 is the Credited to 2015 estimated tax. Payment overed 9 Tax due. If the total of lines 5 and 5 is more than line 7, enter amount overpaid 10 Coverpayment line 7 is more than 10 to the Credited to 2015 estimated tax. Payment overpaid 10 Coverpayment overpaid 10 Coverpayment overpaid 10 Coverpayment overpaid 10 Coverpayment	D		ľ	!_			J,4	<u>/ + •</u>
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5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter-0- 6 CreditsPayments. 2 Old estimated tax payments and 2013 overpayment credited to 2014 6 Exempl foreign organizations - tax withheld at source 6 Tax paid with application for extension of lime to 164 (Form 8669) 6 Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6 at through 6d 8 Enter any penalty for underpayment of estimated tax. Check here [X] if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount over paid 10 Verpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 10,000 . Retunded ▶ 10 55,729. 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 10,000 . Retunded ▶ 11 55,729. 12 During the tax year, did the foundation attempt to milliance any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Did is begind more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 Line the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 16 Did to the good fundation fer form 112-PO. (In of this year) 17 See Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0. 18 Enter the individual on managers in the foundation man			ŀ				<i>J</i> ,	
6 Credits/Payments: a 2014 estimated tax payments and 2013 overpayment credited to 2014 6 Exempt foreign organizations - tax withheld at source 7 Tax day with application for extension of time to file (Form 8668) 6 C 6 C 6 C 6 C 6 C 6 C 6 C 6			ŀ				9 4	
a 2014 estimated tax payments and 2013 overpayment credited to 2014 b Exempt foreign organizations - tax withheld at source lax paid with application for extension of time to file (Form 8868) d Backup withholding erroneously withheld 7 Total credits and eyaments. Add times 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line? Is more than the total of lines 5 and 8, enter the amount overpaid 11 Form 2220 is attached 12 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ower paid 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 13 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 14 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 15 Durit is gend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)? 16 If the answer is *Yes* to 1a or 1b, attach a detailed description of the activities. 19 Did the foundation life Form 1120-PCL for this year? 10 On the foundation in Form 1120-PCL for this year? 10 On the foundation in Form 1120-PCL for this year? 11 Enter the amount (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$			ŀ				<i>-</i>	/ - •
b Exempl foreign organizations - tax withhelid at source c Tax paid with application for extension of time to file (Form 8866) d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 8a through 6d 8 Entier any penalty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 8 Entier any penalty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line? I's more than the total of lines 5 and 8, enter the amount overpaid 10 Overpayment If line? I's more than the total of lines 5 and 8, enter the amount overpaid 11 Total Finer the amount of line 10 to be. Credited to 2015 settimated tax. 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interviene in any political campaign? 12 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interviene in any political pumposes (see instructions for the definition)? 13 If the answer is "Yes" to fac or 10, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. 14 Unit to the foundation in connection with the activities. 15 Unit the foundation in any activities that are activities. 16 Unit the foundation in any activities that have not previously been reported to the IRS? 16 Unit the foundation made any changes, not previously reported to the IRS? 17 Yes, "attach the statement required by General Instruction T. 18 As the foundation made any changes, not previously reported to the IRS, in its governing instrument, or the statement required by General Instruction T. 19 By language in the governing instrument? 10 Yes, "attach the statement required by General Instruction T. 20 As the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: 2			200					
c Tax paid with application for extension of time to file (Form 8868) 6 6 6 8 8 4 8 8 4 8 8 4 8 8 4 8 8 4 8 8 4 8 8 4 8 8 4 8								
d Backup withholding erroneously withheld 7 Total credits and payments. Add lines 6a through 6d 8 Enter any penalty for underpayment of estimated tax. Check here ☑ if Form 2220 is attached 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 11 Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 10,000 . Refunded ▶ 11 55,729. Part VII-A Statements Regarding Activities 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 1 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 2 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 2 During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? 3 During the tax year, did the foundation and the foundation of the form 1120-POL for this year? 4 Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 4 The amount (if any) of tax on political expenditures (section 4955) imposed during the year: 4 The amount (if any) of tax on political expenditures (section 4955) imposed during the year: 4 The amount (if any) of tax on political expenditures (section 4955) imposed during the year: 4 The foundation have any changes, not previously reported to the IRS? 5 The foundation have any changes, not previously reported to the IRS? 6 Enter the reminusement (if any) pad by the foundation during the year? 7 The foundation have any changes, not previously reported to the IRS? 8 A guestion that eff								
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b If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T. 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 that conflict with the state law remain in the governing instrument? In the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV Base Enter the states to which the foundation reports or with which it is registered (see instructions) IL If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	42							X
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10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses 10 X	9		o) for caler	ndar				•
	40						-	<u> </u>
	10_	Did any persons decome substantial continuities during tile lax year of "Yes," attach a schedule listing their names and addres	ses		Form			2014)

	1990-PF (2014) MARION G & BARBARA W NELSON FOUNDATION 59-693 art VII-A Statements Regarding Activities (continued)	0956		Page 5
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A	0.4	E 0 2	
14	The books are in care of ► MARION G NELSON, JR Telephone no. ► 217-4		293	
	Located at ► 18 ISLAND BAY, SPRINGFIELD, IL ZIP+4 ►6	2/12	_	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	M	/ >	ــــا
	and enter the amount of tax-exempt interest received or accrued during the year		/A Yes	No
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	16	163	X
	securities, or other financial account in a foreign country?	10 1		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
D:	foreign country art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1		
-		1	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		100	-110
18	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? [Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1		
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	of any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		_X_
	Organizations relying on a current notice regarding disaster assistance check here			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	1c		_X_
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
á	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 \triangleright ,	1		
t	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.) N/A	2b		
	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
3	[· 1L.] ••	1		
	during the year? Yes X No			
ı	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,	A.		
	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A	3b		v
	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	_	X
ļ	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4.		x
	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	\ DE	

	BARBARA W NEL			<u>59-69309!</u>	56 Page <u>6</u>
Part VII-B Statements Regarding		Form 4/20 May Be i	Required (contin	ued)	
5a During the year did the foundation pay or incu	=	- 4045(-))0		s X No	1
(1) Carry on propaganda, or otherwise attem				S A NO	
(2) Influence the outcome of any specific put any voter registration drive?	The election (see section 4955), (or to carry on, directly of inoin		s X No	
	ctudy or other cimilar nurnoces	. 2		s X No	
(3) Provide a grant to an individual for travel,(4) Provide a grant to an organization other t			TG	3 LAL 110	
4945(d)(4)(A)? (see instructions)	nan a chantable, etc., organizatio	iii described iii section		s X No	
(5) Provide for any purpose other than religion	nue charitable ecientific literary	or educational nurnoses or t			
the prevention of cruelty to children or an		, or concational purposes, or i		s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of		der the excentions described i			
section 53.4945 or in a current notice regardi			in riogulations	Ņ/A 5	ь
Organizations relying on a current notice regards					
c If the answer is "Yes" to question 5a(4), does			ined		
expenditure responsibility for the grant?	no roundation dann oxomption i		I/A □ ¥€	s No	
If "Yes," attach the statement required b	v Regulations section 53 494		.,		
6a Did the foundation, during the year, receive ar	· -	7 -			
a personal benefit contract?	, y ramaa, amaany ar mamaany, ta	pay promisers	∏ Y€	s X No	
b Did the foundation, during the year, pay prem	iums, directly or indirectly, on a r	personal benefit contract?			b X
If "Yes" to 6b, file Form 8870.	,,,,,,,				
7a At any time during the tax year, was the found	lation a party to a prohibited tax :	shelter transaction?	Y ₆	S X No	
b if "Yes," did the foundation receive any procee				N/A 7	b
Part VIII Information About Off	icers, Directors, Trust		nagers, Highly	/	
Paid Employees, and					
List all officers, directors, trustees, four	idation managers and their		T4 > 0	7,450	
(a) Name and addre	00	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
		to position	enter -0-)	compensation	allowances
MARION G NELSON, JR		TRUSTEE			
L8 ISLAND BAY LANE					
SPRINGFIELD, IL 62712		20.00	86,558.	0.	<u> </u>
		4			
		ļ <u></u> -	 		
	_ · . · · - · · · · · · · · · · · · · · ·	-		Ì	
·		-			
			-		
		-			
		-			
2 Compensation of five highest-paid emp	lovees (other than those inc	cluded on line 1). If none.	enter "NONE."	<u> </u>	
		(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address of each employee [aid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE		data da podicion	<u> </u>		
NONE		1			
					····
		1			
	<u></u>				
		1			
					
		<u> </u>			
			<u> </u>		
Total number of other employees paid over \$50,0	00				0
<u> </u>				Form 9	990-PF (2014)

Form 990-PF (2014) MARION G & BARBARA W NELSON FOUNDATION 5	9-6930	956 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. 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		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
1 N/A		
2		
3		
4		
Part IX-B Summary of Program-Related Investments Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
<u> </u>		
Total, Add lines 1 through 3	>	0.
	For	m 990-PF (2014)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

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3,407,500.

,398,029.

3a

3ь

4

5

6

a Suitability test (prior IRS approval required)

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

b Cash distribution test (attach the required schedule)

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,				
lìne 7				996,275.
2 Undistributed income, if any, as of the end of 2014				-
a Enter amount for 2013 only			333,651.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009				
b From 2010				
c From 2011				
d From 2012				
e From 2013				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: ► \$ 3,407,500.				
a Applied to 2013, but not more than line 2a			333,651.	
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.			
d Applied to 2014 distributable amount				996,275.
e Remaining amount distributed out of corpus	2,077,574.			
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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	2,077,574.			
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.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	2,077,574.			
10 Analysis of line 9:				
a Excess from 2010	į			
b Excess from 2011				
c Excess from 2012				
d Excess from 2013				
e Excess from 2014 2,077,574.				
423581 11-24-14				Form 990-PF (2014)

	G & BARBARA			59-69	30956 Page 10	
Part XIV Private Operating F			I-A, question 9)	N/A		
1 a If the foundation has received a ruling o						
foundation, and the ruling is effective fo		-	>	T		
b Check box to indicate whether the found		ng foundation described		4942(j)(3) or 49	(42(j)(5)	
2 a Enter the lesser of the adjusted net	Tax year	(1) 0010	Prior 3 years	(4) 2011	(a) Tatal	
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total	
investment return from Part X for						
each year listed						
b 85% of line 2a					<u> </u>	
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			ļ			
e Qualifying distributions made directly						
for active conduct of exempt activities.						
Subtract line 2d from line 2c						
3 Complete 3a, b, or c for the alternative test relied upon:						
a "Assets" alternative test - enter:						
(1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter						
2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross						
investment income (interest,						
dividends, rents, payments on						
securities loans (section						
512(a)(5)), or royalties) (2) Support from general public			 			
and 5 or more exempt		<u> </u>				
organizations as provided in						
section 4942(j)(3)(B)(iii)		 		- 		
(3) Largest amount of support from						
an exempt organization			 			
(4) Gross investment income Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	n had \$5,000 or me	ore in assets	
at any time during t	the vear-see inst	ructions.)				
1 Information Regarding Foundation						
a List any managers of the foundation wh		than 2% of the total con	tributions received by th	e foundation before the clo	se of any tax	
year (but only if they have contributed r	nore than \$5,000). (See s	section 507(d)(2).)	and and received by the		,	
NONE	100/					
b List any managers of the foundation who other entity) of which the foundation has			(or an equally large por	lion of the ownership of a p	artnersnip or	
NONE					-	
2 Information Regarding Contribut						
Check here \(\bigcup \text{if the foundation of the foundation makes gifts, grants, etc.} \)						
a The name, address, and telephone num	ber or e-mail address of	the person to whom app	lications should be addr	essed:		
MARION G NELSON, JR.						
18 ISLAND BAY LANE,						
b The form in which applications should	be submitted and informa	ition and materials they s		TIIS		
LETTER INDICATING NEEDS, PLANNED USES AND EXEMPT STATUS c Any submission deadlines:						
NONE	la anala an kuman an and	alassa shasarkis fillis	lundo of materials	ather factors:		
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors: CHARITABLE ORGANIZATION EXEMPT UNDER IRC SECTION 501(C)(3)						
CHARTIADLE ORGANIZAT	.TON EVENE!	OHDER INC I	,	(0)(0)		

Part XVI-A Analysis of Income-Producing Activity
--

Enter annual realization of horizon and rested	Unrelated	business income	Exclude	ed by section 512, 513, or 514	(e)
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	code	Amount	sion	Amount	function income
a					
b					·
c					
d			1		
e			1-		
<u> </u>					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	741,111.	
5 Net rental income or (loss) from real estate:			 		
a Debt-financed property			1		
b Not debt-financed property			1		
6 Net rental income or (loss) from personal			+		
]			İ	
property 7 Other investment income			+		· · · · · · · · · · · · · · · · · · ·
			+ +	····	
8 Gain or (loss) from sales of assets other			14	455,495.	
than inventory			1 4	455,455.	
9 Net income or (loss) from special events			+ +		
10 Gross profit or (loss) from sales of inventory		·· •	+-+		
11 Other revenue:	}			j	
a	_	 	+		
b	_				
C			-		
d	_		+ +		
e	_		+	1 100 000	
12 Subtotal. Add columns (b), (d), and (e)		0	•	1,196,606.	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.				13	1,196,606
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the			A contribu	ited importantly to the accom	plishment of
423821 11-24-14					Form 990-PF (201

Form **990-PF** (2014)

P00023889

PTIN

Firm's EIN ► 37-1374435

Phone no. (217)787-9700

Check _____ self- employed

Paid

Preparer

Use Only

SUITE F

Preparer's signature

WRIGHT

Firm's address ▶ 3001 SPRING MILL DR.

SPRINGFIELD.

Title

04/15/16

Date

Signature of office

Print/Type preparer's name

DONALD J. WRIGH

Firm's name ► HURST,

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

Name of the organization

Employer identification number

M	ARION G & BARBARA W NELSON FOUNDATION	59-6930956				
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					
• -	is covered by the General Rule or a Special Rule . (7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule. See instructions				
_	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totally one contributor. Complete Parts I and II. See instructions for determining a contribu					
Special Rules						
sections 509(a)(1) any one contribut	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supply and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the arr Z, line 1. Complete Parts I and II	6a, or 16b, and that received from				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year.						
but it must answer "No" of certify that it does not med	that is not covered by the General Rule and/or the Special Rules does not file Schedun Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). Scheduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.	s Form 990-PF, Part I, line 2, to				

Employer identification number

MARION G & BARBARA W NELSON FOUNDATION

<u>59-6930956</u>

Part I	Contributors (see instructions). Use duplicate copies of Part I	ıf addıtıonal space ıs needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ESTATE OF M G NELSON SR 18 ISLAND BAY LANE SPRINGFIELD, IL 62712	\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Name, address, and zir + +	\$	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 Occash (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 Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Ochronicash (Complete Part II for noncash contributions)
423452 11.0	6.14	Schedule B (Form	990, 990-EZ, or 990-PF) (2014

Employer identification number

MARION G & BARBARA W NELSON FOUNDATION

59-6930956

art II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
(a) No. from	(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. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Employer identification number

Exclusively religious, charitable, etc., cont	ributions to organizations described i	INO line entry. Ear organizations
completing Part III, enter the total of exclusively religiou	s, charitable, etc., contributions of \$1,000 or	less for the year (Enterthis info once)
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of gift	
Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	(e) Transfer of cift	
Transferee's name, address, a		Relationship of transferor to transferee
(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Transferee's name, address, a		Relationship of transferor to transferee
	Exclusively religious, charitable, etc., contite year from any one contributor. Complete completing Part III, enter the total of exclusively religious. Use duplicate copies of Part III if addition (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift (b) Purpose of gift Transferee's name, address, a (b) Purpose of gift Transferee's name, address, a	(e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (e) Transfer of gift Transferee's name, address, and ZIP + 4 (b) Purpose of gift (c) Use of gift (c) Use of gift Transferee's name, address, and ZIP + 4

MARION G & BARBARA W NELSON FOUNDATION

Part IV Capital Gains and Lo	osses for Tax on Investment Income			
	d describe the kind(s) of property sol prick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a SUNTRUST BANKS	INC		P	12/10/14
b AEROSPACE INC			P	12/16/14
c PRUDENTIAL MTN		· · · · · · · · · · · · · · · · · · ·	P	12/23/14
	TERNATIONAL PLC		P	01/22/15
	TERNATIONAL PLC		P	01/27/15
f GOLDMAN SACHS			P	01/27/15
	TERNATIONAL PLC		P	01/28/15
	TERNATIONAL PLC		P	01/30/15
i GOLDMAN SACHS			P	02/03/15
J GOLDMAN SACHS			P	02/09/15
k GOLDMAN SACHS			P	02/12/15
ALLY FINANCIAL			P	02/12/15
m PROSHARES ULTR			P	06/04/15
n PRINCIPAL FNL		·	P	06/30/15 07/21/15
o DIREXION DAILY		(-) Cook or other house	 	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)
a 413,092.		169,500.		243,592.
b 1,053,350.		1,070,247.		<16,8 <u>97.</u> >
c 1,000,000.		1,000,000.		0.
d 224,575.		330,102.		<105,527.>
e 63,563.		95,530. 7,681.		<31,967.> <468.>
$\frac{1}{2}$ 7,213.		78,116.		<23,914.>
$\frac{g}{h}$ $\frac{54,202}{178,409}$.		254,658.		<76,249.>
37,855.		40,462.		<2,607.>
497,513.		522,316.		<24,803.>
k 137,818.		141,991.		<4,173.>
103,000.		103,644.		<644.>
m 152,320.		175,381.	-	<23,061.>
n 150,000.		144,825.		5,175.
0 115,778.		165,116.		<49,338.>
	ing gain in column (h) and owned by		(I) Los	ses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of	of col. (h) gain over col. (k), ot less than "-0-")
a				243,592.
b				<16,897.>
C				0.
d				<u><105,527.</u> >
е				<31,967.>
<u>f</u>				<u> </u>
9				<u><23,914.</u> >
<u>h</u>				<u><76,249.</u> >
<u> </u>			······································	<u><2,607.</u> >
<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>
<u>k</u>				<u> </u>
<u>I</u>				<u> </u>
<u>m</u>				<23,061.>
<u>n</u>				5,175.
0	<u> </u>			<49,338.>
2 Capital gain net income or (net c	capital loss) { If gain, also enter	r in Part I, line 7)-" in Part I, line 7	2	
3 Net short-term capital gain or (lo If gain, also enter in Part I, line 8 If (loss), enter "-0-" in Part I, line	oss) as defined in sections 1222(5) ar 8, column (c). . 8	nd (6):	3	
in (1000), citter to the art i, line	·		<u> </u>	

Part IV Capital Gains and Los	ses for Tax on Investment Income				
(a) List and	describe the kind(s) of property solo ck warehouse; or common stock, 20		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a DIREXION DAILY	FINL BEAR		P		07/23/15
b AGILENT TECHNOI	LOGIES		P		07/29/15
c ASHLAND INC			P		07/29/15
d GENERAL MOTORS	CO		P		07/29/15
e GOLDMAN SACHS I			P		07/29/15
f SUNTRUST BANKS		·	P		07/29/15
g CHESAPEAKE ENRO			P		08/10/15
h CHESAPEAKE ENRO			P		08/11/15
CHESAPEAKE ENRO			P		08/11/15
SUNTRUST BANKS			P		08/17/15
k WESTERN UNION (P		08/21/15
FHLMC 1.75%			P		09/10/15
m DB CONT CAPITAL	L TRUST		P		11/10/15
n WACHOVIA CAP			P		11/16/15
o DELTA AIR LINES	SINC		P		11/17/15
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a 115,200.	-	165,116.			<49,916.>
b 144,325.		135,852.	······································		8,473.
c 324,691.		159,302.	· · · · · · · · · · · · · · · · · · ·		165,389.
d 294,902.		346,826.			<51,924.>
e 89,666.		123,116.			<33,450.>
f 443,842.		169,500.			274,342.
g 40,125.		50,125.	.		<10,000.>
h 175,613.		225,559.			<49,946.>
$\frac{173,013.}{1}$		225,559.			<51,184.>
106,798.		42,375.		• • • • • •	64,423.
k 250,000.		251,238.		.,	<1,238.>
$\frac{1}{1}$ 50,000.	· · · · · · · · · · · · · · · · · · ·	50,617.			<617.>
m 265,806.	· · · · · · · · · · · · · · · · · · ·	269,770.			<3,964.>
n 97,545.		90,500.			7,045.
$\frac{1}{0}$ $\frac{57,345}{751,215}$.		517,159.			234,056.
	g gain in column (h) and owned by t		/I) I ns	ses (from col. (h))	234/0501
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of	of col. (h) gain over ot less than "-0-")	col. (k),
a					<49,916.>
b					8,473.
С					165,389.
d					<51,924.>
e					<33,450.>
f					274,342.
g					<10,000.>
h					<49,946.>
<u> </u>					<51,184.>
]					64,423.
k				-	<1,238.>
1					<617.>
m					<3,964.>
n					7,045.
0					234,056.
2 Capital gain net income or (net ca	pital loss) { If gain, also enter	in Part I, line 7	2		
3 Net short-term capital gain or (los If gain, also enter in Part I, line 8,	s) as defined in sections 1222(5) an	,			
If (loss), enter "-0-" in Part I, line 8		J	3		

(a) List and	describe the kind(s) of property so ck warehouse; or common stock, 2	ld, e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a HARMAN INTERNAT	TIONAL		P		11/17/15
b					
C					
d					
е	,, · · · · · · · · · · · · · · · · · ·				
<u>f</u>					
9					
h					
<u> </u>				ļ	
k					
					<u></u>
m					
n					
0		T			<u> </u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) (e) n	Gain or (loss) lus (f) minus (g)	
105 052	(Or allowable)		(0) P	103 (1) 11111103 (9)	64 007
a 187,073.		122,186.			64,887.
<u>b</u>					
C					
d					
e					
f	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·		.
9					
h					
					
1.			<u> </u>		
<u>k</u>					·
<u> </u>					
m n					
<u>n</u>					,
Complete only for assets showing	g gain in column (h) and owned by	the foundation on 12/31/69	(1) 1 09	ses (from col. (h))	١
Complete only for assets shown	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess of	of col. (h) gain ove	r col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but n	ot less than "-0-")	
a					64,887.
<u>b</u>					
C	 				
d					
e					
ſ					
9					
h					
1					
1					
k					
1					
m					
n					
0					
	16 ala	or in Port Llino 7			
2 Capital gain net income or (net ca	pital loss) { if gain, also enter *-	er in Part I, line 7 -0-" in Part I, line 7	2		455,495.
3 Net short-term capital gain or (los		_			
If gain, also enter in Part I, line 8,	column (c).	}			
If (loss), enter "-0-" in Part I, line 8		J	3	N/A	

Part XV Supplementary Informati	on			
3 Grants and Contributions Paid During th				
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
ANCHORAGE CHILDRENS HOME	NONE	501 C 3	CHARITABLE PURPOSES	
2121 LISENBY AVE				
PANAMA CITY, FL 32405		 		50,000.
CHAUTAUQUA CHARTER SCHOLL	NONE	501 C 3	CHARITABLE PURPOSES	
1118 MAGNOLIA AVE				
PANAMA CITY, FL 32401		 		55,000,
BOYS & GIRLS CLUB BAY COUNTY	NONE	501 C 3	CHARITABLE PURPOSES	
3404 WEST 19TH ST PANAMA_CITY_FL 32405				100.000.
Environ CIII, PB 32403				100,000,
ST ANDREWS BAY CENTER 1804 CAROLINA AVE	NONE	501 C 3	CHARITABLE PURPOSES	
LYNN HAVEN FL 32444				50,000.
nov 440		501.6.3		
BOY SCOUTS OF AMERICA GULF COAST 9440 UNIVERSITY PKWY	NONE	501 C 3	CHARITABLE PURPOSES	
PENSACOLA, FL 32514				10,000.
GULF COAST COLLEGE	NONE	501 C 3	CHARITABLE PURPOSES	
5230 WEST HIGHWAY 98				
PANAMA CITY, FL 32401				10,000,
FLORIDA STATE UNIVERSITY	NONE	501 C 3	CHARITABLE PURPOSES	
2010 LEVY AVE #300				
TALLAHASSEE, FL 32310				10,000.
BAY COUNTY SCHOOL FOUNDATION	NONE	501 C 3	CHARITABLE PURPOSES	
PANAMA CITY FL 32401				250,000.
FAMILIA CITT, PH 32401				230,000.
HABITAT FOR HUMANITY 121 HABITAT ST	NONE	501 C 3	CHARITABLE PURPOSES	
AMERICUS GA 31709				10,000.
PHILHARMONIC CENTER FOR THE ARTS	NONE	501 C 3	CHARITABLE PURPOSES	
ASSOCIATION 5833 PELICAN BAY BLVD				
NAPLES FL 34108				15,000,
Total from continuation sheets				590,000.

Part XV Supplementary Information 3 Grants and Contributions Paid During the You				
Recipient	If recipient is an individual.	Foundation	Durnage of great or	
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
SECOND CHANCE	NONE	501 C 3	CHARITABLE PURPOSES	
819 E 11TH ST, BLDG 4				
PANAMA CITY, FL 32401				10,000
JUNIOR LEAGUE OF PANAMA CITY	NONE	501 C 3	CHARITABLE PURPOSES	
309 w 5TH ST				
PANAMA CITY, FL 32401		<u> </u>		10,000
PROJECT 25	NONE	501 C 3	CHARITABLE PURPOSES	
3007 W 14TH ST	NONE		CIMKITADDE TORTODES	
PANAMA CITY, FL 32401				10,000
		}		

FORM 990-PF	LEGAL	FEES		ratement 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
LEGAL	11,297.	11,297.		0.
TO FM 990-PF, PG 1, LN 16A =	11,297.	11,297.		0.
FORM 990-PF	ACCOUNTI	NG FEES	S	ratement 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
ACCOUNTING	8,592.	4,296.		0.
TO FORM 990-PF, PG 1, LN 16B	8,592.	4,296.		0.
FORM 990-PF C	OTHER PROFES	SIONAL FEES	S	PATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
SUNTRUST MANAGEMENT FEE	128,058.	128,058.		0.
TO FORM 990-PF, PG 1, LN 16C	128,058.	128,058.		0.
=				
FORM 990-PF	TAX	ES	S	FATEMENT 4
FORM 990-PF DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
	(A) EXPENSES	(B) NET INVEST-	(C) ADJUSTED	(D) CHARITABLE

FORM 990-PF	OTHER E	XPENSES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC				
UTILITIES OFFICE EXPENSE	810. 54.		0.			0.
TO FORM 990-PF, PG 1, LN 23	864.		0.			0.
FORM 990-PF U.S. AND	STATE/CITY G	OVERNMENT	OBLI	GATIONS	STATEMENT	6
DESCRIPTION	U.S GOV'	-	вос	OK VALUE	FAIR MARKI VALUE	T
U.S. GOVT BONDS	x			0.		0.
TOTAL U.S. GOVERNMENT OBLIGA	TTONS	-				
TOTAL 0.5. GOVERNMENT OBLIGA	II I OND					
TOTAL STATE AND MUNICIPAL GO		IGATIONS				
	VERNMENT OBL	GATIONS .		0.		0.
TOTAL STATE AND MUNICIPAL GO	VERNMENT OBL	=		0.	STATEMENT	0.
TOTAL STATE AND MUNICIPAL GO TOTAL TO FORM 990-PF, PART I FORM 990-PF	VERNMENT OBL	=	вос	0. OK VALUE	STATEMENT FAIR MARKE	7
TOTAL STATE AND MUNICIPAL GO TOTAL TO FORM 990-PF, PART I FORM 990-PF	VERNMENT OBL	=			FAIR MARKE	7 ST
TOTAL STATE AND MUNICIPAL GO TOTAL TO FORM 990-PF, PART I FORM 990-PF DESCRIPTION	CORPORAT	=	8	OK VALUE	FAIR MARKE VALUE	7 ET
TOTAL STATE AND MUNICIPAL GO TOTAL TO FORM 990-PF, PART I FORM 990-PF DESCRIPTION CORPORATE STOCKS	CORPORAT	E STOCK	8	OK VALUE 3,504,454.	FAIR MARKE VALUE 9,535,7	7 ET
TOTAL STATE AND MUNICIPAL GO TOTAL TO FORM 990-PF, PART I FORM 990-PF DESCRIPTION CORPORATE STOCKS TOTAL TO FORM 990-PF, PART I	CORPORAT	E STOCK	8	OK VALUE 3,504,454.	FAIR MARKE VALUE 9,535,7	7 706.
TOTAL STATE AND MUNICIPAL GO TOTAL TO FORM 990-PF, PART I FORM 990-PF DESCRIPTION CORPORATE STOCKS TOTAL TO FORM 990-PF, PART I FORM 990-PF	CORPORAT	E STOCK	BOC	OK VALUE 3,504,454. 3,504,454.	FAIR MARKE VALUE 9,535,7 9,535,7 STATEMENT FAIR MARKE	7 706. 706. 8

9

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS 990-PF

STATEMENT

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

NELSON FAMILY FOUNDATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

PART XVII, LINE 1, COLUMN (D)

TRANSFERED CASH TO NEW FOUNDATION

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

NELSON FAMILY FOUNDATION

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

TRANSFERED SECURITIES TO NEW FOUNDATION