Form 990-PF
Department of the Treasury
Internal Revenue Service

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.
Go to www.irs gov/Form990PF for instructions and the latest information

•	For	calendar year 2017 or tax year beginning SEP	1, 2017	, and ending	AUG 31, 2018	}			
,	Nar	me of foundation			A Employer identification	number			
		THE CON TANTE OF TOUR DATE.	31-1567600						
, -		IELSEN FAMILY FOUNDATION nber and street (or PO box number if mail is not delivered to street		<u> </u>					
		O BOX 3859	address)	Room/suite	B Telephone number 203 – 987 – 3660				
		y or town, state or province, country, and ZIP or foreign pe	antal anda		 				
		REENVILLE, DE 19807	osiai code		C If exemption application is p	ending, check here			
•		Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organizations	s check here			
		Final return	Amended return	and poole thanky]	,			
		Address change	Name change		Foreign organizations me check here and attach co	eeting the 85% test, proputation			
	H C	Check type of organization. X Section 501(c)(3) ex	empt private foundation	110	E If private foundation sta	tus was terminated			
		Section 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ition UY	under section 507(b)(1)				
		our market value of all assets at end of year J Accounting	-	Accrual	F If the foundation is in a				
			her (specify)		under section 507(b)(1))(B), check here			
1		1,097,261. (Part I, column to I Analysis of Revenue and Expenses				(d) Disbursements			
ı	Pa	(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	(b) Net investment income	(c) Adjusted net	for charitable purposes (cash basis only)			
•		1 Contributions, gifts, grants, etc , received	253,780.		N/A	(cash basis only)			
		2 Check I if the foundation is not required to attach Sch. B	2007.001						
2	,,	3 Interest on savings and temporary cash investments	2,053.	2,053.		STATEMENT 1			
//		4 Dividends and interest from securities	15,616.	15,616.		STATEMENT 2			
\mathcal{X}		5a Gross rents							
١		Net rental income or (loss)							
	ē	6a Net gain or (loss) from sale of assets not on line 10	256,950.						
	Revenue	b Gross sales price for all assets on line 6a 646,664.		256,950.	RECEIV	EU JO			
2019	Be.	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain		250,950.	8 DEC 4.2	- @ :			
		9 Income modifications			[출] DEC 03 7	018			
60		Gross sales less returns 10a and allowances							
		D Less Cost of goods sold			OGDEN	ÚT			
MAR		c Gross profit or (loss)							
		11 Other income	500 300	0.74 610		<u></u>			
Ш.		12 Total. Add lines 1 through 11	528,399.	274,619. 0.		0.			
SCANNED		13 Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages				ļ·			
K		14 Other employee salaries and wages 15 Pension plans, employee benefits							
\mathcal{S}	ses	16a Legal fees			 				
W)	enses	b Accounting fees							
	Exp	c Other professional fees STMT 3	1,594.	1,594.		Û.			
	ive	17 Interest							
	Operating and Administrative Exp	18 Taxes STMT 4	2,689.	0.		0.			
	inis	19 Depreciation and depletion				<u></u>			
	ΕÞ	20 Occupancy 21 Travel, conferences, and meetings		 					
	/ pu	21 Travel, conferences, and meetings 22 Printing and publications				 			
	g a	23 Other expenses							
	atin	24 Total operating and administrative							
	per	expenses. Add lines 13 through 23	4,283.	1,594.		0.			
	0	25 Contributions, gifts, grants paid	71,000.			71,000.			
		26 Total expenses and disbursements.	ne 222	1 504		71 000			
		Add lines 24 and 25	75,283.	1,594.		71,000.			
		27 Subtract line 26 from line 12:	453,116.						
		a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)	400,110.	273,025.	· · · · · · · · · · · · · · · · · · ·				
		c Adjusted net income (if negative, enter -0-)			N/A				

723501 01-03-18 LHA For Paperwork Reduction Act Notice, see instructions

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Page 2

n-		Balance Sheets Attached schedules and amounts in the description	Degining or year	510.0	or year
Pa	π	column should be for end of year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
Т	1	Cash - non-interest-bearing	15,561.	427,300.	
- 1		Savings and temporary cash investments			
- 1		Accounts receivable			
	٠	Less allowance for doubtful accounts		•	
- I		Pledges receivable			
	7	Less: allowance for doubtful accounts		• • •	
-					
-1		Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons			
1	7	Other notes and loans receivable	· -		
		Less allowance for doubtful accounts			
2	8	Inventories for sale or use		·	
212261	9	Prepaid expenses and deferred charges		·	
۱ ۱	0a	Investments - U.S. and state government obligations			
1	b	Investments - corporate stock STMT 6	809,861.	644,555.	669,961.
	C	Investments - corporate bonds			
11	1	Investments - land, buildings, and equipment basis			
1		Less accumulated depreciation			L
- -	2	Investments - mortgage loans			
- 1		Investments - other			
Ι.		Land, buildings, and equipment; basis			-
- }		Less accumulated depreciation		•	
Ι,	15	Other assets (describe ►			
		Total assets (to be completed by all filers - see the			
- 1	0	instructions. Also, see page 1, item I)	825,422.	1,071,855.	1,097,261.
+.	7	Accounts payable and accrued expenses	023,1221	1,071,033.	1,057,2010
- 1					
ſ.		Grants payable			ł
֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓		Deferred revenue			1
₹ I		Loans from officers, directors, trustees, and other disqualified persons			-
<u> </u>		Mortgages and other notes payable			
. 2	22	Other liabilities (describe	-		ļ
-			١	0	, ,
- 12	3	Total liabilities (add lines 17 through 22)	0.	0.	た
		Foundations that follow SFAS 117, check here			
,		and complete lines 24 through 26, and lines 30 and 31.			
2 2	4	Unrestricted			
arallees	5	Temporarily restricted			
3 2	6	Permanently restricted			1
Net Assets of Fulld		Foundations that do not follow SFAS 117, check here			١ .
[]		and complete lines 27 through 31.			
, 2	27	Capital stock, trust principal, or current funds	140,708.	140,708.	
į 2		Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
2 2		Retained earnings, accumulated income, endowment, or other funds	684,714.	931,147.]
		Total net assets or fund balances	825,422.	1,071,855.	1
^ `	-	Ĭ			1 '
ا	1	Total liabilities and net assets/fund balances	825,422.	1,071,855.	
Pa	=				
					
		net assets or fund balances at beginning of year - Part II, column (a), line 3	U		025 422
-		t agree with end-of-year figure reported on prior year's return)		1	825,422.
		amount from Part I, line 27a		2	453,116.
		increases not included in line 2 (itemize)			0.
		ines 1, 2, and 3	ann ann	MEMENT F	1,278,538.
5 D⊲	ecre	ases not included in line 2 (itemize)	SEE STA	TEMENT 5 5	206,683.

6

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

CONTINUATION FOR 990-PF, PART IV 31-1567600 NIELSEN FAMILY FOUNDATION PAGE OF 1 Part IV | Capital Gains and Losses for Tax on Investment Income (b) How acquired P - Purchase D - Donation (a) List and describe the kind(s) of property sold, e.g., real estate, (c) Date acquired (d) Date sold 2-story brick warehouse; or common stock, 200 shs. MLC Co. (mo, day, yr.) (mo., day, yr.) OW LARGE CAP STRATEGIES FUND 1a 5,601.670 SHS P 06/21/17VARIOUS STRATEGIC OPPORTUNITIES FUND P 11/03/1702/02/18 b 5,031.450 SHS WO 5,896.983 SHS ALL CAP CORE FUND P VARIOUS VARIOUS OW d 4,910.266 SHS OW SMALL & MIDCAP STRATEGIES FUND P VARIOUS VARIOUS LARGE CAP STRATEGIES FUND 07/19/1611/03/17 e 4,791.140 SHS OW D 1,860.000 SHS UNION PACIFIC CORPORATION D VARIOUS 02/01/18 g CAPITAL GAINS DIVIDENDS h k ١ m n 0 (f) Depreciation allowed (g) Cost or other basis (h) Gain or (loss) (e) Gross sales price (e) plus (f) minus (g) (or allowable) plus expense of sale 3,989. 83,420 $79,\overline{4}31$ a 41,811. <1,811.> 40,000. b 80,497. 100,000. 19,503. C 3,814. 85,000. 81,186. d 62,381. 9,199. 71,580. е 202,804. 247,212. 44,408. 19,452. 19,452. g h k m n 0 Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 (I) Losses (from col (h)) Gains (excess of col. (h) gain over col. (k), (j) Adjusted basis (k) Excess of col. (i) but not less than "-0-") (i) F.M.V. as of 12/31/69 over col. (j), if any as of 12/31/69 3,989. а <1,811.> b 19,503. C 3,814. d 9,199. е 202,804. 19,452. m n 0 $\{\begin{array}{l} \mbox{If gain, also enter in Part I, line 7} \\ \mbox{If (loss), enter "-0-" in Part I, line 7} \end{array}\}$

2

256,950.

N/A

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8

3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6).

Part IV Capital Gains and	Losses for Tax on In	vestmen	t Income	-				
(a) List and describe the kind(s) of property sold (for exam 2-story brick warehouse; or common stock, 200 shs.		nple, real estate, MLC Co.)		(b) How acquired (P - Purchase D - Donation (acquired lay, yr.)	(d) Date sold (mo., day, yr.)	
1a								
b SEE ATTACHED ST	ATEMENT			ļ				
<u>c</u>								
d				-				
<u>e </u>				⊥				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				ain or (loss) s (f) minus (
a b	· · · · · · · · · · · · · · · · · · ·							
C	·						-	
d								
e 646,664.			389,71	4.				256,950.
Complete only for assets showing gair	in column (h) and owned by t	the foundation	on 12/31/69	\neg			ol. (h) gain	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) col. (ii)			ol. (k), but not less than -0-) or Losses (from col. (h))			
a								
b			·					
C								
d								256 050
е				- [256,950.
2 Capital gain net income or (net capital lo	oss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	in Part I, line - in Part I, line	7 7	}	2			256,950.
3 Net short-term capital gain or (loss) as If gain, also enter in Part I, line 8, column		d (6)		}			NT / 7	
If (loss), enter -0- in Part I, line 8 Part V Qualification Unde	r Section 4940(e) for	Reduced	Tay on Net	Inv	3 estment Inc	ome	N/A	
								
(For optional use by domestic private found	ations subject to the section 4	1940(a) tax on	net investment in	icome.	.)			
If section 4940(d)(2) applies, leave this par	t blank.							
Was the foundation liable for the section 49 If "Yes," the foundation doesn't qualify unde				riod?				Yes X No
Enter the appropriate amount in each c				ntries				
(a)	(b)	`	,	(c)		T		(d)
Base periód years Calendar year (or tax year beginning in)	Adjusted qualifying dist	tributions	Net value of no		itable-use assets		Distrib (col. (b) div	utión ratio ided by col. (c))
2016	15	9,383.			689,033			.231314
2015		7,613.			424,308			.230052
2014	6	0,000.			456,184	•	· · · · · ·	.131526
2013		5,000.			289,808			.120770
2012	1	0,000.			269,780	•		.037067
				-				•
2 Total of line 1, column (d)						2		.750729
3 Average distribution ratio for the 5-year	base period - divide the total of	on line 2 by 5.0	0, or by the numbe	er of y	ears			
the foundation has been in existence if I	ess than 5 years					3		.150146
4 Enter the net value of noncharitable-use	assets for 2017 from Part X. I	ine 5				4		1,014,284.
	, 2000.000 2000 000000000000000000000000					_		
5 Multiply line 4 by line 3						5		152,291.
6 Enter 1% of net investment income (1%	of Part I. line 27b)					6		2,730.
	. <u> </u>							
7 Add lines 5 and 6						7		155,021.
8 Enter qualifying distributions from Part	XII, line 4					8		71,000.
If line 8 is equal to or greater than line 7	, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1%	6 tax rate.			

year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV

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

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		<u> </u>)	Page 5
P	art VII-A Statements Regarding Activities (continued)			
			Yes	No
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> </u>	<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	<u> </u>
	Website address ► N/A			
14	The books are in care of ► RICHARD A. NIELSEN Telephone no. ► 203			
		▶ 19807		, , ,
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here	1	7 / 7 ▶	• []
	and enter the amount of tax-exempt interest received or accrued during the year	<u>I</u> V	I/A	1 41-
10	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,	10	Yes	No X
	securities, or other financial account in a foreign country?	16		
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	Ì		!
D:	foreign country art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			<u> </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1.	a During the year, did the foundation (either directly or indirectly):	<u> </u>	163	140
10	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	No .		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	""		
	a disqualified person?	No.	i	
	(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?			۱,
	(5) Transfer any income or assets to a disqualified person (or make any of either available	"	ا ٠٠	
	for the benefit or use of a disqualified person)?	No	,	
	(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	į		,
	termination of government service, if terminating within 90 days.)	No] [1
	o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	'A 1b		-~
	Organizations relying on a current notice regarding disaster assistance, check here	<u> </u>	 . 	
	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 2017?	1c	•	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		1:	
	defined in section 4942(j)(3) or 4942(j)(5)):		۴.	İ,
	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	[+ ;
	before 2017?	No		,
	If "Yes," list the years ▶ , , , , ,			'
1	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.)	'A 2b	-	-7
	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•	Ì	}	,
3	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			'
	during the year?	No		Ι.
ı	o If "Yes," did it have excess business holdings in 2017 as a result of (1) any purchase by the foundation or disqualified persons after			:
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose	-	[[:
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			.
	Form 4720, to determine if the foundation had excess business holdings in 2017.)	'A 3b		L_
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2017?

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Part VII-B Statements Regarding Activities for Which I	orm 4/20 May Be F	Required (contin	ued)			
5a During the year, did the foundation pay or incur any amount to:					Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	es 🗶 No			, -		
(2) Influence the outcome of any specific public election (see section 4955); of	r to carry on, directly or indire					; ;
any voter registration drive?	es 🗶 No	•		. ,		
(3) Provide a grant to an individual for travel, study, or other similar purposes	Ye	es 🗶 No		: 4	•, }	
(4) Provide a grant to an organization other than a charitable, etc., organization	_	(-] []	7	
4945(d)(4)(A)? See instructions			es X No	'-		ł
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		₩			}
the prevention of cruelty to children or animals?		es 🗶 No			Ì,	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	NT / N	E.		1		
section 53.4945 or in a current notice regarding disaster assistance? See instri			N/A ▶□	5b	├─┤	—
Organizations relying on a current notice regarding disaster assistance, check l c if the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ned				
expenditure responsibility for the grant?		i/A ☐ Ye	es 🗀 No			1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	14	·,	,, 110			•
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premiums on		ĺ		['
a personal benefit contract?	pay promising on		es X No			
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		۱۱۷ کمی ۳۰	6b		X
If "Yes" to 6b, file Form 8870.			ŀ			
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Y6	es 🗶 No			
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b		
Part VIII Information About Officers, Directors, Trust		nagers, Highly				
Paid Employees, and Contractors						
1 List all officers, directors, trustees, and foundation managers and t		I (-) Company :	Crave			
(a) Name and address (b) Title, and average hours per week devoted to position (If not paid, enter -0-) (d) Contributions to employee benefit plans and determine and defendence compensation					(e) Expense account, other allowances	
RICHARD A. NIELSEN	TRUSTEE		· — · · · · · · · · · · · · · · · · · ·			-
PO BOX 1111		[_			•
BOCA GRANDE, FL 33921	0.00	0.	0	∙—		<u>0.</u>
	TRUSTEE					
PO BOX 1111	0 00		^			٥
BOCA GRANDE, FL 33921	0.00	0.	0	+		0.
	TRUSTEE	<u> </u>				
PO BOX 3859 GREENVILLE, DE 19807	0.00	J 0.	0			
GREENVILLE, DE 19807	0.00			+		0.
		ļ				
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		Щ.		
	(b) Title, and average hours per week		(d) Contributions to		(e) Expo	ense
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	ĭ la	ccount, allowar	omer ices
NONE	<u></u>	<u> </u>		\top	_	
				 		
]				
		<u> </u>		┷		
		ļ. —	<u> </u>			
T-A-L number of other ampleyees and over #CO 000		<u> </u>				
Total number of other employees paid over \$50,000			For	m QQ)-PF (
			FULL	11 336	7-1:I (2017)

3 Five highest-paid independent contractors for professional services. If none, ente	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	\neg	
		
	_	
	····	
	_	
\$50,000 ft.	_1	•
otal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
	treal referencies such as the	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced.		Expenses
SEE STATEMENT 7		0 .
·		
· · · · · · · · · · · · · · · · · · ·		
		·
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
N/A		
		0.
All other program-related investments. See instructions.	İ	
)		
Table Addition of Abranch O		0.
Total, Add lines 1 through 3		5: 000 DE (0047)

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P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	undations, s	see instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
a	Average monthly fair market value of securities	1a	772,389.
	Average of monthly cash balances	1b	772,389. 257,341.
	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,029,730.
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	1,029,730.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	15,446.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,014,284.
6	Minimum investment return. Enter 5% of line 5	6	50,714.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations, check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	50,714.
2a	Tax on investment income for 2017 from Part VI, line 5 2a 5, 461		
b	Income tax for 2017. (This does not include the tax from Part VI.)]	
ε	Add lines 2a and 2b	2c	5,461.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	45,253.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	45,253.
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	45,253.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	71,000.
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.] .]	
а	Suitability test (prior IRS approval required)	3a	
b	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	71,000.
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	71,000.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for	the section

Form **990-PF** (2017)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

NIELSEN FAMILY FOUNDATION

	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1 Distributable amount for 2017 from Part XI, line 7				45,253.
2 Undistributed income, if any, as of the end of 2017				13,2331
a Enter amount for 2016 only			0.	
b Total for prior years.				
b rotarior prior years.		0.		
3 Excess distributions carryover, if any, to 2017:				<u> </u>
a From 2012				
b From 2013 21,975.				
c From 2014 39, 182.				
dFrom 2015 81,172.				
eFrom 2016 130, 165.				
f Total of lines 3a through e	272,494.			
4 Qualifying distributions for 2017 from	2,3,1311			<u> </u>
Part XII, line 4: ▶\$ 71,000.				
a Applied to 2016, but not more than line 2a			0.	
b Applied to undistributed income of prior	· 			
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	·			
(Election required - see instructions)	0.			.,
d Applied to 2017 distributable amount				45,253.
e Remaining amount distributed out of corpus	25,747.		-	1
5 Excess distributions carryover applied to 2017	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:	~ ~~~			- (
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	298,241.			
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 2016. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2017. Subtract				
lines 4d and 5 from line 1. This amount must				_
be distributed in 2018				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election	0			
may be required - see instructions)	0.			
8 Excess distributions carryover from 2012	0			
not applied on line 5 or line 7	0.		<u> </u>	
9 Excess distributions carryover to 2018.	200 244			'
Subtract lines 7 and 8 from line 6a	298,241.			·
10 Analysis of line 9				,
a Excess from 2013 21,975.				!
b Excess from 2014 39, 182.				
c Excess from 2015 81,172.				
d Excess from 2016 130, 165.				·
e Excess from 2017 25,747.			<u></u>	<u></u>

Form 990-PF (2017) NIELSEN Part XIV Private Operating F	FAMILY FOU		A ====================================	31-150	57600 Page 10
			-A, question 9)	N/A	
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective fo	r 2017, enter the date of t	he ruling	▶	/	
b Check box to indicate whether the found	lation is a private operatin	g foundation described i	n section	4942(j)(3) or 494	12(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for		·- <u></u>			· · · · · · · · · · · · · · · · · · ·
each year listed					
b 85% of line 2a			·	 / 	
				/	
c Qualifying distributions from Part XII,			/	1	
line 4 for each year listed			/		
d Amounts included in line 2c not	j]	
used directly for active conduct of					
exempt activities				<u> </u>	
e Qualifying distributions made directly					
for active conduct of exempt activities.				1	
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the			/	· · · · · · · · · · · · · · · · · · ·	
alternative test relied upon. a "Assets" alternative test - enter:		<i>f</i>	7		
(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	4	/			
securities loans (section	/				
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt	/ /			1	
organizations as provided in section 4942(j)(3)(B)(iii)	/ /				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income				<u> </u>	
Part XV Supplementary Info	rmation (Comple	te this part only	if the foundation	had \$5 000 or mo	re in assets
at any time during t			ir the realisation	11.00 40,000 01 1110	
					
1 Information Regarding Foundation	•	han 90/ of the total cost	which are recovered by the	foundation before the close	of any toy
a List any managers of the foundation who year (but only if they have contributed m			ibutions received by the	ioundation before the close	e or any tax
, , , ,	iore (παιτ φο,σοσ). (σου σο	001 (0)(2).)			
RICHARD A. NIELSEN		·			
b List any managers of the foundation who			or an equally large portion	on of the ownership of a pai	tnership or
other entity) of which the foundation has	a 10% of greater litteres	l.			
NONE					<u> </u>
2 Information Regarding Contributi					
Check here 🕨 🗶 if the foundation o					sts for funds. If
the foundation makes gifts, grants, etc.,	to individuals or organiza	tions under other conditi	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone numb	per or email address of the	person to whom applic	ations should be address	sed	···
b The form in which applications should b	e submitted and informati	on and materials they sh	ould include:		
o te timen appround to offerior o			··· -		
c Any submission deadlines.					
- They submission deadmiss.					
d Any restrictions or limitations on awards	, such as by geographica	areas, charitable fields.	kinds of institutions, or o	other factors	
,			•		

3 Grants and Contributions Paid During the		Payment		
Recipient Recipient	If recipient is an individual			
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
a Paid during the year	Of Substantial Continuator	Toopient		
a Faid duffing the year				
CAPE ELEUTHERA FOUNDATION, INC.	N/A	501(C)(3)	GENERAL USE	
745 ATLANTIC AVENUE, 8TH FLOOR	İ	ľ	1	
BOSTON, MA 02111				25,000
		i		
THE JOHN HOPKINS HOSPITAL	N/A	501(C)(3)	GENERAL USE	
3910 KESWICK RD S BLDNG NO 4300A				
BALTIMORE, MD 21211				46,000
		1	İ	
		†		
	ļ			
		1		
		 		
				۹ اند
		<u> </u>		
Total			<u>▶ 3a</u>	71,000
b Approved for future payment				
	1	}		
NONE				
		}		
		<u> </u>		
		j		
		1		
		i		
				.,
		1		
Total	<u> </u>		▶ 3b	0

(a) siness code	(b) Amount	14	(d) Amount	(e) Related or exempt function income
code	Airiount	code		Tunction income
			2,053.	
			2,053.	
			2,053.	
			2,053.	
			2,053.	
			2,053.	
			2,053.	
			2,053.	<u> </u>
			2,053.	
		1 th	2,053. 15,616.	 -
		 	- 	
1				
		11		
		18	256,950.	
				
	().		0
			13	274,619
e Accom	plishment of	Exempt Pu	urposes	
		I-A contributed	importantly to the accomp	lishment of
vioing tunds	tor such purposes)		 	_
			 	
	eported in co	e Accomplishment of	e Accomplishment of Exempt Pu	P Accomplishment of Exempt Purposes apported in column (e) of Part XVI-A contributed importantly to the accomp

	XVII		egarding Tra		and Transactions a	nd Relationsh	nips With Nonch		_	age 10
	-	Exempt Organ					•			
1 Di	d the or	ganization directly or indi	rectly engage in an	y of the following	ng with any other organization	on described in secti	on 501(c)		Yes	No
(0	ther tha	n section 501(c)(3) orgai	nizations) or in sect	tion 527, relatin	g to political organizations?			i		
a Tr	ansfers	from the reporting found	ation to a nonchari	table exempt or	ganization of:					
(1) Cash							1a(1)		X
(2) Other	assets						1a(2)		X
b Ot	her tran	sactions:								
(1) Sales	of assets to a noncharita	ible exempt organiz	zation				1b(1)		X
(2) Purch	ases of assets from a no	incharitable exempt	t organization				1b(2)		X_
(3) Renta	il of facilities, equipment,	or other assets					1b(3)		X
(4) Reimi	bursement arrangements	,					1b(4)		X
(5) Loans	s or loan guarantees						1b(5)		Х
(6) Perfo	rmance of services or me	embership or fundr	aising solicitatio	ons			16(6)		Х
c St	aring of	f facilities, equipment, ma	uling lists, other as:	sets, or paid em	ployees			1c		X
d If	he ansv	ver to any of the above is	"Yes," complete the	e following sche	edule. Column (b) should al	ways show the fair m	narket value of the goods	s, other ass	ets,	
or	service	s given by the reporting f	oundation. If the fo	undation receiv	ed less than fair market valu	ue in any transaction	or sharing arrangement	, show in		
CO	lumn (d) the value of the goods,	other assets, or se	rvices received.						
(a)Line	10	(b) Amount involved	(c) Name		e exempt organization	(d) Description	of transfers, transactions, ar	nd sharing ar	rangeme	ents
			<u> </u>	N/A						
			<u> </u>							
							····			
2a is	the four	dation directly or indirec	tly affiliated with, or	r related to, one	or more tax-exempt organi	zations described				
ın	section	501(c) (other than section	on 501(c)(3)) or in s	section 527?				Yes	X] No
b If	Yes," co	implete the following sch	edule							
		(a) Name of org	janization		(b) Type of organization		(c) Description of relation	nship		
		N/A								
		11/						_		
					ng accompanying schedules and		best of my knowledge	May the IRS of	discuss	his
Sign		iller; it is true, gorrect, and co	note Declaration of	preparer (other tha -	n taxpayer) is based on all inform	nation of which preparer	nas any knowledge	eturn with the	e prepar ? See in	er str
Here					u	TRUSTE	E	X Yes] No
	Sign	afure of officer or trustee	,		Date V	Title	L			
		Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if PTIN	v <u>———</u>		
				MAN	00/00	11/1/10	self- employed			
Paid		JACQUELINE			LEL NIV	1110118		01256		
Prep		Firm's name > AND	ERSEN TA	X LLC			Firm's EIN ► 33-	$1\overline{1973}$	84	
Use	Only						<u> </u>			
	Firm's address ► 1700 EAST PUTNAM AVENUE, SUITE						— -			

OLD GREENWICH, CT 06870

Phone no. 203-987-3660

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

NIELSEN FAMILY FOUNDATION

Employer identification number

	NIELSEN FAMILY FOUNDATION	31-1567600
Organization type (check	cone)	<u></u>
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	
• •	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Il Rule See instructions
General Rule		
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions tot ny one contributor. Complete Parts I and II. See instructions for determining a contribu	
Special Rules		
sections 509(a)(any one contribu	ion 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, lator, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the areZ, line 1 Complete Parts I and II	16a, or 16b, and that received from
year, total contri	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received fi butions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, literary, or e f cruelty to children or animals Complete Parts I, II, and III	
year, contributio is checked, ente purpose Don't d	ion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received fins exclusively for religious, charitable, etc., purposes, but no such contributions totale in here the total contributions that were received during the year for an exclusively religions complete any of the parts unless the General Rule applies to this organization becaus ble, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000 If this box ious, charitable, etc ,
but it must answer "No" o	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on ret the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	

Name of organization

Employer identification number

NIELSEN FAMILY FOUNDATION

31-1567600

Part I	Contributors (see instructions) Use duplicate copies of Part I if a	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	P.O. BOX 1111 BOCA GRANDE, FL 33921	ssss	Person Payroll Noncash X (Complete Part If for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	P.O. BOX 1111 BOCA GRANDE, FL 33921	ss2,689.	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 Oncash 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 Oncash Complete Part II for noncash contributions)
723452 11-0	1-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017)

Employer identification number

NIELSEN FAMILY FOUNDATION

31-1567600

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_1	1,860 SHS UNION PACIFIC CORPORATION (UNP)	-	
		\$\$	01/31/18
(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
		- - - - - - - -	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		-	
	-17	- \$	90, 990-EZ, or 990-PF) (2

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Name of organization

Employer identification number

	N FAMILY FOUNDATION		31-1567600		
Part III	the year from any one contributor. Complete co	olumns (a) through (e) and the follow	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 religious Use duplicate copies of Part III if additional	s, charitable, etc., contributions of \$1,000 or al space is needed	r less for the year (Enterthis info once)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
<u> </u>					
		(e) Transfer of gift			
-	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee		
-					
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
] :					
<u> </u>		(e) Transfer of gift	•		
i	Tunnafaraala nama addussa an				
-	Transferee's name, address, an	u zir + 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		
:					
-		/a) Tunnafan af aiffi			
	(e) Transfer of git		Relationship of transferor to transferee		
-	Transfer de d'iname, dadress, un				
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
:					
<u> </u> -		(a) Transfer of suff			
	(e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee				
-					
-					

FORM 990-PF INTERE	ST ON SAVI	NGS AND TEM	PORARY	CASH	INVESTMENTS	STATEMENT	1
SOURCE		(A REVE PER B	NUE		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME	:
BESSEMER ACCT #9D7Y	12		2,053.		2,053.		
TOTAL TO PART I, LI	NE 3		2,053.		2,053.		
FORM 990-PF	DIVIDEND	S AND INTER	EST FR	OM SEC	URITIES	STATEMENT	2
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND	R	(A) EVENUE R BOOK			
BESSEMER ACCT #9D7Y12	35,068	. 19,45	2.	15,61	6. 15,61	16.	
TO PART I, LINE 4	35,068	. 19,45	2.	15,61	6. 15,61	16.	
FORM 990-PF	0	THER PROFES	SIONAL	FEES		STATEMENT	 3
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME			
BESSEMER TRUST #9D7	Y12	1,594.		1,594	•		0.
TO FORM 990-PF, PG	1, LN 16C	1,594.		1,594	•		0.
FORM 990-PF		TAX	ES			STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NET I	B) NVEST- INCOME	(C) ADJUSTEI NET INCOM		
PRIOR YEAR BALANCE	DUE _	2,689.		0	•		0.
TO FORM 990-PF, PG	1, LN 18	2,689.		0	•		0.

FORM 990-PF OTHER DECREASES IN NET ASSETS OR F	FUND BALANCES	STATEMENT 5
DESCRIPTION		AMOUNT
BOOK TO TAX ADJUSTMENT FOR SECURITIES DONATED		206,683.
TOTAL TO FORM 990-PF, PART III, LINE 5		206,683.
FORM 990-PF CORPORATE STOCK		STATEMENT 6
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
OW FIXED INCOME FUND	310,000.	304,139.
OW LARGE CAP STRATEGIES FUND	130,568.	
OW SMALL & MID CAP FUND OW ALL CAP CORE FUND	40,642. 69,021.	45,764. 86,918.
OW STRATEGIC OPPORTUNITIES FUND	94,324.	93,733.
TOTAL TO FORM 990-PF, PART II, LINE 10B	644,555.	669,961.
FORM 990-PF SUMMARY OF DIRECT CHARITABLE A	ACTIVITIES	STATEMENT 7
ACTIVITY ONE		
PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN AN CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER 501(C)(3).	O SUPPORT,	•
		EXPENSES
TO FORM 990-PF, PART IX-A, LINE 1		0.