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# Form **990-PF**

SOME JUN OF 2016

**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.

► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

OMB No 1545-0052 Open to Public Inspection

Depa Intefr	rtmen	t of the Treasury venue Service Do not enter to the Treasury venue Service	social security numbers on m 990-PF and its separate	this form as	it may be ma is at <i>www.i</i> rs	ade public. s.gov/form990pf.	Open to Public Inspection
		ndar year 2015 or tax year beginning		, and e			, open, in a sense in a production
	$\overline{}$	foundation	-			A Employer identification	n number
_M	_G	NELSON FAMILY FOUNDATI	ON	_		47-6678311	<u></u>
		and street (or P O box number if mail is not delivered to street  ISLAND BAY LANE	address)		Room/suite	B Telephone number 217 - 787 - 97	703
		own, state or province, country, and ZIP or foreign p	ostal code			C If exemption application is	
		INGFIELD, IL 62712	ostar cooc			o il exemption application is	bending, check here
		all that apply X Initial return	Initial return of a fo	rmer public (	harity	D 1 Foreign organization	s, check here
		Final return	Amended return			Foreign organizations m check here and attach c	eeting the 85% test,
<del></del>	heck	type of organization: Address change  X Section 501(c)(3) ex	Name change			1	
	_		Other taxable private founda	ition		E If private foundation sta under section 507(b)(1	
I Fa		arket value of all assets at end of year J Accounti		X Acci	ual	F If the foundation is in a	
			her (specify)			under section 507(b)(1	
	\$	16,631,182. (Part I, colu	mn (d) must be on cash l	basis)			1
Pa	irt l	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books		vestment ome	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received	18,857,514.			N/A	
	2	Check if the foundation is not required to attach Sch B			<del></del>		
	3	cash investments	453,420.		3,420.		
	4	Dividends and interest from securities Gross rents	453,420.	45	3,420.		
	b	Net rental income or (loss)		<del></del>			
a)		Net gain or (loss) from sale of assets not on line 10	85,200.				
Ž	b	Gross sales price for all assets on line 6a 5,092,018.					
Revenue	7	Capital gain net income (from Part IV, line 2)		8	5,200.		
_	8	Net short-term capital gain		<del></del>		·	
	9 10a	Income modifications Gross sales less returns			<del></del>		
		and allowances Less Cost of goods sold					<del></del>
		Gross profit or (loss)					
	11	Other income					
	12	Total Add lines 1 through 11	19,396,134.		<u>8,620.</u>		
	13	Compensation of officers, directors, trustees, etc Other employee salaries and wages	58,136.		<u>9,766.</u>		0.
	14 15	Pension plans, employee benefits	<u></u>				
ses	16a	Legal fees					
Sens	b	Accounting fees STMT 1	613.		123.		0.
Ä	С	Other professional fees STMT 2	79,658.	7	<u>9,658.</u>		0.
Operating and Administrative Expenses	17	Interest	700		700	<del> </del>	<del>                                     </del>
stra	18 19	Taxes RECEIVEDSTMT 3 Depreciation and depletion	798.		798.		0.
ᄐ	20	Occupancy	9,000.		0.		0.
Ad	21	Travel, conferences, land meetings Q					
and	22	Printing and publications					
ing	23	Other expenses DEN USETMT 4	1,489.		0.		0.
erat	24	Total operating and administrative expenses Add lines 13 through 23	140 604	1.0	0,345.		0.
Ö	25	Contributions, gifts, grants paid	149,694. 836,310.	10	0,343.		836,310.
	1	Total expenses and disbursements.	3307313.	-			300,000
		Add lines 24 and 25	986,004.	10	0,345.		836,310.
	27						
	ł	Excess of revenue over expenses and disbursements	18,410,130.	4.5	0 075		<u> </u>
	l	Net investment income (if negative, enter -0-)		4.3	8,275.	N/A	<u> </u>
	⊥ ։	Adjusted net income (if negative, enter -0-)	L			11/12	

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2015)

Fo	rm 99	0-PF (2015) M G NELSON FAMILY FOUND					678311	Page 2
F	art	Balance Sheets Attached schedules and amounts in the description	Beginning of year			d of ye		<del>-</del>
Ŀ		column should be for end-of-year amounts only	(a) Book Value		(b) Book Value	-	(c) Fair Market Va	
	1	Cash - non-interest-bearing			95,560		95,5	
	1	Savings and temporary cash investments		_	2,262,509	<u>' •   —</u>	2,262,5	509.
	3	Accounts receivable ▶						
	١.	Less: allowance for doubtful accounts		$\dashv$	<del></del>	$\dashv$	<del> </del>	
	4	Pledges receivable -						
	_ ا	Less: allowance for doubtful accounts		$\dashv$		+		<del></del>
	1	Grants receivable				+		
	6	Receivables due from officers, directors, trustees, and other						
	7	disqualified persons Other notes and loans receivable		-	·	+		
	′	Less: allowance for doubtful accounts						
s	l a	Inventories for sale or use			· · · · · · · · · · · · · · · · · · ·			
Assets	1 -	Prepaid expenses and deferred charges				$\neg$		
As	1	Investments - U.S. and state government obligations				$\top$		
	1 '	Investments - corporate stock STMT 7		0.	5,962,538	J.	7,468,7	780.
	1	Investments - corporate bonds STMT 8		0.	7,184,675		6,804,3	
	11	Investments - land, buildings, and equipment basis	<u> </u>					
		Less accumulated depreciation						
	12	Investments - mortgage loans						
	13	Investments - other						
	14	Land, buildings, and equipment; basis ▶						
		Less accumulated depreciation						
	1	Other assets (describe ►)				+		
	16	Total assets (to be completed by all filers - see the			45 505 000			
_	-	instructions. Also, see page 1, item I)		0.	15,505,282	<del></del>	16,631,1	182.
	1	Accounts payable and accrued expenses			<del></del>	$\dashv$		
	18	Grants payable		_		$\dashv$		
ies	19	Deferred revenue				$\dashv$		
Liabilites	20	Loans from officers, directors, trustees, and other disqualified persons				-		
Lia	21	Mortgages and other notes payable  Other liabilities (describe ▶ )	<del></del>		<del></del>	$\dashv$		
	22	Other habilities (describe				$\dashv$		
	23	Total liabilities (add lines 17 through 22)		0.	0	).		
_	-	Foundations that follow SFAS 117, check here			····			
		and complete lines 24 through 26 and lines 30 and 31.						
ès	24	Unrestricted		0.	15,505,282	₃.		
and	25	Temporarily restricted						
or Fund Balances	26	Permanently restricted						
pur		Foundations that do not follow SFAS 117, check here						
Ŧ		and complete lines 27 through 31						
S	27	Capital stock, trust principal, or current funds						
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund				_		
ţ	29	Retained earnings, accumulated income, endowment, or other funds			1	$\dashv$		
Se	30	Total net assets or fund balances	· · · · · · · · · · · · · · · · · · ·	0.	15,505,282	<u>} -</u>		
				_	15 505 202	,		
	31	Total liabilities and net assets/fund balances		0.	15,505,282	<u>: •  </u>		
F	art	Analysis of Changes in Net Assets or Fund B	alances					
1	Tota	net assets or fund balances at beginning of year - Part II, column (a), line	30			$\Box$		
	(mus	st agree with end-of-year figure reported on prior year's return)				1		<u> </u>
2		r amount from Part I, line 27a				2	18,410,1	
3		r increases not included in line 2 (itemize)	····			3		0.
4		lines 1, 2, and 3		_	<u> </u>	4	18,410,1	
5		eases not included in line 2 (itemize)		ST		5	2,904,8	
6	Tota	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30			6	15,505,2 Form <b>990-PF</b>	

	NELSON FAMILY and Losses for Tax on I				47-66	78311 Page 3
(a) List and desc	ribe the kind(s) of property sold (e. arehouse; or common stock, 200 sl	g., real estate,	zonie	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a				<u> </u>	<del> </del>	
b SEE ATTACHED	STATEMENTS			<del></del>		
С						
ď						
_e	· · · · · · · · · · · · · · · · · · ·	<del>,</del>				<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or o			(h) Gain or (los (e) plus (f) minu	
<u>a</u>						
<u>b</u>		<del> </del>				
<u>c</u>		ļ		-	<del></del>	
e 5,092,018.		<u> </u>	106 01	0		85,200.
	l ng gain in column (h) and owned by		006,81	0.	//\ Carpo (Col. (b) an	
Complete only for assets shown	, , , , , , , , , , , , , , , , , , ,				(1) Gains (Col. (h) ga col. (k), but not less th	in ininus nan -0-) or
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (			Losses (from col	. (h))
	45 0. 12.0 1.00	0.01.00.11	1/1 4		<del></del>	<del></del>
<u>a</u>						
<u>b</u>				<del></del>		
<u>c</u>		<del></del>			- <del></del>	<del></del>
<u>d</u>		<del></del>				85,200.
<u>e</u>	<u> </u>			<del></del>		03,200.
2 Capital gain net income or (net ca	apital loss) { If gain, also enter -	er in Part I, line 7 0- in Part I, line 7		} 2		85,200.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		nd (6):		}	N/	λ
If (loss), enter -0- in Part I, line 8  Part V Qualification U	Inder Section 4940(e) fo	r Reduced Ta	x on Net	Investment		Λ
(For optional use by domestic private						N/A
(For optional use by domestic private	e roundations subject to the section	4540(a) tax on het i		come.)		IV/ A
If section 4940(d)(2) applies, leave t	his part blank.					
Was the foundation liable for the sec	tion 4942 tay on the distributable a	mount of any year in	the hase ner	ınd?		Yes No
If "Yes," the foundation does not qua		• •	tile base per	lou ·		المرين المرين
	each column for each year; see the		naking any ei	ntries.		<del></del>
	(b)			(c)	D4	(d) ribution ratio
(a) Base period years Calendar year (or tax year beginni		stributions Ne	t value of no	ncharitable-use ass	ets (col. (b) (	ribution ratio divided by col. (c))
2014	y					
2013						
2012						<u></u>
2011						
2010						
2 Total of line 1, column (d)					2	
3 Average distribution ratio for the	5-year base period - divide the total	on line 2 by 5, or by	the number	of years		
the foundation has been in existe	•	. , .		·	3	
	•					
4 Enter the net value of noncharitat	ole-use assets for 2015 from Part X	, line 5			4	
5 Multiply line 4 by line 3					5	
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)				6	<del></del>
7 Add lines 5 and 6					7	
8 Enter qualifying distributions from	n Part XII, line 4				8	
	n line 7, check the box in Part VI, lin	e 1b, and complete t	hat part usın	g a 1% tax rate.	<del></del>	
						5 000 DE (0015

	n 990-PF (2015) M G NELSON FAMILY FOUNDATION Int VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	<u>47</u> -	-6678 - <b>see</b>	311 instru	ıctio	Page 4
	Exempt operating foundations described in section 4940(d)(2), check here  and enter "N/A" on line 1.		T			
14	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1			8,7	66.
	of Part I, line 27b		-		<u> </u>	<u> </u>
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).					
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	1			0.
	Add lines 1 and 2	3			8,7	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4			<u> </u>	0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5			8,7	
6	Credits/Payments:				<u> </u>	<u> </u>
	2015 estimated tax payments and 2014 overpayment credited to 2015					
	Exempt foreign organizations - tax withheld at source 6b					
	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	$\neg$				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	8			2	08.
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed	▶ 9	· · · · · · · · · · · · · · · · · · ·	_	8,9	
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	▶ 10	-		<u> </u>	<u></u>
	Enter the amount of line 10 to be: Credited to 2016 estimated tax	► 11				
	rt VII-A Statements Regarding Activities					
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interv	ene in			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 instructions for the definition)	non)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public					
	distributed by the foundation in connection with the activities.					
C	Did the foundation file Form 1120-POL for this year?			1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:					
		).			'	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	<del></del>				
	managers. ▶ \$ 0.					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		_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, articles of incorporatio	n, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		<u>X</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	$A \setminus R$	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					
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 that conflict with the s	tate law			l	
	remain in the governing instrument?			6		X
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part	XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)					
	IL					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				1	
	of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	calendar			1	_
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes, " complete Part XIV		-	9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	STM	r 9	10	X	<u> </u>

orm 990-PF (2015) M G NELSON FAMILY FOUNDA			47-66783	11 Page <b>6</b>
Part VII-B   Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	ued)	<del></del>
<ul> <li>5a During the year did the foundation pay or incur any amount to: <ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section).</li> <li>Influence the outcome of any specific public election (see section 4955); any voter registration drive?</li> <li>Provide a grant to an individual for travel, study, or other similar purpose.</li> <li>Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions).</li> <li>Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals?</li> <li>If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instructions).</li> <li>If the answer is "Yes" to question 5a(4), does the foundation claim exemption expenditure responsibility for the grant?</li> <li>If "Yes," attach the statement required by Regulations section 53.494</li> </ol> </li> <li>Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?</li> </ul>	on 4945(e))?  or to carry on, directly or indirectly or described in section  or educational purposes, or indirectly or indirect	ectly,  Ye Ye for Ye in Regulations	X No  X No  X No  X No  X No  X No	5b
b Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		_	6b X
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax b if "Yes," did the foundation receive any proceeds or have any net income attrib  Part VIII Information About Officers, Directors, Trust	shelter transaction? utable to the transaction?			76
Paid Employees, and Contractors			·	<del></del>
1 List all officers, directors, trustees, foundation managers and their	T	L(-) Componentian	(d) Contributions to	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
MARION G NELSON, JR	TRUSTEE			
18 ISLAND BAY LANE SPRINGFIELD, IL 62712	20.00	58,136.	0.	0.
	20.00	30,130	Ţ.	
.  2 Compensation of five highest-paid employees (other than those in		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
			<u> </u>	
	1			L
Total number of other employees paid over \$50,000			Form	990-PF (2015)

Form 990-PF (2015) M G NELSON FAMILY FOUNDATION 47	-6678311	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		
•		
		<u> </u>
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities	<u> </u>	0
	<del>-   · · · · · · · · · · · · · · · · · · </del>	
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.	Expe	nses
37.73		
1N/A	-	
	-	
ი	<del></del>	<del></del>
	$\dashv$	
	-	
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.	Amo	unt
1 N/A		
2	_	
	<del>-</del>	
	<del></del>	
All other program-related investments. See instructions.		
3	$\dashv$	
	-	
Total. Add lines 1 through 3		0.
		<b>0-PF</b> (2015)

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations,	see 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	5,757,869. 95,560.
b	Average of monthly cash balances	1b	95,560.
С	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,853,429.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,853,429.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	87,801.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,765,628.
6	Minimum investment return. Enter 5% of line 5	6	288,281.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here  and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	288,281.
2a	Tax on investment income for 2015 from Part VI, line 5		
ь	Income tax for 2015. (This does not include the tax from Part VI.)	]	
c	Add lines 2a and 2b	2c	8,766.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	279,515.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	279,515.
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	279,515.
P	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		226 210
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	836,310.
b	Program-related investments - total from Part IX-B	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	
þ	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	836,310.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		-
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	836,310.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies foi	r the section

4940(e) reduction of tax in those years.

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Part XIII Undistributed Income (se	ee instructions)			
	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,	COIPES	rours prior to 2011	20	0.
line 7				<u>U•</u>
2 Undistributed income, if any, as of the end of 2015			0.	
a Enter amount for 2014 only				<del></del>
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014 1,038,787.				
f Total of lines 3a through e	1,038,787.			
4 Qualifying distributions for 2015 from	1			
Part XII, line 4: ►\$ N/A				1
a Applied to 2014, but not more than line 2a			0.	
<b>b</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 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2015	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a))				
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	1,038,787.			
<b>b</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 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				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 2010				
not applied on line 5 or line 7	0.		<u> </u>	
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	1,038,787.			
10 Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014 1,038,787.				
e Excess from 2015				<u> </u>

	SON FAMILY			47-66	78311 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of			)		
foundation, and the ruling is effective for		-	<b>▶</b> └	i — — —	
b Check box to indicate whether the found		g foundation described		4942(j)(3) or 49	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41.0044	Prior 3 years	(4) 0040	4 > - 4 > -
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
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(1)(3)(B)(1)					
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,	Ì				
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt	İ				
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	mation (Comple	e this part only	if the foundation	n had \$5,000 or mo	ore in assets
at any time during the	ne year-see instr	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who			ntributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed m	ore than \$5,000). (See se	ction 507(d)(2).)			
NONE					
b List any managers of the foundation who			n (or an equally large port	on of the ownership of a pa	artnership or
other entity) of which the foundation has	a 10% or greater interes	I.			
NONE			<del></del>		
2 Information Regarding Contributi					
Check here ▶ 📖 if the foundation of	•	•	_	•	
the foundation makes gifts, grants, etc. (	<del></del>				1 d
a The name, address, and telephone number			olications should be addre	ssed:	
MARION G NELSON, JR.					
18 ISLAND BAY LAND,				····	
<b>b</b> The form in which applications should be		on and materials they	should include:		
LETTER INDICATING NE	EDS, PLANNE	D USES AND	EXEMPT STA	rus	
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on awards					
CHARITABLE ORGANIZAT	ION EXEMPT	JNDER IRC	SECTION 501	(C)(3)	
			·		

Part XV | Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to any foundation manager or substantial contributor Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient a Paid during the year NONE 501 C 3 CHARITABLE PURPOSES MEMORIAL MEDICAL CENTER FOUNDATION 701 N FIRST ST 400,000, SPRINGFIELD, IL 62781 SIU FOUNDATION NONE 501 C 3 CHARITABLE PURPOSES PO BOX 19666 SPRINGFIELD, IL 62794 <u>5,050.</u> SPRINGFIELD ART ASSOCIATION NONE 501 C 3 CHARITABLE PURPOSES 420 SOUTH 6TH ST SPRINGFIELD, IL 62701 19,510. ARTIS NAPLES NONE 501 C 3 CHARITABLE PURPOSES 5833 PELICAN BAY BLVD NAPLES FL 34108 20,000. GUADALUPE CENTER NONE 501 C 3 CHARITABLE PURPOSES 509 HOPE CIRCLE IMMOKALEE FL 34142 20,000. SEE CONTINUATION SHEET(S) Total ▶ 3a 836,310, b Approved for future payment NONE ➤ 3b Total Form **990-PF** (2015)

Form 990-PF (2015) M G NELSON F				47-6	678311 Page 1
Part XVI-A Analysis of Income-Pro		usiness income	Evaluated b	y section 512, 513, or 514	<del></del>
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	
a		<del></del>		<del></del>	<del></del>
b	1 1				
d					
е	1 1				
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					<u> </u>
3 Interest on savings and temporary cash					
Investments	-		111	452 420	
4 Dividends and interest from securities	-		14	453,420.	·
<ul><li>5 Net rental income or (loss) from real estate:</li><li>a Debt-financed property</li></ul>	<del></del>	<del></del>			<del></del>
b Not debt-financed property	-	<del></del>			
6 Net rental income or (loss) from personal			<del></del>		
property			1 1		
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory .			14	85,200.	
9 Net income or (loss) from special events					<del></del>
10 Gross profit or (loss) from sales of inventory					,
11 Other revenue:					
a			<del> </del>		·
b	! !				
c	1 1		<del></del>		
d	<del>-</del>		1-1-		· · · · · · · · · · · · · · · · · · ·
12 Subtotal. Add columns (b), (d), and (e)	_		0.	538,620.	0
13 Total. Add line 12, columns (b), (d), and (e)	<u> </u>			13	
(See worksheet in line 13 instructions to verify calculation:	s.)				
Part XVI-B Relationship of Activitie	es to the Accom	plishment of	Exempt Pu	ırposes	
Line No Explain below how each activity for which				importantly to the accomp	olishment of
the foundation's exempt purposes (other	than by providing funds	for such purposes)	).		
		·			
					··
					<del></del>
					<del> </del>

523821 11-24-15

P00023889

Firm's EIN ► 37-1374435

Phone no. (217)787-9700

self-employed

05/13/16

Paid

Preparer

**Use Only** 

DONALD J. WRIGHT

Firm's name ► HURST, WRIGHT & HA

Firm's address ► 3001 SPRING MILL DR.

SPRINGFIELD, IL 62704

SUITE F

Part IV   Capital Gains and Lo	sses for Tax on Investment Income			
	d describe the kind(s) of property so rick warehouse; or common stock, 2		(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a ALLY FINANCIAL	INC		P	12/14/15
b AMERICAN AIRLI	NES GROUP INC		P	11/12/15
c CHESAPEAKE ENE	RGY CORP		P	08/06/15
d DELTA AIR LINE	S INC		P	11/12/15
e EBAY INC			P	11/05/16
f EBAY INC			P	11/06/15
g EBAY INC			P	11/09/15
h MANITOWOC COMP			P	12/02/15
MANITOWOC COMP	ANY INC		P	12/23/15
PAYPAL HOLDING	S INC		P	11/12/15
k PRINCIPAL FINA			P	06/30/15
PRINCIPAL FINA			P	06/30/15
m PROSHARES ULTR			P	05/29/15
n PROSHARES ULTR			P	06/01/15
WILLIAMS PARTN	ERS		P	04/15/15
(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 100,000.		103,750.		<u>&lt;3,750.</u> >
b 662,680.		659,214.	<del></del>	3,466.
c 195,125.		250,000.		<54,875.>
d 400,648.		341,060.		59,588.
e 190,012.		162,947.		27,065.
f 95,455.	<del></del>	81,800.		13,655.
g 94,249.		81,800.		12,449.
h 156,750.		161,147.		<4,397.>
182,000.		187,913.		<u>&lt;5,913.</u> >
463,191.		472,248.	· <del></del>	<u>&lt;9,057.</u> >
k 60,000.		59,912.		88.
160,000.		159,600.	<del></del>	400.
m 138,037.		158,984.		<u>&lt;20,947.</u> >
n 83,268.		92,866.		<u>&lt;9,598.</u> >
0 208,812.		208,778.		34.
(i) F.M.V. as of 12/31/69	ng gain in column (h) and owned by (j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess o	ses (from col. (h)) of col. (h) gain over col. (k), ot less than "-0-")
a				<3,750.>
b				3,466.
c			<u></u>	<u> </u>
d				59,588.
e			<u> </u>	27,065.
f				13,655.
g				12,449.
h				<u> </u>
1			· · · · · · · · · · · · · · · · · · ·	<u>&lt;5,913.</u> >
1				<u> </u>
<u>k</u>				88.
<u> </u>				400.
m				<u> &lt;20,947.</u> >
n				<u>&lt;9,598.</u> >
0				34.
2 Capital gain net income or (net ca	apital loss) { If gain, also enter if (loss), enter if	n Part I, line 7 - n Part I, line 7	2	
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,	ss) as defined in sections 1222(5) ar column (c).	, I		
If (loss), enter "-0-" in Part I, line 8	<u> </u>		3	

Capital Gains and Lo	osses for Tax on Investment Income	<b>;</b>		
	d describe the kind(s) of property so rick warehouse; or common stock, i		(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)
1a AGILENT TECHNO	DLOGIES		P	05/19/15
b ALLY FINANCIAL			P	12/14/15
c DELTA AIR LINE			P	11/12/15
d DEUTSCHE BANK			P	11/05/15
e HARMAN INTL IN			P	11/12/15
KEYSIGHT TECHN			P	11/12/15
g PRINCIPAL FINA			P	06/30/15
h WACHOVIA CAPIT			P	11/10/15
CHESAPEAKE ENE		<del></del>	P	08/06/15
_ DIREXION DAILY			P	07/16/15
k DIREXION DAILY		······································	P	07/24/15
ALLY FINANCIAL			P	04/10/15
m				01/10/13
0				
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis		) Gain or (loss)
	(or allowable)	plus expense of sale	(e) t	olus (f) minus (g)
a 155,546.		135,853.		19,693.
<u>b</u> 97,000.		97,606.		<u> </u>
<u>c</u> 350,567.		184,800.	<u> </u>	165,767.
<u>d</u> 265,806.		269,800.		<u> </u>
<u>e</u> 80,896.		52,840.		28,056.
<u>f</u> 154,687.		145,931.	- <u>-</u>	<u>8,756.</u>
g 150,000.		144,825.		<u>5,175.</u>
h 117,054.		109,200.		7,854.
193,750.		250,000.		<56,250 <b>.</b> >
115,778.		165,150.		<49,372.>
k 117,707.		165,150.		<47,443.>
103,000.		103,644.		<644.>
m				
n				
0	<u></u>			
Complete only for assets show	ng gain in column (h) and owned by	the foundation on 12/31/69		sses (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		of col. (h) gain over col. (k), not less than "-0-")
a				19,693.
<u>b</u>				<606.>
С				165,767.
d				<3,994.>
е				28,056.
f				8,756.
9				5,175.
h				7,854.
1			<del></del>	<56,250.>
1			<del> </del>	<49,372.>
k			<del></del>	<47,443.>
1		*		<644.>
m				
n			······································	
0		<del> </del>		
	·			
2 Capital gain net income or (net c	apital loss) ( If gain, also ente	er in Part I, line 7 0-" in Part I, line 7	2	85,200.
-		`		
3 Net short-term capital gain or (lo if gain, also enter in Part I, line 8)		nu (o).		
If (loss), enter "-0-" in Part I, line		J 1 :	3	N/A

3 Grants and Contributions Paid During the				
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	
OAKRIDGE CEMETERY FOUNDATION 1441 MONUMENT SPRINGFIELD, IL 62702	NONE	501 C 3	CHARITABLE PURPOSES	16,00
UNIVERSITY OF IL FOUNDATION 1305 W GREEN ST URBANA IL 61801	NONE	501 C 3	CHARITABLE PURPOSES	150,00
KIDZEUM OF HEALTH & SCIENCE PO BOX 9863 SPRINGFIELD, IL 62791	NONE	501 C 3	CHARITABLE PURPOSES	25,00
LINCOLD LAND COMMUNITY COLLEGE FOUNDATION 5250 SHEPHERD RD	NONE	501 C 3	CHARITABLE PURPOSES	
SPRINGFIELD, IL 62794				150,00
JAMES PROJECT 907 CLOCKTOWER DR SPRINGFIELD, IL 62704	NONE	501 C 3	CHARITABLE PURPOSES	17,00
SANGAMON VALLEY YOUTH SYMPHONY 420 SOUTH 6TH ST SPRINGFIELD, IL 62701	NONE	501 C 3	CHARITABLE PURPOSES	3,75
NCH HEALTHCARE FOUNDATION PO BOX 234 NAPLES FL 34106	NONE	501 C 3	CHARITABLE PURPOSES	10,00
Total from continuation sheets				371,75

#### 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.gov/form990.

OMB No 1545-0047

2015

Name of the organization

Employer identification number

	M	G NELSON FAMILY FOUNDATION	47-6678311			
Organia	zation type (check o	ne)				
Filers o	ıf:	Section:				
Form 990 or 990-EZ		501(c)( ) (enter number) organization				
		4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
		527 political organization				
Form 99	90-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				
	•	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ile See instructions			
Genera	l Rule					
X	•	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) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amounline 1 Complete Parts I and II	or 16b, and that received from			
	year, total contribu	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.				
	year, contributions is checked, enter h purpose. Do not co	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious implete any of the parts unless the <b>General Rule</b> applies to this organization because its, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000 If this box s, charitable, etc ,			
but it m	iust answer "No" on	nat is not covered by the General Rule and/or the Special Rules does not file Schedule B Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Forther 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) (2015)

Name of organization

Employer identification number

### M G NELSON FAMILY FOUNDATION

47-6678311

Part I	Contributors (see instructions) Use duplicate copies of Part I if additional	ıl space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARION G & BARBARA W NELSON FOUNDATION  18 ISLAND BAY LANE  SPRINGFIELD, IL 62712	\$ <u>18,856,514.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	MARION G NELSON, JR  18 ISLAND BAY LANE  SPRINGFIELD, IL 62712	\$1,000.	Person X 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)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Employer identification number

### M G NELSON FAMILY FOUNDATION

47-6678311

Part II N	loncash Property (see instructions) Use duplicate copies of P	art 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
		     \$	
		<b></b>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<del></del>	
_		\$	
(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	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_		<u> </u>	
3453 10-26-15		\$	 990, 990-EZ, or 990-PF) (

Name of orga	(Form 990, 990-EZ, or 990-PF) (2015) Inization		Employer identification number		
M G NE Part III	the year from any one contributor. Complete:	tributions to organizations described	47-6678311 in section 501(c)(7), (8), or (10) that total more than \$1,000 for wing line entry. For organizations		
	completing Part III, enter the total of exclusively religion.  Use duplicate copies of Part III if addition	is, charitable, etc., contributions of \$1,000 or its space is needed	less for the year (Enter this info once)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif			
	Transferee's name, address, a	nd 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, a	nd ZIP + 4	Relationship of transferor to transferee		
(a) No.					
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif			
_	Transferee's name, address, a		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, a	nd ZIP + 4	Relationship of transferor to transferee		

FORM 990-PF	ACCOUNTI	NG FEES		TATEMENT 1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	
ACCOUNTING	613.	123.		0.
TO FORM 990-PF, PG 1, LN 16B	613.	123.		0.
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	TATEMENT 2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
TERRIL MANAGEMENT FEE	79,658.	79,658.		0.
TO FORM 990-PF, PG 1, LN 16C	79,658.	79,658.		0.
FORM 990-PF	TAX	ES	S'	TATEMENT 3
DESCRIPTION	(A) EXPENSES PER BOOKS			
FOREIGN TAX PAID	798.	798.		0.
TO FORM 990-PF, PG 1, LN 18	798.	798.		0.
FORM 990-PF	OTHER E	XPENSES	S'	TATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
UTILITIES	1,489.	0.		0.
TO FORM 990-PF, PG 1, LN 23	1,489.	0.		0.

FOOTNOTES

STATEMENT

5

#### **EXPLANATION:**

THIS FOUNDATION WAS CREATED FROM THE DIVISION OF THE MARION G & BARBARA W NELSON FOUNDATION, FEIN #59-6930956. IN FEBRUARY OF 2015, THE ORIGINAL FOUNDATION DIVIDED INTO TWO FOUNDATIONS BY EQUALLY SPLITTING ITS ASSETS BETWEEN THE ORIGINAL FOUNDATION DOMICILED IN FLORIDA AND THE NEW FOUNDATION, THE MG NELSON FAMILY FOUNDATION, DOMICILED IN ILLINOIS.

FORM 990-PF OTHER D	ECREASES IN NET ASSETS OR	FUND BALANCES	STATEMENT 6
DESCRIPTION			AMOUNT
DECREASES IN BASIS OF	SECURITIES HELD IN CENTRAL	TRUST CO.	2,904,848.
TOTAL TO FORM 990-PF,	PART III, LINE 5		2,904,848.
FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCKS		5,962,538.	7,468,780.
TOTAL TO FORM 990-PF,	PART II, LINE 10B	5,962,538.	7,468,780.
FORM 990-PF	CORPORATE BONDS		STATEMENT 8
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE BONDS		7,184,675.	6,804,333.
TOTAL TO FORM 990-PF,	PART II, LINE 10C	7,184,675.	6,804,333.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

9

NAME OF CONTRIBUTOR

**ADDRESS** 

MARION G & BARBARA W NELSON FOUNDATION