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## Form **99.0-PF**

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

2013

OMB No 1545-0052

Departinent of the Treasury Internal Revenue Service ► Do not enter Social Security numbers on this form as it may be made public. ► Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For cale	endar year 2013, or tax year beginning	, 2013,	and ending		•	
	DSON FAMILY FOUNDATION, INC.			A	Employer identification num 45-3750142	nber
7 SUNRISE CAY DRIVE KEY LARGO, FL 33037			Telephone number (see the instructions) 305-367-3416			
O Cha	al. all that are larger to the first set are	The ball rations of a form	or public abouty	С	If exemption application is	pending, check here
<b>G</b> Спе	ck all that apply Initial return Final return	Initial return of a forn Amended return	ier public charity	D	1 Foreign organizations, chec	k here
	Address change	Name change			2 Foreign organizations meeti	ing the 85% test, check
<b>H</b> 인	heck type of organization X Section 501 Section 4947(a)(1) nonexempt charitable t	(c)(3) exempt private for	oundation private foundation		here and attach computatio	
I Fa	<u> </u>	ounting method X Ca		E	If private foundation status under section 507(b)(1)(A),	
(fr	rom Part II, column (c), line 16)	Other (specify)		F	If the foundation is in a 60- under section 507(b)(1)(B)	
► \$		column (d) must be or				<u> </u>
Tarei	Expenses (The total of amounts in columns (b), (c), and (d) may not neces-	(a) Revenue and expenses per books	(b) Net investmer income	٦t	(c) Adjusted net income	(d) Disbursements for charitable
	sarily equal the amounts in column (a) (see instructions).)					purposes (cash basis only)
	1 Contributions, gifts, grants, etc, received (att sch)	163,809.				
	2 Ck   X if the foundn is not req to att Sch B 3 Interest on savings and temporary					
	cash investments 4 Dividends and interest from securities	596.	5.0	96.	596.	
	5 a Gross rents b Net rental income	350.				
R	or (loss)  6 a Net gain/(loss) from sale of assets not on line 10	744.				
R E V	<b>b</b> Gross sales price for all assets on line 6a 177, 125.		· · · · · · · · · · · · · · · · · · ·	4.4		
E N	7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain			14.	744.	
E	9 Income modifications 10 a Gross sales less returns and					
	returns and allowances b Less Cost of					
	goods sold. c Gross profit/(loss) (att sch)					
. !	11 Other income (attach schedule)					
	12 Total. Add lines 1 through 11	165,149.	1,34	40.	1,340.	
<i>5</i>	Compensation of officers, directors, trustees, etc  14 Other employee salaries and wages	0.				
	15 Pension plans, employee benefits					
A D	16 a Legal fees (attach schedule) b Accounting fees (attach sch)					
M I N	c Other prof fees (attach sch)		j			
O I P S E T	17 Interest 18 Taxes (attach schedule)(see instrs)		100		ARCHMED -	
O P E R A T	19 Depreciation (attach sch) and depletion			 \$	E 1. G 2014 6	
l j N c y	20 Occupancy				2014	
GÉ	<ul><li>21 Travel, conferences, and meetings</li><li>22 Printing and publications</li></ul>			0	DEN IN	
A E N X D P	23 Other expenses (attach schedule) SEE STATEMENT 1	61.		61.		
N S	24 Total operating and administrative					
E S	expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid STMT 2	19,800.		<u>61.</u>		19,800.
	26 Total expenses and disbursements. Add lines 24 and 25	19,861.		61.	0.	19,800.
	27 Subtract line 26 from line 12:	15,001.		<u> </u>	1	15,000.
	a Excess of revenue over expenses and disbursements.	145,288.				
	b Net Investment income (if negative, enter -0-).  C Adjusted net income (if negative, enter -0-)		1,2	<u>79.</u>	1,340.	
BAA F	or Paperwork Reduction Act Notice, see in:	structions.	1	TEE	A0504L 10/18/13	Form <b>990-PF</b> (2013)

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (column (b) divided by column (c))
2012			
2011			
2010			
2009			
2008			
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 existence if less than 5 years

Enter the net value of noncharitable-use assets for 2013 from Part X, line 5

5 Multiply line 4 by line 3

6 Enter 1% of net investment income (1% of Part I, line 27b)

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

8

3

4

5

6

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Form 990-PF (2013) DAVIDSON FAMILY FOUNDATION, INC. 45-3750142		Р	age <b>4</b>
Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instruction	is)		<del></del>
1 a Exempt operating foundations described in section 4940(d)(2), check here			]
Date of ruling or determination letter (attach copy of letter if necessary – see instrs)			
b Domestic foundations that meet the section 4940(e) requirements in Part V,			<u> 26.</u>
check here. ▶ ☐ and enter 1% of Part I, line 27b			!
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, column (b)			نـــــــ
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable			
foundations only Other's enter -0-)			<u>0.</u>
3 Add lines 1 and 2			26.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			26.
6 Credits/Payments:			]
a 2013 estimated tax pmts and 2012 overpayment credited to 2013 . 6a			į
b Exempt foreign organizations — tax withheld at source 6b			}
c Tax paid with application for extension of time to file (Form 8868)			
d Backup withholding erroneously withheld			
7 Total credits and payments Add lines 6a through 6d 7			0.
8 Enter any penalty for underpayment of estimated tax. Check hereif Form 2220 is attached8			
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed			26.
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 2014 estimated tax			
Part VII-A   Statements Regarding Activities			
1 a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	<del></del>	Yes	No
participate or intervene in any political campaign?  b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes	1 a		<u>X</u>
(see the instructions for definition)?	1 b		X
If 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			
c Did the foundation file Form 1120-POL for this year?	1 c		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year			
(1) On the foundation >\$ 0. (2) On foundation managers >\$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ►\$ 0			ļ
foundation managers.   \$0.  2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
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 incorporation, or bylaws, or other similar instruments? If 'Yes,' attach a conformed copy of the changes	3		X
4 a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4 a		Х
<b>b</b> If 'Yes,' has it filed a tax return on <b>Form 990-T</b> for this year?	4 b	N	/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
If 'Yes,' attach the statement required by General Instruction T	1 1		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:			
By language in the governing instrument, or			
<ul> <li>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?</li> </ul>	6		
7 Did the foundation have at least \$5,000 in assets at any time during the year? If 'Yes,' complete Part II, column (c), and Part XV	7	Х	
8a Enter the states to which the foundation reports or with which it is registered (see instructions)	<del>  '- </del>	^	]
FL			
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) of each state as required by General Instruction G? If 'No,' attach explanation	8 b		
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 year 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If 'Yes,' complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedule listing their names and addresses	10		v
	orm <b>990</b>	- <b>PF</b> (2	X_ (013)

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Pai	rt VII-A   Statements Regarding Activities (continued)			
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)	1	1	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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications website address \bigs N/A	ion? 1:	3 X	<u> </u>
14		305-367-	-3416	
	Located at ► 7 SUNRISE CAY DRIVE KEY LARGO FL ZIP + 4 ► 3303	37		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		/A •	• 📙
	and enter the amount of tax-exempt interest received or accrued during the year	5		N/A
16	At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	10	Yes 6	No X
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1. If 'Yes,' enter the name of the foreign country ►			
Pai	rt VII-B   Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the 'Yes' column, unless an exception applies.		Yes	No
1 a	a 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?	X No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	XNo		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes	X No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes	X No	,	1
	(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)?  Yes	XNo		-
	(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).	X No	:	
ŀ	b 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)?		1 b N	N/A
	Organizations relying on a current notice regarding disaster assistance check here			
(	c 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 2013?		1 c	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)).			
•	a At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2013?  If 'Yes,' list the years ▶ 20 , 20 , 20 , 20	XNo		
1	<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 )	<u> </u>	2b 1	N/A
•	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here  20 , 20 , 20 , 20 , 20			,
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	X No		
I	b If 'Yes,' did it have excess business holdings in 2013 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 2013)			
A	détermine if the foundation had excess business holdings in 2013 )  a Did the foundation invest during the year any amount in a manner that would jeopardize its	-	3b ]	N/A
4	charitable purposes?		4 a	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 2013?		4 b	V
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		14720 may be requ	uneu (continuca	<del>/</del>	<del></del>
5 a During the year did the foundation pay or incu (1) Carry on propaganda, or otherwise attempt	•	n (section 4945(e))?	Yes	X No	
(2) Influence the outcome of any specific pub on, directly or indirectly, any voter registra	lic election (see section	4955), or to carry	☐Yes	X No	
(3) Provide a grant to an individual for travel,		purposes?	Yes	X No	
(4) Provide a grant to an organization other the in section 509(a)(1), (2), or (3), or section	nan a charitable, etc, or 4940(d)(2)? (see instru	ganization described ictions)	Yes	X No	
(5) Provide for any purpose other than religio educational purposes, or for the preventio	us, charitable, scientific n of cruelty to children	, literary, or or animals?	Yes	X No	
b If any answer is 'Yes' to 5a(1)-(5), did any of described in Regulations section 53 4945 or in (see instructions)?	the transactions fail to o a current notice regard	qualify under the excep ling disaster assistance	tions	5 t	b N/A
Organizations relying on a current notice rega	rding disaster assistanc	e check here	•		
c If the answer is 'Yes' to question 5a(4), does tax because it maintained expenditure respon	sibility for the grant?		N/A Yes	☐ No	
If 'Yes,' attach the statement required by Regi		• •			
<ul> <li>6 a Did the foundation, during the year, receive an on a personal benefit contract?</li> <li>b Did the foundation, during the year, pay prem</li> </ul>			Yes	X No	b X
If 'Yes' to 6b, file Form 8870	arris, arrotty or manes	ny, on a personal bene	nt contract	0.	
7 a At any time during the tax year, was the found				X No	
<b>b</b> If 'Yes,' did the foundation receive any proceed				N/A 7t	
Part VIII Information About Officers, D and Contractors	irectors, irustees,	Foundation Manag	gers, nignly Paid	a ⊏mpioye€	<b>35</b> ,
1 List all officers, directors, trustees, foundation	n managers and their o	compensation (see inst	ructions).		
(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 benef plans and deferre compensation	fit other	nse account, allowances
SEE STATEMENT 4		-	Componential.	·	
		0.		0.	0.
		•			
2 Compensation of five highest-paid employees (o	l ther than those included	on line 1 – see instructio	ns). If none, enter 'NO	NE.'	
(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 benef plans and deferre compensation	it other	nse account, allowances
NONE					
Total number of other employees paid over \$50,000 BAA			•	Form 00	0 0 0 0
DAA	TEEA0306L 0	)//1U/13		rorm 9:	90-PF (2013)

Porm 990-PF (2013) DAVIDSON FAMILY FOUNDATION, INC.  Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	45-375 ation Managers, Highly Paid E	0142 Page 7 mployees,
3 `Five highest-paid independent contractors for professional services (see ins	tructions). 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	<b>•</b>	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	Expenses
organizations and other beneficiaries served, conferences convened, research papers produced, etc.		<u> </u>
1 <u>N/A</u>		
2	<del></del> , , , , , , , , , , , , , , , , ,	<del> </del>
3		
	- <b></b>	
4		
	<del> </del>	
Part IX-B Summary of Program-Related Investments (see instruct	ions)	
Describe the two largest program-related investments made by the foundation during the	tax year on lines 1 and 2	Amount
1		
<u>N/A</u>		
		<del> </del>
2		
All other program related investments. See instructions		
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	<b>-</b>	0.
Total: Add lines I tillough 3		L U.

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### Part XII Qualifying Distributions (see instructions)

ā	a Expenses, contributions, gifts, etc — total from Part I, column (d), line 26	l a	19,800.
t	Program-related investments — total from Part IX-B	1 Ь	
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 Suitability test (prior IRS approval required)	3 a	
Ł	Cash distribution test (attach the required schedule).	3 b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	19,800.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	19,800.

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 4940(e) reduction of tax in those years

Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1

1 Amounts paid (including administrative expenses) to accomplish charitable, etc. purposes:

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0.

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2012	<b>(c)</b> 2012	<b>(d)</b> 2013
1 Distributable amount for 2013 from Part XI,				
line 7  2 Undistributed income, if any, as of the end of 2013				0.
a Enter amount for 2012 only			0.	
<b>b</b> Total for prior years. 20 , 20 , 20		0.	<u></u> -	
3 Excess distributions carryover, if any, to 2013		0.		
a From 2008				
<b>b</b> From 2009.				
<b>c</b> From 2010				
d From 2011				
e From 2012 2,595.				
f Total of lines 3a through e	2,595.			
4 Qualifying distributions for 2013 from Part				
XII, line 4 ► \$ 19,800.				
a Applied to 2012, 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 2013 distributable amount				0.
e Remaining amount distributed out of corpus	19,800.			
5 Excess distributions carryover applied to 2013	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )			i	
6 Enter the net total of each column as				
indicated below:				
a Corpus. Add lines 3f, 4c, and 4e Subtract line 5	22,395.			····································
<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.		
2		0.1		
e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount — see instructions.			0.	
into Ed. Taxable amount. See instructiona.				<del></del>
f Undistributed income for 2013. Subtract lines				
4d and 5 from line 1. This amount must be distributed in 2014.		-		0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed		-		
by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	0.			
8 Excess distributions carryover from 2008 not				
applied on line 5 or line 7 (see instructions)	l o.			
9 Excess distributions carryover to 2014.				
Subtract lines 7 and 8 from line 6a	22,395.	}		
10 Analysis of line 9:				
a Excess from 2009	]			
b Excess from 2010	j			
c Excess from 2011	]			
d Excess from 2012 2,595.				
e Excess from 2013 19,800.				

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		Private Operating Foundat				<del></del>	N/A
	is effect	undation has received a ruling or deterive for 2013, enter the date of the	ruling			^	1040()(5)
		ox to indicate whether the foundat		erating foundation o		4942(j)(3) or	4942(j)(5)
2 a		le lesser of the adjusted net from Part I or the minimum	Tax year (a) 2013	<b>(b)</b> 2012	Prior 3 years (c) 2011	(d) 2010	(e) Total
	each ye	ent return from Part X for ar listed	(a) 2013	(6) 2012	(6) 2011	(u) 2010	(e) rotai
	85% of			ļ			
	line 4 fc	ng distributions from Part XII, or each year listed					
	for active	ncluded in line 2c not used directly conduct of exempt activities					<u>.</u>
	for activ Subtrac	ng distributions made directly re conduct of exempt activities t line 2d from line 2c					
3		te 3a, b, or c for the ive test relied upon:					
а		alternative test - enter					
	,	ue of all assets					
	sect	ue of assets qualifying under tion 4942(j)(3)(B)(i)					<del></del>
b	minimum	ent' alternative test — enter 2/3 of investment return shown in Part X, each year listed					
С		t' alternative test — enter:					
	inve divi	al support other than gross stment income (interest, dends, rents, payments securities loans (section (a)(5)), or royalties)					
	more	oort from general public and 5 or e exempt organizations as provided ection 4942(j)(3)(B)(iii).					
		gest amount of support from exempt organization					
	` '	ss investment income					<u> </u>
Par	t XV	Supplementary Information assets at any time during the	(Complete this le vear – see il	s part only if the	foundation had	\$5,000 or more	in
1 a	Informa List any	ntion Regarding Foundation Managers of the foundation who have any tax year (but only if they have	gers: e contributed more	than 2% of the total c	ontributions received l section 507(d)(2) )	by the foundation befo	ore the
b	List any a partne NONE	managers of the foundation who owr ership or other entity) of which the	10% or more of the foundation has a	e stock of a corporation 10% or greater inter	on (or an equally large rest.	portion of the owner	ship of
	Check herequest	ation Regarding Contribution, Granere $\[ ightarrow \]$ if the foundation only make s for funds. If the foundation make te items 2a, b, c, and d	akes contributions to es gifts, grants, etc	o preselected charitab c (see instructions) t	le organizations and o o individuals or orga	nizations under othe	icited er conditions,
а	The nan	ne, address, and telephone number o	r e-mail of the pers	on to whom applicatio	ons should be address	ed	
t	The for	m in which applications should be	submitted and info	ormation and materi	als they should ınclu	de.	
	: Any sul	omission deadlines:	<del></del>				
-	Any res	strictions or limitations on awards,	such as by geogra	aphical areas, charita	able fields, kinds of i	nstitutions, or other	factors.

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	substantial contributor	recipient		
a Paid during the year				
Total	1	<u> </u>	► 3a	
b Approved for future payment  Total			. ► 3±	

## Part XVI-A Analysis of Income-Producing Activities

nter gross amounts unless otherwise indicated	Unrelated	business income	Excluded by	section 512, 513, or 514	(e)	
Program service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclu- sion code	<b>(d)</b> Amount	Related or exempt function income (See instructions)	
a	<u> </u>					
b						
С						
d						
е		_				
f						
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					596.	
5 Net rental income or (loss) from real estate:					<u> </u>	
a Debt-financed property						
<b>b</b> Not debt-financed property						
6 Net rental income or (loss) from personal property						
7 Other investment income						
8 Gain or (loss) from sales of assets other than inventory					744.	
9 Net income or (loss) from special events						
10 Gross profit or (loss) from sales of inventory		-				
11 Other revenue						
a				·		
b		· · · · · · · · · · · · · · · · · · ·				
С						
d	<u> </u>	· · · · · · · · · · · · · · · · · · ·				
e	<u> </u>					
12 Subtotal Add columns (b), (d), and (e)					1,340.	
13 Total. Add line 12, columns (b), (d), and (e)				13	1,340.	
See worksheet in line 13 instructions to verify calculati	ons )					

Line No. ▼	Explain below now each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes) (See instructions)
N/A	
-	

# Form 990-PF (2013) DAVIDSON FAMILY FOUNDATION, INC. 45-3750142 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

												<del></del>			
1 Dr de re	d the o escribed lating to	rganization dire 1 in section 501 o political orga	ectly o l(c) of nızatıc	or indirectly e the Code (o	ngage ii ther thai	n any of n section	the fo 1 501 (d	llowing wi c)(3) orgai	th any o	ther organizat s) or in section	on 527,			Yes	No
a Tr	ansfers	from the repo	rting f	oundation to	a nonch	arıtable	exem	pt organiz	ation of			•			.
(1	) Cash												1 a (1)		X
•	•	r assets											1 a (2)		X
•	•	nsactions:										İ	1-2		
-		of assets to a	noncl	haritable eve	mnt ora	anızatıor	٦					-	1 b (1)		X
•	,	nases of assets						nn.				-	1 b (2)		X
<b>(</b>	,					, ,	II IIZatii	JIL				-		-	
•	•	al of facilities, o		•	er assets							-	1 b (3)		<u>X</u>
•	•	bursement arra	_									-	1 b (4)		X
•	•	s or loan guara										-	1 b (5)		X
(6	) Perfo	rmance of sen	vices o	or membersh	np or fur	idraising	solici	tations				ļ	1 b (6)		<u>X</u>
c S	naring o	of facilities, equ	uıpmer	nt, mailing lis	sts, othe	r assets,	, or pa	ııd employ	ees			Ĺ	1 c		X
<b>d</b> If th ar	the ans e goods ny trans	swer to any of t s, other assets, o saction or shari	the ab or servi	ove is 'Yes,' ices given by rangement, s	complet the repo how in c	e the fol ting foun olumn <b>(c</b>	llowing idation <b>d)</b> the	schedule If the fou value of t	Colum ndation r he good	in <b>(b)</b> should a eceived less that s, other assets	lways show an fair marke s, or service	the fair met value in	arket val I.	ue of	
(a) Line	no	(b) Amount involv	/ed	(c) Name	of nonchar	itable exem	npt orga	nızatıon	(d	) Description of tr	ansfers, transa	ctions, and s	haring arrai	ngement	.s
N/A		<u> </u>													
										-					
									<u> </u>						
					<del></del>				<del>                                     </del>				•		
			+						†						
			-						1						
	<del></del>				<del></del>				<del> </del>	<del></del>					
			-	<del></del>			_		-						
									<u> </u>	<del></del>					
_	_								ļ						
															<del> </del>
									l						
d <sub>1</sub>	escribe	ndation directly d in section 50 complete the fo	1(c) of	f the Code (d	d with, o	r related n section	to, one n 501(	e or more t c)(3)) or i	ax-exem n section	pt organizations n 527?	5		Ye	s X	No
<u> </u>		Name of organ			1	(b) Type	e of or	ganization		1	(c) Descript	ion of rela	tionship		
NI / 7	(a)	rame or organ		,,,	+	ype i ype	<u> </u>	guinzation	·	+	(3) 2000iipi				
N/A					+					<del>                                     </del>					
						<del>\</del>									
				<del> </del>	1	<del>)</del> —				<del> </del>					
					<b></b>	<u>/</u>				<del> </del>					
					<u> </u>					<u> </u>					
Sign Here		enalties of perjury, land complete Decl	<del>_</del>	e that I have example of preparer (other	nined this r r than taxp:	eturn, inclu ayer) is bas	<i>&amp;</i>	companying s Il information	<u>y</u> >	DIRECTOR	I to the best of I	ny knowledge	May the this retu prepare (see ins	IRS disc rn with to r shown tructions	below
	Signa	ture of officer or trus				Danes :: 2	Date			Title	, , , , , , , , ,			Yes	No
		Print/Type prepare				Preparer's	signatu	· /	/	D30 /25/	/14 Check		PTIN		
Paid		LINDA BRA	<u>AFMA</u>	•		<del>/</del>	-27			10/000/	self-en	nployed	P0028		
Prepa	arer	Firm's name			KESSI		<b>Ç</b> OMP	AWY _			Firm's EIN	► 65-0!	517158		
Use (		Firm's address	► 4	020 SHER	IDAN	ST.									_
				OLLYWOOD		33021					Phone no	(954)	) 983-	5800	)
BAA				•	_								Form 99	_	

Department of the Treasury Internal Revenue Service

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

OMB No 1545-1709

-	e filing for an Automatic 3-Month Extension, con	-			► X
	e filing for an Additional (Not Automatic) 3-Mont		, , , , , , ,	•	
	plete Part II unless you have already been grante		·		
corporation request an ex Associated	iling (e-file). You can electronically file Form 8868 required to file Form 990-T), or an additional (not xtension of time to file any of the forms listed in Part With Certain Personal Benefit Contracts, which milling of this form, visit www.irs.gov/efile and click of	: automatic) I or Part II v ust be sent	<ul> <li>3-month extension of time You can eleated the exception of Form 8870, Information to the IRS in paper format (see instruct)</li> </ul>	ectronically file Fori n Return for Transfer	m 8868 to s
Part I	Automatic 3-Month Extension of Time	Only sub	omit original (no copies needed).		
A corporation	on required to file Form 990-T and requesting an a	automatic 6	-month extension - check this box and	complete Part I on	ly ► 🗍
All other coi	rporations (including 1120-C filers), partnerships, returns.	REMICs, ai		t an extension of til fying number, see	
	Name of exempt organization or other filer, see instructions			Employer identification	
Type or					
print	DAVIDSON FAMILY FOUNDATION, IN			45-3750142	
File by the	Number, street, and room or suite number. If a P O box, see in	structions		Social security number	(SSN)
due date for filing your	7 SUNRISE CAY DRIVE City, town or post office, state, and ZIP code For a foreign add		aliana	<u> </u>	
return See instructions		ress, see instru	cuons		
	KEY LARGO, FL 33037				
Enter the Re	eturn code for the return that this application is fo	or (file a sep	parate application for each return)		04
Application Is For		Return Code	Application Is For		Return Code
Form 990 or	Form 990-EZ	01	Form 990-T (corporation)		07
Form 990-B		02	Form 1041-A		08
Form 4720 (ı		03	Form 4720 (other than individual)		09
Form 990-P		04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	Form 8870	<del></del>	12
Telephor  If the or  If this is check the exter  1 I requerently in the exterior in the exteri	est an automatic 3-month (6 months for a corporation 8/15 , 20 14 , to file the exempt organization is for the organization's return for	Fax No siness in th digit Group theck this b	e United States, check this box Exemption Number (GEN)  ox In and attach a list with the natifile Form 990-T) extension of time	f this is for the who ames and EINs of a	5 , .
▶	$\{$ calendar year 20 $\underline{13}$ or $\}$ tax year beginning $\underline{}$ , 20 tax year entered in line 1 is for less than 12 months ange in accounting period			nal return	
	application is for Forms 990-BL, 990-PF, 990-T, 4 fundable credits. See instructions.	1720, or 60	69, enter the tentative tax, less any	3a \$	26.
<b>b</b> If this tax pa	application is for Forms 990-PF, 990-T, 4720, or syments made. Include any prior year overpaymen	6069, enter nt allowed a	any refundable credits and estimated as a credit	3 b \$	0.
				1 1	

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

3 c |\$

	(Rev 1-2014)				Page 2
-	re filing for an Additional (Not Automatic) 3-M				<b>►</b> X
•	complete Part II if you have already been gran			ısly filed Form 8868	_
	re filing for an Automatic 3-Month Extension,				
Part II	Additional (Not Automatic) 3-Month I	Extension of		<del></del>	
			Enter filer's	identifying number, see	
	Name of exempt organization or other filer, see instructions			Employer identification number	(EIN) or
Type or					
print	DAVIDSON FAMILY FOUNDATION,			45-3750142	<del></del>
File by the	Number, street, and room or suite number. If a P O box, se	e instructions		Social security number (SSN)	
extended due date for filing your	TOPPING, KESSLER & COMPANY 4020 SHERIDAN ST.				
return See instructions	City, town or post office, state, and ZIP code For a foreign a	ddress, see instruct	ions		
	HOLLYWOOD, FL 33021				
Application Is For	1	Return Code	Application Is For		04  Return Code
Form 990 c	or Form 990-EZ	01			
Form 990-E	3L	02	Form 1041-A		08
Form 4720	(ındıvıdual)	03	Form 4720 (other than individual)	)	09
Form 990-F	PF	04	Form 5227		10
	(section 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-1	(trust other than above)	06	Form 8870		12
STOP! Do i	not complete Part II if you were not already gr	anted an auton	natic 3-month extension on a prev	iously filed Form 8868.	
The boo Telepho	oks are in care of <u>THOMAS DAVIDSON,</u> one No. <u>305-367-3416</u> rganization does not have an office or place of	Fax No ► f business in th			<b>-</b>
• If the o	s for a Group Return, enter the organization's				is for the
<ul><li>If the or</li></ul>	· ·				
<ul><li>If the or</li><li>If this is</li></ul>	· ·	the group, ched	ck this box► 📗 and attach a list w	ith the names and EINs o	of all

	I request an additional 3-month extension of time until 11/15 , 20 14.  For calendar year 2013 , or other tax year beginning , 20 , and ending  If the tax year entered in line 5 is for less than 12 months, check reason in Initial return in File Change in accounting period  State in detail why you need the extension ADDITIONAL TIME IS NECESSARY TO GATHEORDER TO PREPARE A COMPLETE AND ACCURATE INCOME TAX RETURN.	 nal ref 		<u>IN</u>
8 a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	8 a	•	0.
t	o If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8 b		0.
-	Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8 c	\$	0.

## Signature and Verification must be completed for Part II only.

	ry, I declare that I have examined this form, incl and that I am authorized to prepare this form	iuding accompanying schedules and statements, and to n	o the best of my knowledge and belief, it is true,
Signature >	Sarry	Title ► CPA	Date ► 7 8 14
BAA	X X	FIFZ0502L 12/31/13	Form 8868 (Rev 1-2014

2	n	1	2
	u	•	

## FEDERAL STATEMENTS

PAGE 1

DAVIDSON FAMILY FOUNDATION, INC.

45-3750142

STATEMENT 1 FORM 990-PF, PART I, LINE 23 OTHER EXPENSES

		(A)	(B) NET	(C)	(D)
		EXPENSES	INVESTMENT	ADJUSTED	CHARITABLE
		PER BOOKS	INCOME	NET INCOME	<u>PURPOSES</u>
LICENSES	:	\$ 61.	\$ 61.		
	TOTAL	\$ 61.	\$ 61.	\$ 0.	\$ 0.

STATEMENT 2 FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

CASH GRANTS AND ALLOCATIONS

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY:

DONEE'S NAME:

DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

HEALTHNET FOUNDATION

33 RIVER STREET

CHAGRIN FALLS, OH 44022

NONE

1,000. \$

WOUNDED WARRIOR PROJECT 4899 BELFORT ROAD, S300

JACKSONVILLE, FL 32256

NONE

1,000.

OCEAN REEF MEDICAL CENTER FOUNDATION

50 BARRACUDA LANE KEY LARGO, FL 33037

NONE

BLESSINGS IN A BACKPACK P.O. BOX 950291

LOUISVILLE, KY 40295

NONE

2,500.

10,000.

PROJECT MEDISHARE

8260 N.E. 2 AVNEUE MIAMI, FL 33138

NONE

5,000.

CLASS OF ACTIVITY: DONEE'S NAME: DONEE'S ADDRESS:

GHANA SCHOLARSHIP FUND INC

85 E. INDIA ROW, 35D

2	0	1	3

## **FEDERAL STATEMENTS**

PAGE 2

DAVIDSON FAMILY FOUNDATION, INC.

45-3750142

STATEMENT 2 (CONTINUED) FORM 990-PF, PART I, LINE 25 CONTRIBUTIONS, GIFTS, AND GRANTS

BOSTON, MA 02110

NONE

RELATIONSHIP OF DONEE:

ORGANIZATIONAL STATUS OF DONEE:

AMOUNT GIVEN:

\$ 300.

TOTAL \$ 19,800.

STATEMENT 3 FORM 990-PF, PART III, LINE 3 OTHER INCREASES

EXEMPT INTEREST

TOTAL \$ 2.

### STATEMENT 4 FORM 990-PF, PART VIII, LINE 1 LIST OF OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVERAGE HOUR PER WEEK DEVO	S COMPEN- FED SATION	CONTRI- BUTION TO EBP & DC	ACCOUNT/
THOMAS N. DAVIDSON SR. 7 SUNRISE CAY DRIVE KEY LARGO, FL 33037	DIRECTOR 1.00	\$ 0.	\$ 0.	\$ 0.
THOMAS N. DAVIDSON JR 21 KINGS CROSS DR KING CITY, ONTARIO L7B 1E5 CANADA	DIRECTOR 1.00	0.	0.	0.
JOHN C. DAVIDSON 3875 WINDMILL LAKE ROAD WESTON, FL 33332	DIRECTOR 1.50	0.	0.	0.
JAMES R. DAVIDSON 171 PARTIOT HILL DRIVE BASKING RIDGE, NJ 07920	DIRECTOR 0	0.	0.	0.
JENNIFER KELLNER 1215 COUNTRY CLUB PRADO CORAL GABLES, FL 33134	SECRETARY 1.50	0.	0.	0.
SALLY A. DAVIDSON 7 SUNRISE CAY DRIVE KEY LARGO, FL 33037	DIRECTOR 0	0.	0.	0.
	TC	TAL \$ 0.	\$ 0.	<u>\$ 0.</u>