DLN: 93493215002196

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Information about Form 990 and its instructions is at <u>www.IRS.gov/form990</u>

OMB No 1545-0047

2015

Open to Public Inspection

			•						
A F	or the	e 2015 ca	lendar year, or tax year beginnin	g 01-01-2015 , and ending 12-31-20	15				
		applicable	C Name of organization Davis Family Foundation			D Emplo	yer ident	tification number	
_		change				01-0	390443		
∏ Nar —		_	Doing business as						
Init		turn	Number and street (or P.O. boy if m	all is not delivered to street address) Room/su	ute	E Teleph	one numb	er	
Final retu		erminated	30 Forest Falls Drive No 5	ial is not delivered to street address; Room, so	(207)846-9132				
┌ Am	ended	d return	City or town, state or province, cour	ntry, and ZIP or foreign postal code					
⊢ _{App}	olicatio	on pending	Yarmouth, ME 04096			G Gross i	G Gross receipts \$ 8,935,225		
			F Name and address of prin	ncipal officer	H(a) Is	this a group	roturn f	or	
			Anne Vaillancourt		1	ibordinates?		Yes √ No	
			30 Forest Falls Drive No 5 Yarmouth, ME 04096			re all subord	nates	∏Yes ∏No	
						cluded? "No," attach	ı a lıst (:	see instructions)	
I Ta	x-exer	empt status	▽ 501(c)(3) ┌ 501(c)() ◄ (॥	nsert no) 4947(a)(1) or 527		roup exempt			
J W	ebsit	te: ► www	v davisfoundations org						
K Forr	n of o	organization	Corporation Trust Association	n Other ►	L Year o	of formation 19	983 M S	State of legal domicile Mi	
	rt I		mary					<u> </u>	
	1 B	Briefly des	scribe the organization's mission	or most significant activities					
	△	A ward Gra	nts						
ည	-								
Governance	-								
<u>ş</u>	2	Check th	is box দ if the organization dis	continued its operations or disposed o	of more tha	n 25% of its	net ass	ets	
	3	Number	of voting members of the governi	ng body (Part VI, line 1a)			3	8	
20 60 70				of the governing body (Part VI, line 1b)			4	8	
Ě			·	calendar year 2015 (Part V, line 2a)			5	0	
Activities &				ecessary)			6	2	
•	7a	Total unr	elated business revenue from Pa	art VIII, column (C), line 12			7a	0	
	bΛ	Net unrela	ted business taxable income fro	m Form 990-T, line 34			7b	C	
						Prior Year		Current Year	
Q)			butions and grants (Part VIII, lii	·		0		0	
Revenue	9			ne 2g)		1 700	0	0	
Ψ	10 11			(A), lines 3, 4, and 7d) lines 5, 6d, 8c, 9c, 10c, and 11e)		1,798,	818	1,092,594	
	12		revenue (Fait VIII, Column (A),			<u>-</u>			
	**	12)	evenue—add lines 8 through 11	(mast equal rate vill, column (re), in			1,092,594		
		12)	revenue—add lines 8 through 11			1,809,	162	1,052,051	
	13			IX, column (A), lines 1-3)		2,245,		2,478,115	
	13 14	Grants Benefi	and similar amounts paid (Part ts paid to or for members (Part I	X, column (A), line 4)					
\$?		Grants Benefi Salarie	s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe			2,245,	517		
ses.	14	Grants Benefi Salarie 5–10)	s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	X, column (A), line 4)		2,245,	517	2,478,115 0	
xpenses	14 15	Grants Benefi Salarie 5-10)	s and similar amounts paid (Part ts paid to or for members (Part I es, other compensation, employe	X, column (A), line 4) ee benefits (Part IX, column (A), lines column (A), line 11e)		2,245,	517 0 130	2,478,115 0 75,472	
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	14 15 16a b 17 18 19	Grants Benefi Salarie 5-10) Profes Total fu Other Total e Reven	s and similar amounts paid (Part Its paid to or for members (Part Ites, other compensation, employed sistematically services (Part IX, column (D) expenses (Part IX, column (A), lexpenses Add lines 13–17 (musue less expenses Subtract line	X, column (A), line 4)		2,245, 70, 340, 2,655, -846, ng of Current	517 0 130 0 111 758 596 Year	2,478,115 0 75,472 0 338,056 2,891,643 -1,799,049	
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Portland, ME 041041100

May the IRS discuss this return with the preparer shown above? (see instructions)

Firm's address ► PO Box 1100

Use Only

Phone no (207) 775-2387

. ▼Yes □No

Form	990 (2015)				Page 2
Par		of Program Service	Accomplishments or note to any line in this Part II	I	
1		organization's mission	or note to any mie in this rate 11		<u> </u>
ınter	est in programs desig	ned to increase the effective	educational institutions, to hospi eness or decrease the cost of me history, literature, the arts, or oth	dical care, and organizations	
2	the prior Form 990 c	or 990-EZ?	rogram services during the year v	which were not listed on	「Yes √No
_		lese new services on Sched			
3	services?		significant changes in how it con	ducts, any program · · · · · · · · · ·	⊤Yes ▼No
4	Describe the organizexpenses Section 5	zation's program service acc	complishments for each of its thre anizations are required to report t		
4a	(Code) (Expenses \$	2,504,365 including grants of \$	2,478,115) (Revenue \$)
	,	, , ,	ee Schedule I for 2015 grants approved	, , , , , ,	,
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4d	Other program serv	vices (Describe in Schedule	O) grants of \$) (Revenue \$	
40				, increme p	,
4e	Total program serv	ice expenses # 2	,504,365		

art TV	Checklist	of Required	Schedule
	CHECKHISE	oi Keuulieu	Scriedule:

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		No
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure $98-19$? If "Yes," complete Schedule C, Part III	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a		No
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		No
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		No
	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Yes	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		No
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		N o
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,			
	Part IV	28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		Νo
29	Did the organization receive more than $$25,000$ in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)$? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	Yes	

	990 (2015)			Page
Pai	TTV Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable 1a	14		
	Enter the number of Forms W-2G included in line 1a Enter -0 - if not applicable 1b	0		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	. <u>1</u> c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	O		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	. 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authorit over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Yes	
Ь	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	5		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or were not tax deductible?	r gıfts 6b		
	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods a services provided to the payor?			No
	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required.	<u> </u>		
	file Form 8282?	7c		Νo
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract	7 7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 889	99 as 7g		
h	required?	<u> </u>		
8	Sponsoring organizations maintaining donor advised funds.			
	Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any tiduring the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		-	
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions additional information the organization must report on Schedule O	s for 13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	+	Νo
h	If "Yes," has it filed a Form 7.20 to report these payments? If "No," provide an explanation in Schedule O	14h	1	1

Part VI Governance, Management, and Disclosure

Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
	Each committee with authority to act on behalf of the governing body?	8b	Yes	
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	eveni	ie Cod	
	The section by equeete information about policies not required by the internal in		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give	124	163	<u> </u>
	rise to conflicts?	12b	Yes	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	<u> </u>
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		Νo
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?			
	16b			
	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website. Another's website. Upon request. Other (explain in Schedule O)			

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of

State the name, address, and telephone number of the person who possesses the organization's books and records ►Anne Vaillancourt 30 Forest Falls Drive No 5 Yarmouth, ME 04096 (207) 846-9132

interest policy, and financial statements available to the public during the tax year

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- ◆ List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- ◆ List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- ♦ List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) A verage hours per week (list any hours	more pers	than on is	one bot rect	not box h ar or/tr	check, unle office	ess er)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W- 2/1099-	(F) Estimated amount of other compensation
	for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(W- 2/1099- MISC)	from the organization and related organizations
(1) David J Bucci Trustee	2 00	х						0	0	(
(2) Michael R Currie Trustee	2 00	х						5,000	0	(
(3) Ralph I Lancaster Jr Trustee	2 00	х						5,000	0	(
(4) Anne B Pringle Trustee	2 00	х						5,000	0	(
(5) Rebekah A Buccı Chair	2 00	х		х				0	0	(
(6) Samuel M DıCapua Trustee	2 00	х						5,000	0	(
(7) Edward L Dilworth III Trustee	2 00	х						3,750	0	(
(8) Tım Hussey Trustee	2 00	х						2,500	0	(
(9) Anne Vaillancourt Executive Director	16 00			х				41,845	0	7,377

t VII	Section A. Officers	Directors,	Trustees,	Kev Emr	olovees	, and Highest	Compensated I	mplovees	(continued
-------	---------------------	------------	-----------	---------	---------	---------------	---------------	----------	------------

	(A) Name and Title	(B) A verage hours per week (list any hours	more t perso	tion (han d n is l	one l both	oox, an d	heck unless officer stee)	3	Repor comper from organiza	rtable nsation i the tion (W-	(E) Reportable compensation from related organizations (W-	amo con	(F) stimat unt of npensa from th	other ation
		for related organizations below dotted line)	Individual trustae or director	Institutional Trustee	Officei	Ke) employee	Highest compensated employee	Former	2/1099	-MISC)	2/1099-MISC)		nizatio relate anizat	d
1b c d	Sub-Total	s to Part VII, S	ection A	· · .	•		* * *		6	8,095	0			7,377
2	Total number of individuals (in \$100,000 of reportable compe	_					d abov	e) w	ho receive	d more th	nan			
											_	١	⁄es	No
3	Did the organization list any f oon line 1a? <i>If "Yes," complete S</i>	·				key •	emplo	yee,	or highes	t compen	sated employee	3		No
4	For any individual listed on line organization and related organ individual	e 1a, is the sum izations greater	of repo than \$1	rtable L50,0	e co	mpe ? <i>If</i>	nsatıo "Yes," (n and	d other co	mpensation ale J for s	on from the uch	4		No
5	Did any person listed on line 1 services rendered to the organ										or individual for		'es	110
Se	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization from the organizati	e highest comp											year	
(A) Name and business address							Des	(B) scription of services	Co	(C) ompens	ation			
										I		1		

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization \blacktriangleright 0

art VIII	Statement of			th Dt \/III			_
	Check if Sched	ule O contains a respoi	nse or note to any II	(A)	(B)	(C)	(D)
				Total revenue	Related or	Unrelated	Revenue
					exempt function	business revenue	excluded from tax under
					revenue	10.01140	sections
1a	Fodorated cam	analana 1a					512-514
			-				
Other Similar Amounts	Membership di	ues 1b					
ه ا يَّقِ	Fundraising ev	ents 1c					
	Related organi	zations 1d					
?.≝ e	Government grant	ts (contributions) 1e					
and Other Similar Amounts			-				
	similar amounts n	ons, gifts, grants, and 1f ot included above					
₹ 9		ions included in lines					
and	1a-1f \$	s 1a-1f					
7 <u>e</u> "	i iotai. Add iiile	5 1 d - 1 1	•				
<u>e</u>			Business Code				
트 2a 일	·						
<u>a</u> b							
ည် င							
<u>है</u> d							
έ́ e	·						
Program: Service Revenue p c d e e f	All other progr	am service revenue					
ፎ å	Total Add line	s 2a-2f					
3		come (including dividen					
	and other simil	lar amounts)	•	806,979			806,97
4		stment of tax-exempt bond					
5	Royalties .						
		(ı) Real	(II) Personal				
6a	Gross rents						
Ь	Less rental expenses						
c	Rental income						
	or (loss)	me or (loss)	<u> </u>				
"	Tree remarmes	(i) Securities	(II) Other				
7a			(11)				
	from sales of assets other	8,128,246					
	than inventory						
Ь							
	other basıs and sales expenses	7,842,631					
c	Gain or (loss)	285,615					
d	Net gain or (lo	ss)		285,615			285,61
ր 8a	Gross income events (not inc	_					
Ē	\$						
2	of contribution	s reported on line 1c)					
8a	See Part IV, lii	ne 18 a					
,) less directes	openses b					
, ,		(loss) from fundraising	Levents ⊾				
		from gaming activities	r				
		ne 19					
		a					
		(penses b					
		(loss) from gaming acti	vities				
100	Gross sales of returns and all						
		a					
Ь	Less cost of g	oods sold b					
С	Net income or	(loss) from sales of inv	entory				
	Miscellaneou	s Revenue	Business Code				
11a	·						
Ь							
c							
d	All other reven	nue					
e	Total. Add line	s 11a-11d					
12	Total revenue.	See Instructions .		1.000.50		-	4 000 55
			-	1,092,594	o	0	1,092,59

Part IX Statement of Functional Expenses

ectio	on 501(c)(3) and 501(c)(4) organizations must complete all columns	All other organiz	atıons must com	plete column (A)	
	Check if Schedule O contains a response or note to any line in th	nis Part IX	<u> </u>	<u> </u>	<u>.</u>
	ot include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	2,478,115	2,478,115		
2	Grants and other assistance to domestic individuals See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	75,472	26,250	49,222	
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	65,263		65,263	
b	Legal				
C	Accounting	10,970		10,970	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	212,214		212,214	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion				
13	Office expenses	10,850		10,850	
14	Information technology	5,687		5,687	
15	Royalties				
16	Occupancy	16,331		16,331	
17	Travel	190		190	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	503		503	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,219		2,219	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а	Dues	7,820		7,820	
ъ	Miscellaneous	6,009		6,009	
c		5,533		3,553	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,891,643	2,504,365	387,278	0
26	Joint costs.Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here F if following SOP 98-2 (ASC 958-720)	2,031,043	2,304,303	337,270	0

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 1 353.277 2 242.800 2 Savings and temporary cash investments . . 3 Pledges and grants receivable, net 3 4 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 7 7 8 8 9 Prepaid expenses and deferred charges . . . 10a Land, buildings, and equipment cost or other basis 10a Complete Part VI of Schedule D b 10b **10**c Less accumulated depreciation 43,438,898 11 11 41,198,481 Investments—publicly traded securities 26,440,769 12 12 22.899.398 Investments—other securities See Part IV, line 11 13 13 Investments—program-related See Part IV, line 11 14 14 50.831 53.693 15 15 70,283,775 16 64,394,372 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 11.079 17 17 13.479 Accounts payable and accrued expenses . . 18 18 19 19 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D . . . _iabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 22 23 23 Secured mortgages and notes payable to unrelated third parties . . 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 27,075 25 38, 154 13.479 26 26 **Total liabilities.**Add lines 17 through 25 . . Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔽 and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 70,245,621 64,380,893 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and 5 complete lines 30 through 34. Assets 30 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building or equipment fund 31 31 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 70,245,621 33 64,380,893 34 Total liabilities and net assets/fund balances 70,283,775 34 64,394,372

	330 (2013)				aye 12
Par	Reconcilliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	· · ·	•		• • •
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,0	92,594
2	Total expenses (must equal Part IX, column (A), line 25)	2		2,8	391,643
3	Revenue less expenses Subtract line 2 from line 1	3		-1,7	799,049
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) \cdot .	4		70,2	245,621
5	Net unrealized gains (losses) on investments	5		-4,(065,679
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			C
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		64,3	380,893
Par	t XIII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				. Г
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or review a separate basis, consolidated basis, or both	ewed on			
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a sep basis, consolidated basis, or both	arate			
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversign of the audit, review, or compilation of its financial statements and selection of an independent accountant		2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain Schedule O	ın			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	ne	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

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As Filed Data -

DLN: 93493215002196

Employer identification number

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Davis	Family	Foundation						
Da	rt I	Peacon for Publi	c Charity S	tatue (All organiza	tions must so	mploto this r	01-0390443 part.) See instructio	unc .
		zation is not a private for						115.
1		A church, convention		•		·	•	
2	<u>'</u>	A school described in	•			=		
3	, -	A hospital or a cooper	-		•			
4	,	A medical research or) Enterthe
•	'	hospital's name, city,	-	aratea iir conjunction v	vicii a nospicar a	ieserisea iii se		Ji Eliter the
5	Γ		ated for the be	_	iversity owned	or operated by	a governmental unit d	escribed in section
6	Γ	A federal, state, or loc	al governmen	t or governmental unit	described in se	ection 170(b)(L)(A)(v).	
7 8	Г Г	An organization that n described in section 1 A community trust de	70(b)(1)(A)(v	/i). (Complete Part II)	_	ental unit or from the g	eneral public
9	F	An organization that in receipts from activition from gross investments	normally recei es related to it it income and ie 30, 1975 S	ves (1) more than 33 is exempt functions—sunrelated business ta eesection 509(a)(2).	1/3% of its supp subject to certa xable income (le (Complete Part	port from contr in exceptions, ess section 51 III)	ibutions, membership and (2) no more than : 1 tax) from businesse n 509(a)(4).	331/3% of its support
11	, V	An organization organ	•	•	•	•		ut the nurnoses of
а	도	one or more publicly s the box in lines 11a th Type I. A supporting of supported organizatio	upported orga nrough 11d tha organization op n(s) the power	nizations described in at describes the type o erated, supervised, o to regularly appoint o	section 509(a of supporting or r controlled by i r elect a majori)(1) or section ganization and ts supported o	509(a)(2) See sectio complete lines 11e, 1 rganization(s), typical	n 509(a)(3). Check 1f, and 11g ly by giving the
b	Γ	organization You mus Type II. A supporting management of the su must complete Part I	organization s pporting organ	upervised or controlled	d in connection			
C	Γ	Type III functionally						grated with, its
	_	supported organizatio						
d	ı	Type III non-function not functionally integr						
		(see instructions) Yo					ement and an acconditi	eness requirement
e	Γ	Check this box if the o					s a Type I, Type II, T	ype III functionally
_		integrated, or Type II						•
f	Ente	r the number of support					<u>4</u>	<u>'</u>
g		Provide the following i	nformation abo	out the supported orga	inization(s)			
Nan	ne of s	(i) supported organization	(ii)EIN	(iii) Type of organization	(iv) Is the organ	nızatıon	(v) A mount of monetary support	(vi) A mount of other support (see
				(described on lines 1-9 above (see instructions))	docume		(see instructions)	instructions)
					Yes	No		
See	A ddıt	ional Data Table						_
Tota	I 4						56,980	

	rt II Support Schedule for (Complete only if you Part III. If the organization	checked the bo	x on line 5, 7,	or 8 of Part I o	r if the organiz	ation failed to c	ualify under
S	ection A. Public Support						
	Calendar year	(a)2011	(b) 2012	(c)2013	(d) 2014	(e) 2015	(f)Total
	fiscal year beginning in) F Gifts, grants, contributions, and membership fees received (Do	(-,	(-,===	(9,2323	(4,232)	(3,2323	(1), 1000
2	not include any unusual grants) Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the						
	amount shown on line 11, column						
6	(f) Public support. Subtract line 5 from line 4						
Se	ection B. Total Support		Γ	1	T		Γ
(or	Calendar year fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) ⊤otal
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activit	ies, etc (see inst	ructions)			12	
13	First five years.If the Form 990 is check this box and stop here	<u> </u>	<u> </u>				
	ection C. Computation of Pul			4 4 1 700			
14	Public support percentage for 201			e 11, column (f))		14	
15	Public support percentage for 201	•	*			15	
	33 1/3% support test—2015. If the and stop here. The organization quasi 1/3% support test—2014. If the box and stop here. The organizatio	alıfıes as a publıc organızatıon dıd	ly supported orgonot check a box	anızatıon on lıne 13 or 16a			▶ ┌
	10%-facts-and-circumstances test is 10% or more, and if the organization Part VI how the organization me organization	— 2015. If the organtion meets the facts the "facts-an	anization did not icts-and-circums d-circumstances	check a box on lii tances test, chec " test The organ	ck this box and st ization qualifies a	op here. Explain is a publicly supp	. ,
18	10%-facts-and-circumstances test 15 is 10% or more, and if the orga Explain in Part VI how the organiza supported organization Private foundation. If the organizations	nization meets th ition meets the "f	e "facts-and-circ acts-and-circum	umstances" test stances" test Th	c, check this box ane organization qu	and stop here. Jalifies as a public	:ly ▶┌

Schedule A (Form 990 or 990-EZ) 2015 Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III (Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.) Section A. Public Support Calendar vear (a)2011 (d)2014 **(b)**2012 (c)2013 (e)2015 (f)Total (or fiscal year beginning in) 🕨 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt nurnose Gross receipts from activities that are not an unrelated trade or business under section 513 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b Public support. (Subtract line 7c from line 6) Section B. Total Support Calendar year (a)2011 **(b)**2012 (c)2013 (d)2014 (e)2015 (f)Total (or fiscal year beginning in) Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b C Net income from unrelated 11 business activities not included in line 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) Total support. (Add lines 9, 10c, 11, and 12) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)) 15 Public support percentage from 2014 Schedule A, Part III, line 15 16 Section D. Computation of Investment Income Percentage

b 33 1/3% support tests—2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33 1/3% support tests—2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not

more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))

Investment income percentage from 2014 Schedule A, Part III, line 17

18

►ſ

17

18

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A, D, and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

Section	Λ ΛΙ	LSunna	rtina	Organ	izations
SECLIOII	A. AI	ı Suppu	ı unu '	OI UAII	ızatıvııs

	- care in this capper and circumstances			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)?			
	If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2		No
За	Did the organization have a supported organization described in section $501(c)(4)$, (5) , or (6) ? If "Yes," answer (b) and (c) below.	За		Νo
t	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?	3с		
4 a	If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")?			NI -
	If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a		No
E	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised	4b		
c	by or in connection with its supported organizations. Did the organization support any foreign supported organization that does not have an IRS determination under			
	sections $501(c)(3)$ and $509(a)(1)$ or $(2)^{2}$ If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section $170(c)(2)(B)$ purposes.	4 c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		No
Ŀ	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6		No
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		No
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8		No
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509 (a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		No
t	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b		No
c	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c		No
L0a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a		No
Ŀ	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b		
L1	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		No
Ŀ	A family member of a person described in (a) above?	11b		Νo
•	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI	11c		Nο

Pai	To the supporting Organizations (continued)							
Se	ection B. Type I Supporting Organizations							
			Yes	No				
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Yes					
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	Yes					
Se	ection C. Type II Supporting Organizations							
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1						
Se	ection D. All Type III Supporting Organizations							
			Yes	No				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2						
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.	3						
Se	ection E. Type III Functionally-Integrated Supporting Organizations							
1 a b	The organization is the parent of each of its supported organizations. Complete line 3 below							
2	Activities Test Answer (a) and (b) below.		Yes	No				
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a						
Ŀ	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b						
3	Parent of Supported Organizations Answer (a) and (b) below.							
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a						
Ŀ	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each							

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b

	Check here if the organization satisfied the Integral Part Test as a qualifying tr Type III non-functionally integrated supporting organizations must complete S			uct ions. All other
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
!	Recoveries of prior-year distributions	2		
	Other gross income (see instructions)	3		
	Add lines 1 through 3	4		
	Depreciation and depletion	5		
ı	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
,	Other expenses (see instructions)	7		
1	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Yea (optional)
	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
	Acquisition indebtedness applicable to non-exempt use assets	2		
	Subtract line 2 from line 1d	3		
	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
	Multiply line 5 by 035	6		
	Recoveries of prior-year distributions	7		
	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
	Enter 85% of line 1	2		
	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
	Enter greater of line 2 or line 3	4		
	Income tax imposed in prior year	5		
i	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
	Check here if the current year is the organization's first as a non-functionally-instructions)	ntegrate	d Type III supporting o	rganızatıon (see

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Section D - Distributions			Current Year				
1 A mounts paid to supported organizations to accom	plish exempt purposes						
2 A mounts paid to perform activity that directly furth excess of income from activity	ers exempt purposes of supp	orted organizations, in					
3 Administrative expenses paid to accomplish exemp	pt purposes of supported orga	anızatıons					
4 Amounts paid to acquire exempt-use assets							
5 Qualified set-aside amounts (prior IRS approval re	quired)						
6 Other distributions (describe in Part VI) See instru	uctions						
7 Total annual distributions. Add lines 1 through 6							
Distributions to attentive supported organizations to details in Part VI) See instructions	to which the organization is re	esponsive (provide					
9 Distributable amount for 2015 from Section C, line	6						
10 Line 8 amount divided by Line 9 amount							
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015				
1 Distributable amount for 2015 from Section C, line 6							
2 Underdistributions, if any, for years prior to 2015 (reasonable cause requiredsee instructions)							
3 Excess distributions carryover, if any, to 2015							
d From 2013							
e From 2014							
f Total of lines 3a through e							
g Applied to underdistributions of prior years							
h Applied to 2015 distributable amount							
i Carryover from 2010 not applied (see instructions)							
j Remainder Subtract lines 3g, 3h, and 3i from 3f							
4 Distributions for 2015 from Section D, line 7							
\$							
a Applied to underdistributions of prior years							
b Applied to 2015 distributable amount							
c Remainder Subtract lines 4a and 4b from 4							
5 Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)							
6 Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)							
7 Excess distributions carryover to 2016. Add lines 31 and 4c							
8 Breakdown of line 7							
c Excess from 2013							
d From 2014 e From 2015							

Part VI Supplemental Information.

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
, ,	The supported organizations identified in Form 990, Schedule A, Part I appoint trustees who represent the charitable class benefited by the mission of the Organization and its supported organizations. These same trustees have a majority vote on the Organization's board and approve all granting decisions.

Schedule A (Form 990 or 990-EZ) 2015

Additional Data

Software ID:

Software Version:

EIN: 01-0390443

Name: Davis Family Foundation

Form 990, Sch A, Part I, Line 11g - Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))			listed in your governing		(v) A mount of monetary support (see instructions)	A mount of other support (see (vi) instructions)
			Yes	No				
(A) ME Medical Center	010238552		Yes		0	0		
(A) Ptlnd Symphony Orchestra	016006058		Yes		6,980	0		
(B) Univ of New England	010211810		Yes		0	0		
(C) Ptlnd Museum of Art	010378420		Yes		50,000	0		

DLN: 93493215002196

OMB No 1545-0047

Supplemental Financial Statements

SCHEDULE D (Form 990)

Department of the Treasury

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

Open to Public

Trevende Service	(Form 990) and its instructions is at <u>www.ir</u> s	s.gov/T	Inspection
me of the organization vis Family Foundation			oyer identification number
rt I Organizations Maintaining Dono	r Advised Funds or Other Similar F		390443
	ed "Yes" on Form 990, Part IV, line 6.	anas c	Accounts.
	(a) Donor advised funds	(b)	Funds and other accounts
Total number at end of year			
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor funds are the organization's property, subject to	-	nor advis	ed Yes No
Did the organization inform all grantees, donors, used only for charitable purposes and not for the conferring impermissible private benefit?			purpose Yes No
Conservation Easements. Compl	ete if the organization answered "Yes" o	n Forn	n 990, Part IV, line 7.
Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recrease Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization	Preservation of an Preservation of an	certified	historic structure
easement on the last day of the tax year			
			Held at the End of the Year
Total number of conservation easements		2a	
Total acreage restricted by conservation easem		2b	
Number of conservation easements on a certified Number of conservation easements included in (` '	2c	
historic structure listed in the National Register	c) acquired after 6/17/00, and not on a	2d	
Number of conservation easements modified, tra	nsferred, released, extinguished, or terminate	ed by the	e organization during the
tax year ►			
Number of states where property subject to cons	ervation easement is located ►		
Does the organization have a written policy rega violations, and enforcement of the conservation		dling of	┌ Yes ┌ No
Staff and volunteer hours devoted to monitoring, year		ing cons	ervation easements during the
Amount of expenses incurred in monitoring, insp	ecting, handling of violations, and enforcing c	onserva	tion easements during the year
Does each conservation easement reported on li (B)(i) and section 170(h)(4)(B)(ii)?	ne 2(d) above satisfy the requirements of sec	ction 17	0(h)(4)
In Part XIII, describe how the organization report balance sheet, and include, if applicable, the tex- the organization's accounting for conservation ea	t of the footnote to the organization's financia		
Organizations Maintaining Collection	ctions of Art, Historical Treasures, ed "Yes" on Form 990, Part IV, line 8.	or Oth	er Similar Assets.
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide, in Part XIII, the text of the foot	FAS 116 (ASC 958), not to report in its rever r assets held for public exhibition, education,	or resea	rch in furtherance of public
If the organization elected, as permitted under S works of art, historical treasures, or other simila service, provide the following amounts relating to	FAS 116 (ASC 958), to report in its revenue rassets held for public exhibition, education,	stateme	ent and balance sheet
Revenue included on Form 990, Part VIII, line	1	► \$	
Assets included in Form 990, Part X			
If the organization received or held works of art, following amounts required to be reported under:		or financ	
Revenue included on Form 990, Part VIII, line 1			► \$
Assets included in Form 990, Part X			
			· T

Part	*****	Organizations Maintaining (continued)	Collections of A	rt, His	stori	cal	Treas	ures, o	or O	ther S	imilar A	ssets	
3		the organization's acquisition, accetion items (check all that apply)	ssion, and other rec	ords, cl	heck a						nificant us	e of its	
а	ГР	ublic exhibition		d	Γ	Loa	norex	change p	orogra	ams			
b	┌ s	cholarly research		е	Γ	Oth	er						
c	ГР	reservation for future generations											
4	Provid Part X	de a description of the organization's III	collections and exp	olaın ho	w they	y furt	her the	organıza	atıon'	s exemp	t purpose	ın	
5		g the year, did the organization solic									_	_	
Do		s to be sold to raise funds rather tha		as part	of the	orga	nızatıo	n's colle	ction	?	☐ Yes	☐ No	
Par	t IV	Escrow and Custodial Arrae Complete if the organization a Part X, line 21.		Form	990,	Part	t IV, lı	ne 9, or	r rep	orted a	n amour	nt on Forn	n 990,
1a		organization an agent, trustee, cus ed on Form 990, Part X?	todian or other interi	mediary	/ for c	ontrı	butions	orother	rass	ets not	┌ Yes	┌ No	
b	If"	Yes," explain the arrangement in Pa	rt XIII and complete	e the fo	llowin	g tab	le				Am	ount	
C	Beg	Jinning balance							1 c				
d	Add	ditions during the year							1d				
е	Dıs	tributions during the year							1e				
f	End	ling balance						L	1f				
2a	Did th	e organization include an amount or	n Form 990, Part X, I	ıne 21,	for es	crov	orcus	todial ac	cour	ıt lıabılıt	y? ┌ Yes	┌ No	
Ь		s," explain the arrangement in Part											Г
Pa	rt V	Endowment Funds. Complet	(a)Current year		nor yea						, line 10 years back	(e) Four ye	are back
1a	Regin	ning of year balance	(a)Current year	(0)	nor yea	11	в (с) і	wo years b	Jack	(d)Tillee	years back	(e)Four ye	ars back
b	_	ributions							+				
С	losse												
d		s or scholarships											
e		rexpenditures for facilities rograms											
f	A dmı	nistrative expenses											
g		fyear balance											
2	Provid	Ie the estimated percentage of the c	urrent year end bala	nce (lır	ne 1g,	colu	ımn (a)) held as					
а	Board	designated or quasi-endowment 🕨											
b	Perma	nent endowment ►											
c		orarily restricted endowment Feercentages on lines 2a, 2b, and 2c s	should equal 100%										
За	Are th	ere endowment funds not in the pos zation by	session of the organ				eld and	admınıs	tered	for the		Yes	No
		related organizations						•				(i)	
b		lated organizations s" on 3a(ii), are the related organiza										(ii) Bb	
4	Descr	ibe in Part XIII the intended uses o		endowm	nent fu	ınds							
Par	t VI	Land, Buildings, and Equipa Complete if the organization a		Form 0	יטט ד) n r+ '	TV lun	o 115 C		orm 00	O Dart V	/ line 10	
		Description of property	iiswereu res to i			or oth	er basıs	(b Cost or ot (oth) her ba		Accumulated depreciation	d (d) Bo	ok value
1a	Land			.									
b	Buildin	gs		[
c	Leaseh	old improvements		. [
d	Equipm	nent											
Tota	I. A dd l	ines 1a through 1e (Column (d) mus	t equal Form 990, Part	t X, colu	mn (B	3), lin	e 10(c).	<i>)</i>	•			D (Form 9	0

See Form 990, Part X, line 12.	piete ii the org	anization answered res	On Form 990, Part IV, line 110.
(a) Description of security or category (including name of security)		(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)Financial derivatives			, , , , , , , , , , , , , , , , , , , ,
(2)Closely-held equity interests			
(3)O ther (A) Limited Partnership and Fund of Funds Interests		22,899,398	F
7 • • • • • • • • • • • • • • • • • • •	*	22.000.200	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) Part VIII Investments—Program Related.		22,899,398	
Complete if the organization answered '	Yes' on Form 9	90, Part IV, line 11c. _{See}	Form 990, Part X, line 13.
(a) Description of investment		(b) Book value	(c) Method of valuation
			Cost or end-of-year market value
	•		
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
	answered 'Yes' o	n Form 990, Part IV, line 1:	1d See Form 990, Part X, line 15 (b) Book value
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization	answered 'Yes' o	n Form 990, Part IV, line 1:	
Part IX Other Assets. Complete if the organization (a) Descrip	answered 'Yes' o		(b) Book value
Part IX Other Assets. Complete if the organization (a) Descrip Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.	answered 'Yes' o		(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25.	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organization See Form 990, Part X, line 25. 1. (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organisation (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organisation (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organisation (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organisation (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organisation (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organisation (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organ See Form 990, Part X, line 25.	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15. Part X Other Liabilities. Complete if the organise See Form 990, Part X, line 25. 1. (a) Description of liability	answered 'Yes' o	ed 'Yes' on Form 990, Pa	(b) Book value

Par		evenue per Audited Financial Sta Ization answered 'Yes' on Form 990,			per R	eturn
1		r support per audited financial statements		•	1	
2	Amounts included on line 1 bu	t not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) o	on investments	2a			
b	Donated services and use of fa	icilities	2b			
c	Recoveries of prior year grants		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines $2a$ through $2d$				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part VIII, line 12, but not on line 1				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b .	4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4 c	
5	Total revenue Add lines 3 and	4c. (This must equal Form 990, Part I, line	12)		5	
Part		rpenses per Audited Financial Starzation answered 'Yes' on Form 990,			es per	Return.
1		audited financial statements			1	
2	Amounts included on line 1 but	t not on Form 990, Part IX, line 25				
а	Donated services and use of fa	icilities	2a			
b	Prior year adjustments		2b			
c	Otherlosses		2c			
d	Other (Describe in Part XIII)		2d			
e	Add lines 2a through 2d				2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.				3	
4	Amounts included on Form 990	O, Part IX, line 25, but not on line 1:				
а	Investment expenses not inclu	uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIII)		4b			
c	Add lines 4a and 4b				4c	
5	Total expenses Add lines 3 ar	nd 4c. (This must equal Form 990, Part I, li	ne 18)	5	
Pari	XIII Supplemental Info	ormation			·	
		Part II, lines 3, 5, and 9, Part III, lines 1a	and 4	Part IV Junes 1 h and	2 h	
Part	V, line 4, Part X, line 2, Part XI,	lines 2d and 4b, and Part XII, lines 2d and				de any addıtıonal
Intor	mation	T				
	Return Reference	Explanation				

Part XIII Supplemental Info	ormation (continued)
Return Reference	Explanation

Schedule D (Form 990) 2015

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493215002196

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 14b, 15, or 16.

► Attach to Form 990.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Davis Family Foundation

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number

					01-0390443	
Pa	rt I General Informatio Complete if the organ				14b.	
1	For grantmakers. Does the cand other assistance, the grants or a used to award the grants or a	antees' eligibil	ity for the gran	nts or assistance, and	the selection criteria	┌ Yes ┌ No
2	For grantmakers. Describe in assistance outside the United		ganızatıon's p	rocedures for monitor	ing the use of its grant	s and other
3	Activites per Region (The follow	ving Part I, line	3 table can be d	uplicated if additional sp	ace is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	Central America and the Caribbean - Antigua & Barbuda, Aruba, Bahamas,	0	0	Investments		14,648,67
(2)						
(3						
(4)						
(5						
3a	Sub-total	0	0			14,648,67
t	Total from continuation sheets to Part I	0	0			
	Totals (add lines 3a and 3b)	0	0			14,648,67

Schedule F (Form 990) 2015

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) A mount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)								
(2)								
(3)								
(4)								
2 Enter total nu			ted above that are re e or counsel has pro					

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

Part III can be	e duplicated if addit	tional space is no	<u>∍eded.</u>				
(a) Type of grant or assistance	(b) Region	(c) Number of recipients		(e) Manner of cash disbursement	(f) A mount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)					1		1
(2)		+ +			†		<u> </u>
(3)		+ +			†		
(4)		+			†		† · · · · · · · · · · · · · · · · · · ·
(5)		+ +			†		†
(6)		+ +			†		+
(7)		+ +			 		
(8)		+			 		
(9)		+			 		
(10)					 		
(11)		+			 		
(12)					 		
(13)		+			 		
(14)		+ +			 		
(15)		+			 		
(16)	+	+			+		
(17)		+ +			+	<u> </u>	
(18)	 	+			+	<u> </u>	+

Part IV Foreign Forms

1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Γ	Yes	<u> ~</u>	Νo
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Γ	Yes	⊽	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)	Γ	Yes	<u> </u>	Νo
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)	Γ	Yes	ᅜ	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships. (see Instructions for Form 8865)	Γ	Yes	굣	Νo
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Г	Yes	<u>~</u>	No

Schedule F (Form 990) 2015

Additional Data

Software ID: **Software Version:**

EIN: 01-0390443

Name: Davis Family Foundation

Schedule F (Form 990) 2015

Page 5

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - |
Schedule I

DLN: 93493215002196OMB No 1545-0047

2015

Open to Public Inspection

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

(Form 990)

► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

ame of the organization						Employer identification	on number
eavis Family Foundation						01-0390443	
Part I General Information	n on Grants and	l Assistance				•	
Does the organization maintain r the selection criteria used to awa Describe in Part IV the organizate Grants and Other Assistate that received more than \$	ard the grants or as tion's procedures fo nce to Domestic Org	sistance? r monitoring the use of panizations and Dome:	of grant funds in the Unstic Governments. Com	ted States			Yes No.
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grand or assistance
See Additional Data Table							
2 Enter total number of section 50	1(c)(3) and govern	ment organizations lis	ted in the line 1 table .			<u></u>	135

Enter total number of other organizations listed in the line 1 table

Part I, Line 2

Part IIII Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

The Organization requires a completion report after one year

(a)Type of grant or assistance	ce	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Part IV Supplemental In	nforma	tion. Provide the info	rmation required in P	art I, line 2, Part III,	column (b), and any other	addıtıonal ınformatıon.
Return Reference	Explanat	ion				

Schedule I (Form 990) 2015

Additional Data

Software ID:

Software Version:

EIN: 01-0390443

Name: Davis Family Foundation

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	` '	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A Company of Girls PO Box 7527 Portland, ME 04112	05-0631726	501(c)(3)	10,000				Support for their year- long afterschool arts and mentoring program for girls ages 7-18 in Greater Portland
American Red Cross of Maine - Southern Maine Chapter 2401 Congress Street Portland, ME 04102	53-0196605	501(c)(3)	50,000				Support for the purchase, outfitting and operation of a new Bloodmobile
Aroostook Medical Center PO Box 151 Presque Isle, ME 04769	01-0372148	501(c)(3)	44,500				Support to update equipment with the purchase of dialysis chairs and a hemodialysis machine

<u>Form 990,Schedule I, Par</u>	form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	2 7	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance				
ArtVan 7 Park Street Bath, ME 04530	45-2301696	501(c)(3)	10,000				Support to provide art therapy programs for low-income youth				
At a Bend in the Road 235 Berry Road Hartford, ME 04220	46-1327949	501(c)(3)	20,000				Support to purchase a modular classroom to provide specialized therapy to children who have suffered severe trauma and abuse				
Atlantic Challenge Foundation dba The Apprenticeshop 655 Main Street Rockland, ME 04841	22-3132234	501(c)(3)	20,000				Support to renovate the shop building and create space for offices and public programs				

(-) Name and address of	(L) EIN	(a) IDC	(4)	(-) A	(6) Mathadas	(n) December of	(h) D
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Bangor Ballet 14 State Street Bangor, ME 04401	01-0494559	501(c)(3)	7,420				Support to produce a full-length performance of Sleeping Beauty
Bates College 215 College Street Lewiston, ME 04240	01-0211781	501(c)(3)	10,000				Support for an exhibition of contemporary photography featuring interrelationships between the human and natural worlds
Bigelow Laboratory for O cean Sciences 60 Bigelow Drive East Boothbay, ME 04544	01-6006001	501(c)(3)	7,500				Support for 10 high school teachers to participate in the fourday science immersion program which includes a curricular tool kit to improve ocean science education in their classrooms

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Blue Hill Memorial Hospital 57 Water Street Blue Hill, ME 04614	01-0227195	501(c)(3)	33,000				Support to purchase a full-size adult mannequin for their clinical staff training program				
Bowdoin College 5800 College Station Brunswick, ME 04011	01-0215213	501(c)(3)	10,000				Support for an African art exhibit demonstrating how relationships with the land have defined the country, including work from the 19th and 20th century				
Bowdoin International Music Festival Inc 6300 College Station Brunswick, ME 04011	04-3384601	501(c)(3)	7,000				Support to purchase new recording, ticketing and performance equipment				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Breakwater School dba Breakwater Learning 856 Brighton Avenue Portland, ME 04102	01-0249577	501(c)(3)	30,000				Support to develop skill content for a statewide learning program that recognizes accomplishments beyond the classroom with a digital badging portfolio				
Bridgton Public Library 1 Church Street Bridgton, ME 04009	01-6006524	501(c)(3)	16,900				Support to renovate and insulate the windows of the 1913 Library building, which is listed on the National Register of Historic Places				
Broadreach Family & Community Services 5 Stephenson Lane Belfast, ME 04915	01-0471985	501(c)(3)	10,000				To train 10 preschool teachers in delivery of a therapeutic, nature-based learning curriculum specifically designed for preschool children at risk of reading failure				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	1 3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Cancer Community Center 778 Main Street South Portland, ME 04106	01-0513301	501(c)(3)	10,000				Support for their wellness programs, which include movement, nutrition and mental well-being classes				
Caribou Public Library Foundation 30 High Street Caribou, ME 04736	47-3065951	501(c)(3)	10,000				Funding to purchase a ScanPro2000 and historical figure standees				
Caterpillar Hill Initiative 328 Sedgwick Hill Road Sedgwick, ME 04676	41-2172414	501(c)(3)	9,500				Support to purchase sound system equipment for their newly constructed outdoor amphitheater				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Catherine McAuley High School 631 Stevens Avenue Portland, ME 04103	01-0287867	501(c)(3)	20,000				Strategic planning support to enhance academic leadership, student enrollment and facility improvements				
Center for Furniture Craftsmanship 25 Mill Street Rockport, ME 04856	01-0517984	501(c)(3)	10,000				Support to incorporate digital fabrication into the school's curriculum by acquiring a ShopBot CNC milling machine				
Challenger Learning Center of Maine 30 Venture Way Bangor, ME 04401	01-0542376	501(c)(3)	10,000				Support to underwrite the cost of bringing the STEM space program to schools throughout Maine				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Chase Emerson Memorial Library PO Box 9 Deer Isle, ME 04627	01-6013197	501(c)(3)	10,300				Support to improve library climate control through exterior wall repair, repair or replacement of damaged windows, and installation of a heat pump				
Cherryfield-Narraguagus Historical Society PO Box 122 Cherryfield, ME 04622	01-6046136	501(c)(3)	15,000				Support to restore the 1898 train station for use as an information center and museum				
Cheverus High School 267 Ocean Avenue Portland, ME 04103	01-0211785	501(c)(3)	40,000				Support to provide each student with an iPad and shift to student- centered education using upgraded digital technology				

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Chewonkı Foundation 485 Chewonkı Neck Road Wiscasset, ME 04578	01-0269460	501(c)(3)	35,000				A pilot project that will organize community partners to create integrated experiential programming for the Wiscasset school system, grades K through 12				
Child and Family Opportunities Inc PO Box 648 Ellsworth, ME 04605	01-0288757	501(c)(3)	10,000				To purchase High Scope literacy materials for 21 early childhood education classrooms in Washington and Hancock counties				
Citizens for Squirrel Point 458 Bald Head Rd Arrowsic, ME 04530	30-0193082	501(c)(3)	20,000				Support to stabilize and restore Squirrel Point Light, one of four navigational aids along the Kennebec River's 11-mile stretch from the Atlantic to Bath, Maine				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Cobscook Community Learning Center 10 Commissary Point Road Trescott, ME 04652	01-0449348	501(c)(3)	20,000				Support to hire faculty and develop curriculum to add a third year of programs to the alternative high school				
Community Bicycle Center PO Box 783 Biddeford, ME 04005	20-3684834	501(c)(3)	6,654				Support for the youth job-skills program which teaches how to build a business through the hands-on process of reconditioning bikes for the community				
Community Dental 366 US Route 1 Falmouth, ME 04105	23-7129502	501(c)(3)	34,669				Support to establish a fully-equipped surgical suite in the new dental health center, which will enable specialty care for adult patients with complex needs				

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Eastport Public Library Association 26 Water Street Eastport, ME 04631	01-0211502	501(c)(3)	10,000				Support to transition the library catalogue to digital format			
Engine Inc PO Box 1681 Biddeford, ME 04005	27-2463118	501(c)(3)	7,000				Funding for training, equipment, and software for the Compass Project program, which will provide Design/Build classes for youth at Thornton Academy			
Everyman Repertory Theatre PO Box 938 Rockport, ME 04856	26-1909354	501(c)(3)	10,000				Support to underwrite the production costs to create three collaborative theater performances			

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.										
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance			
Farnsworth Art Museum 16 Museum Street Rockland, ME 04841	01-0368070	501(c)(3)	20,000				Support to create an exhibition of the 1960s artist and printmaker, Donald Saff			
Fiddlehead Art & Science Center 25 Shaker Road Gray, ME 04039	01-0543069	501(c)(3)	8,000				Support for an adult theater production, a community choral group, and increased theater activities in their summer camp and afterschool programs			
Figures of Speech Theatre 77 Durham Road Freeport, ME 04032	01-0432620	501(c)(3)	15,000				Support for equipment to create a musical theater rendition of The Little Match Girl Passion using puppetry, actors, and projected film			

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	3 5	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
Frances Perkins Center PO Box 281 Newcastle,ME 04553	26-4371534	501(c)(3)	10,000				Support for a feasibility study to purchase the 1837 Perkins Homestead				
Friends of Parsonsfield Seminary PO Box 163 Parsonsfield, ME 04047	22-2575506	501(c)(3)	11,301				Support for the next phase of restoring Doe Hall, a national historic landmark, through work on the right front portico				
Friends of the Eastern Promenade PO Box 16025 Portland, ME 04112	75-3240986	501(c)(3)	10,000				Funding to renovate the design and landscape of the Jacob Cousins Memorial, which commemorates the first Jewish soldier to perish in World War I				

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Friends of the Kotzschmar Organ Inc PO Box 7455 Portland, ME 04112	01-0378598	501(c)(3)	15,000				Funding for audio, video, and web technology upgrades to expand the Organization's educational and outreach efforts			
Friends of the Marsh River Theater PO Box 160 Brooks, ME 04921	01-0511804	501(c)(3)	15,000				Support to purchase and install vinyl siding as a permanent solution to maintaining the theater's exterior			
Haystack Mountain School of Crafts PO Box 518 Deer Isle, ME 04627	01-0243548	501(c)(3)	10,000				Support to train high school teachers and students in digital fabrication techniques through MIT's distance graduate program			

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Henry D Moore Parish House and Library PO Box 127 Steuben, ME 04680	04-3382516	501(c)(3)	12,500				Support to improve the facility with painting and new signage				
Historical Society of Wells and Ogunquit PO Box 801 Wells, ME 04090	01-0375785	501(c)(3)	20,000				Funding to complete restoration of the Meeting House windows				
History House Assoc dba Skowhegan History House Museum & Research Ctr PO Box 832 Skowhegan, ME 04976	01-0217324	501(c)(3)	7,691				Support to digitize 300 newspaper editions, and preserve an antique civil war uniform and accessories				

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Hospice of Southern Maine 180 US Route One Scarborough, ME 04074	01-0540180	501(c)(3)	10,000				Support to analyze and interpret patient data, and develop a business plan to increase access to hospice care for underserved patients in Southern Maine				
Houlton Regional Health Services Foundation dba Health Services Foundation PO Box 1231 Houlton, ME 04730	22-2511768	501(c)(3)	10,000				Support to purchase a coagulation analyzer for Houlton Regional Hospital				
Island Institute PO Box 648 Rockland,ME 04841	22-2786731	501(c)(3)	15,000				Support to develop an aquaculture curriculum for Maine island and coastal elementary, middle and high school students				

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Island Readers and Writers An Initiative for Maine Children PO Box 227 Mount Desert, ME 04660	75-3225744	501(c)(3)	15,000				A pilot project working with teachers in two Washington County middle schools to develop literary curriculum aligned with Common Core				
Jackson Laboratory 600 Main Street Bar Harbor, ME 04609	01-0211513	501(c)(3)	50,000				Support to collect tumor samples and create patient-derived mouse models to test new chemotherapies				
Junior Achievement of Maine Inc 82 Elm Street Portland, ME 04101	84-1267604	501(c)(3)	15,000				Support to deliver work readiness, financial literacy and entrepreneurship training to students at Scarborough Middle School				

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Kennebec Valley Family Dentistry 269 Water Street Augusta, ME 04330	26-3322306	501(c)(3)	75,000				Support for Phase One to renovate, expand and move the clinic into a new and larger building				
Let's Get Ready 89 South Street Suite 401 Boston, MA 02111	31-1698832	501(c)(3)	20,000				Support for the college preparatory program for low-income and firstgeneration high school students in Southern Maine				
LifeFlight Foundation PO Box 899 Camden, ME 04843	52-2377085	501(c)(3)	35,000				Support for medical equipment to transform the new aircrafts into flying hospitals				

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Lincoln County Children's Services dba Coastal Kids Preschool 12 Jackies Trail Damariscotta, ME 04543	22-3126832	501(c)(3)	10,000				Support to purchase the equipment and furniture necessary for accreditation by the National Association for the Education of Young Children (NAEYC)				
Lincoln County Historical Association Inc PO Box 61 Wiscasset, ME 04578	01-0239808	501(c)(3)	15,000				Support to create primary school educational programs about rural life in Maine between 1760-1860				
LincolnHealth 35 Miles Street Damariscotta,ME 04543	01-0153960	501(c)(3)	25,000				Funding to support the second and third year of a collaborative community paramedicine pilot in Lincoln County				

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Lovell Historical Society PO Box 166 Lovell, ME 04051	01-0339744	501(c)(3)	10,000				Funding to paint the exterior of the 1839 historic Kimball- Stanford House				
Mabel Wadsworth Women's Health Center 700 Mount Hope Avenue Suite 420 Bangor, ME 04401	22-2667466	501(c)(3)	15,000				Support to purchase an ultrasound machine, provide staff training, and conduct outreach for the program				
Mad Horse Theatre Company 24 Mosher Street South Portland, ME 04106	01-0422341	501(c)(3)	10,000				Support to mark the theater's 30th season with a marketing campaign to broaden their audience				

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Mahoosuc Kids Association 19 Crescent Lane Bethel, ME 04217	55-0818435	501(c)(3)	10,000				Support for the year- round afterschool and summer education programs benefitting middle and high school aged youth in the Bethel area				
Maine 4-H Foundation 5717 Corbett Hall Orono, ME 04469	01-6011487	501(c)(3)	20,000				Support to expand the 4th-9th grade pilot agricultural science program to 4-H Learning Centers and their regional school systems				
Maine College of Health Professions 70 Middle Street Lewiston, ME 04240	01-0356077	501(c)(3)	35,000				Funding to purchase new radiology equipment as the current equipment is outdated and no longer functioning properly				

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Maine Discovery Museum 74 Main Street Bangor, ME 04401	01-0527022	501(c)(3)	14,500				Program development and scholarship support for their STEM-based afterschool, summer and vacation programs			
Maine Forest and Logging Museum PO Box 104 Bradley, ME 04444	01-6019448	501(c)(3)	15,000				Funding to make repairs and improvements to the sawmill museum structure			
Maine Highlands Senior Center PO Box 693 DoverFoxcroft, ME 04426	45-5213907	501(c)(3)	35,000				Funding to renovate the historic 1882 Central Hall building into an adult day service center			

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Maine Historical Society 489 Congress Street Portland, ME 04101	01-0211530	501(c)(3)	25,000				Support to create an exhibit of 19th-century hand-painted banners, each representing a trade or craft commissioned by the Maine Charitable Mechanic Association				
Maine Irish Heritage Center PO Box 7588 Portland,ME 04112	81-0546468	501(c)(3)	25,000				Support to develop an architectural master plan to guide future renovations				
Maine Jazz Camp Van Brunt Station Brooklyn,NY 11215	01-0391592	501(c)(3)	11,000				Support to offer scholarships to immigrant and economically disadvantaged middle and high school students in Maine				

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Maine Maritime Museum 243 Washington Street Bath, ME 04530	01-0271477	501(c)(3)	25,000				Support to design and install a permanent exhibit about the Maine lobstering industry				
Maine Mathematics and Science Alliance 218 Capitol Street Suite 3 Augusta, ME 04330	22-3181644	501(c)(3)	10,000				Support to implement a two-month professional development program for teachers of afterschool STEM programs				
Maine Preservation 233 West Main Street Yarmouth, ME 04096	01-0319524	501(c)(3)	15,000				Support for a program which identifies, markets and sells historically significant properties to new owners who agree to preserve and rehabilitate them				

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Maine Robotics 30 Main Street 1 Orono, ME 04473	20-2639766	501(c)(3)	20,000				Support to purchase laptops for the computer science and engineering robotics programs				
Mayo Street Arts 10 Mayo Street Portland, ME 04101	27-1461543	501(c)(3)	12,000				Support to underwrite the cost of performances which reflect the diversity in their neighborhood and audiences				
Mid-Coast Health Net dba Knox County Health Clinic 22 White Street Rockland, ME 04841	01-0528885	501(c)(3)	26,000				Support to purchase dental equipment for the oral health expansion project, a partnership effort with PenBay and Waldo General Hospitals				

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Millinocket Historical Society PO Box 11 Millinocket, ME 04462	01-0364235	501(c)(3)	15,000				Support to begin rehabilitating the second floor of the building				
North Yarmouth Academy 148 Main Street Yarmouth, ME 04096	01-0211536	501(c)(3)	25,000				Funding for equipment, technology and professional development to establish an Innovation Lab for grades 1-12, which will further integrate STEM and the arts into the curriculum				
Northeast Hearing and Speech Center Inc 75 West Commercial Street Suite 205 205 Portland, ME 04101	01-0228262	501(c)(3)	19,432				Support to provide 12 preschool teachers with professional development, coaching, and resource books to teach language and phonology in the classroom				

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Oasis Health Network Inc dba Oasis Free Clinics 66 Baribeau Drive Suite 9/10 Box 1 Brunswick, ME 04011	01-0497587	501(c)(3)	15,500				Support to conduct an organizational and strategic planning assessment in preparation for an expansion of services			
Old York Historical Society PO Box 312 York, ME 03909	22-2474846	501(c)(3)	10,000				Support to preserve a rare set of 18th century A merican embroidered bed hangings and create a permanent installation for them in the Museum's gallery			
Opera House Arts PO Box 56 Stonington, ME 04681	01-0526734	501(c)(3)	10,000				Support for the artist residency program to provide grade K-12 teachers with professional development in STEM learning through the arts			

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O tisfield Historical Society 202 Scribner Hill Road O tisfield, ME 04270	01-0376940	501(c)(3)	15,000				Support to renovate the 1905 Old Town House's new addition with electrical, plumbing, well and septic systems (listed on the National Register of Historic Places)				
Oxford County Mental Health Services 150 Congress Street Rumford, ME 04276	01-0466967	501(c)(3)	22,000				Support to implement Electronic Health Records (EHR) to provide real-time access for mobile crisis workers and other community-based service providers				
Palermo Community Library PO Box 102 Palermo, ME 04354	01-0521539	501(c)(3)	13,670				Support to pave the Library's driveway and parking lot				

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Passamaquoddy Bay Symphony Orchestra PO Box 114 Eastport, ME 04631	57-1166377	501(c)(3)	5,500				Support to invite three Maine composers to submit new works which will be premiered during the Spring Concert Series				
Peregrine Corporation dba STRIVE 10 Atlantic Place South Portland, ME 04106	01-0473116	501(c)(3)	25,000				Support to purchase assistive technology devices, including iPads and Apple TV's, as part of their renovation capital campaign				
Poland Historical Society 1229 Maine Street Poland, ME 04274	01-0503299	501(c)(3)	5,315				Support to purchase and install new lighting for the museum interior				

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Poland Spring Academy 14 Hope Springs Road Poland, ME 04274	01-0527934	501(c)(3)	10,000				Support to increase staff and expand the K- 5th grade speech and language program				
Portland Community Health Center 180 Park Avenue Portland, ME 04102	45-4960453	501(c)(3)	22,824				Support to install wide area network internet technology to connect each of its four clinical sites				
Portland Conservatory of Music 202 Woodford Street Portland, ME 04103	01-0495589	501(c)(3)	10,000				Support to provide music instruction to youth ages 8-18 at the Mayo Street Arts Center				

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Portland Lyric Theater 176 Sawyer Street South Portland, ME 04106	23-7376760	501(c)(3)	28,000				Support to install an air-conditioning system for the theater space, which will enable greater year-round use of the facility, and increase operational efficiency
Portland Museum of Art Seven Congress Square Portland, ME 04101	01-0378420	501(c)(3)	50,000				Support to reinstall the collection, revitalize the galleries, and develop an online and digital catalogue
Portland Opera Repertory Theatre PO Box 7733 Portland, ME 04112	01-0496860	501(c)(3)	15,000				Support for the 2015 summer opera festival, which includes one opera concert and an expanded young artist program

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Portland Public Library 5 Monument Square Portland, ME 04101	01-6000802	501(c)(3)	35,000				Support to present a month-long schedule of collaborative programming, events and exhibits centered on William Shakespeare's First Folio			
Portland Stage Company PO Box 1458 Portland,ME 04104	51-0143171	501(c)(3)	30,000				Support for their education programming which serves over 9,500 K-12 public school students in the Greater Portland area			
Portland Symphony Orchestra 50 Monument Square 2nd floor Portland, ME 04101	01-6006058	501(c)(3)	6,980				Support to repair the Steinway piano, which is co-owned with Portland O vations			

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Rangeley Friends of the Performing Arts PO Box 333 Rangeley, ME 04970	01-0385416	501(c)(3)	20,000				Funding to renovate the projection room into a multi-purpose space with improved functionality and up-todate light, sound and projection equipment
Rangeley Lakes Region Historical Society PO Box 521 Rangeley,ME 04970	23-7223622	501(c)(3)	10,000				Support to build a monument of the historic 19th century Rangeley Boat
Readfield Union Meeting House Company 158 Thorp Shores Road Readfield,ME 04355	01-0393119	501(c)(3)	35,000				Funding to resolve moisture issues and rebuild the floor substructure of the Readfield Union Meeting House, which is on the National Register of Historic Places

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Rufus Porter Museum PO Box 544 Bridgton, ME 04009	74-3175428	501(c)(3)	10,000				Support to update the exhibit, create an inschool traveling history curriculum, and continue the internship program				
Saco River Theatre PO Box 1 Bar Mills, ME 04004	01-0486343	501(c)(3)	7,500				Support for the commissioning, development and production of The Restoration, a new play written for the Saco River Theater				
Sacopee Rescue Unit Inc PO Box 367 Kezar Falls, ME 04047	01-0345195	501(c)(3)	15,074				Support to purchase a hydraulic lift stretcher to transfer patients in and out of the ambulance				

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Schoolhouse Arts Center PO Box 140 Standish, ME 04084	01-0453418	501(c)(3)	20,000				Funding to upgrade to a digital lighting system with cyclorama, which would allow more precise lighting control and the use of special effects
Seacoast Waldorf School 403 Harold L Dow Highway Eliot, ME 03903	02-0497925	501(c)(3)	25,000				Support for renovations to their existing building as well as construction of a new building to accommodate a new middle school curriculum
Seven Eagles Media Production 117 Ten Road Bradley, ME 04411	20-5641521	501(c)(3)	7,000				Support for a statewide initiative to bring native american culture to audiences through performance arts

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Shalom House 106 Gilman Street Portland, ME 04102	23-7119236	501(c)(3)	10,000				Support to provide therapeutic art programs to adults with mental illness				
Spirit Series Inc 91 Sea Spray Reach Yarmouth, ME 04096	20-3799463	501(c)(3)	10,000				Support to provide drama-based literacy curriculum for grades 4-8 in five Southern Maine schools				
Spruce Head Community Hall & Historical Association PO Box 323 Spruce Head, ME 04859	01-0467239	501(c)(3)	10,000				Support to construct a new foundation and raise the building onto the piers				

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Spurwink Services Inc	01-0319802	501(c)(3)	15,000				Funding to pilot sensory
899 Riverside Street Portland, ME 04103	01-0319002	301(0)(3)	13,000				rounding to priot sensory rooms at six school locations with the goal of reducing behavioral escalations and improving learning outcomes
Strawbery Banke Museum Inc PO Box 300 Portsmouth, NH 03802	02-0260158	501(c)(3)	10,000				Support for the design and installation of a permanent exhibit on the maritime history of Portsmouth during the 18th and 19th centuries
Sullivan-Sorrento Historical Society PO Box 44 Sullivan, ME 04664	23-7195825	501(c)(3)	11,000				Support to renovate the exterior of the 1800s building with new clapboards, windows, and painting

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Sunrise Opportunities PO Box 88 Machias,ME 04654	01-0407276	501(c)(3)	17,500				Support for the week- long oral health clinic conducted in partnership with New York University College of Dentistry in Machias					
The Iris Network 189 Park Avenue Portland, ME 04102	01-0196359	501(c)(3)	25,000				Start-up support for furnishings and the first year of programming at the new rehabilitation center for the blind and visually impaired					
The Landing School of Boatbuilding and Design 286 River Road Arundel, ME 04046	01-0355980	501(c)(3)	20,000				Support to purchase Computer Numeric Control equipment to teach students how to use computer-based machining in the boat building industry					

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The Music Hall 28 Chestnut Street Portsmouth, NH 03801	02-0403452	501(c)(3)	10,000				Support for artist fees and production costs associated with their community outreach programs				
The Opportunity Alliance 50 Lydia Lane South Portland, ME 04106	01-0274725	501(c)(3)	25,000				To continue the teacher coaching program that improves the quality of teaching and provides a system of professional development for Head Start teachers				
The Penobscot School 28 Gay Street Rockland,ME 04841	01-0432067	501(c)(3)	20,000				Support to renovate the kitchen and provide language learning through culinary activities				

Form 990,Schedule I, Pai	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
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The Public Theatre 31 Maple Street Lewiston, ME 04240	01-0466131	501(c)(3)	10,000				Support to underwrite the cost of bringing live theater to youth through in-school matinees and subsidized tickets					
The Telling Room 225 Commercial Street Suite 201 Portland,ME 04101	74-3136956	501(c)(3)	20,000				Support for the 2015- 2016 Anthology, a themed writing and art project engaging approximately 1,500 students throughout the year					
Town of Mount Vernon 1997 North Road Mount Vernon, ME 04352	01-6000283	Mount Vernon, ME	25,000				Support to perform energy efficiency and accessibility renovations, and to expand the existing space by 1,100 sq ft to accommodate educational, arts and cultural programming for youth					

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organization or government	(-,	ıf applıcable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Town of Swan's Island PO Box 11 Swans Island, ME 04685	01-6000391	Swan's Island, ME	10,000				Support to restore the floors in the great hall, vestibule and stairwell of the 1909 Oddfellow's Hall
Town of Windham 8 School Road Windham, ME 04062	01-6000440	Windham, ME	25,000				Support for library renovations to increase space functionality, staff efficiencies, and capacity for cultural and thematic programming
Tree Street Youth 144 Howe Street Lewiston, ME 04240	46-0942854	501(c)(3)	25,000				Support for a capital campaign to double their space, including a large multi-purpose room, new rooms for middle and high school programs, an improved college and career center and a secure main entrance and lobby

Form 990,Schedule I, Pai	(b) EIN	(c) IRC section	(d) A mount of cash		(f) Method of valuation	(g) Description of	(h) Purpose of grant
organization or government	(D) L114	ıf applicable	grant	cash assistance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
Trustees of Bloomfield Academy dba Skowhegan Free Public Library 9 Elm Street Skowhegan, ME 04976	01-0211488	501(c)(3)	15,000				Support to install new flooring, a component of the basement renovation project to construct two bathrooms, a staff kitchenette, genealogy room, meeting room and computer area
United Cerebral Palsy of Maine 700 Mount Hope Avenue Suite 320 Bangor, ME 04401	23-7193853	501(c)(3)	9,403				Funding for curriculum development and implementation of a program which will work with the parents of 28 special needs children in the Bangor area to prevent child abuse and neglect
United Society of Shakers 707 Shaker Road New Gloucester, ME 04274	01-0317232	501(c)(3)	6,200				Funding for event- related expenses, performance fees, and artist stipends to host the 8th annual Native A merican Summer Market

Form 990,Schedule I, Par	t II, Grants and	Other Assistance	to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Victoria Mansion 109 Danforth Street Portland, ME 04101	01-0207716	501(c)(3)	30,000				Support to develop engineering documents to guide workers through all subsequent phases of the historic restoration project
Vienna Union Hall Association PO Box 16 Vienna, ME 04360	46-2214924	501(c)(3)	13,750				Support to repair and paint the exterior siding, trim, doors and metal roof of the 1888 Vienna Union Hall
Waterfall Arts 256 High Street Belfast, ME 04915	01-0528831	501(c)(3)	8,850				Support for the Youth & Family Outreach Arts Program

Form 990, Schedule I, Pai	t II, Grants and	Other Assistance	e to Domestic Orga	anizations and D	omestic Governme	nts.	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Watershed Center for the Ceramic Arts 19 Brick Hill Road Newcastle, ME 04553	01-0427824	501(c)(3)	14,600				Support for a survey, master site plan and engineering assessment to determine expanded classroom and community space locations
Wayfinder Schools PO Box 65 New Gloucester, ME 04260	01-0217639	501(c)(3)	15,000				Support for the alternative high school programs for at-risk youth and teen parents
Weld Free Public Library PO Box 120 Weld, ME 04285	01-0266487	501(c)(3)	15,000				Support to restore the 1930's Library building back to the architect's original intent and update with energy efficiencies

Form 990,Schedule I, Par	Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.											
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)		(h) Purpose of grant or assistance					
Wells Branch Community League PO Box 1326 Wells, ME 04090	47-3046289	501(c)(3)	19,150				Support to restore the windows, shingle the roof, and repaint the 150-year-old meeting house					
Western Maine Play Museum PO Box 1161 Wilton, ME 04294	80-0959538	501(c)(3)	50,000				Support to renovate a donated building into a children's museum through exterior improvements and modernized heating and cooling systems					
Wintergreen Arts Center PO Box 1252 Presque Isle, ME 04769	20-5036371	501(c)(3)	10,000				Support to continue their afterschool and summer arts programs for students in grades 1-12					

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OMB No 1545-0047

Schedule J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

► Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

2015

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Internal Revenue Service Name of the organization Davis Family Foundation

Employer identification number

01-0390443

Pa	rt I Questions Regarding Compensation	on			
				Yes	No
1a		rovided any of the following to or for a person listed on Form II to provide any relevant information regarding these items			
	First-class or charter travel	Housing allowance or residence for personal use			
	Travel for companions	Payments for business use of personal residence			
	Tax idemnification and gross-up payments	Health or social club dues or initiation fees			
	Discretionary spending account	Personal services (e g , maid, chauffeur, chef)			
b		organization follow a written policy regarding payment or described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to directors, trustees, officers, including the CEO/Ex	reimbursing or allowing expenses incurred by all ecutive Director, regarding the items checked in line 1a?	2		
3	organization's CEO/Executive Director Check all	anization used to establish the compensation of the that apply Do not check any boxes for methods nsation of the CEO/Executive Director, but explain in Part III			
	Compensation committee	Written employment contract			
		Compensation survey or study			
	Form 990 of other organizations	Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990 or a related organization	D, Part VII, Section A, line 1a with respect to the filing organization			
а	Receive a severance payment or change-of-contro	ol payment?	4a		No
b	Participate in, or receive payment from, a supplem	ental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-	based compensation arrangement?	4c		Νο
		provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiz	rations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section compensation contingent on the revenues of	A, line 1a, did the organization pay or accrue any			
а	The organization?		5a		No
b	Any related organization?		5b		No
	If "Yes," on line 5a or 5b, describe in Part III				
6	For persons listed on Form 990, Part VII, Section compensation contingent on the net earnings of	A, line 1a, did the organization pay or accrue any			
а	The organization?		6a		No
b	Any related organization?		6b		No
	If "Yes," on line 6a or 6b, describe in Part III				
7	For persons listed on Form 990, Part VII, Section payments not described in lines 5 and 6? If "Yes,"	A, line 1a, did the organization provide any non-fixed describe in Part III	7		No
8		i, paid or accured pursuant to a contract that was in Regulations section 53 4958-4(a)(3)? If "Yes," describe			
	ın Part III		8		Νo
9	If "Yes" on line 8, did the organization also follow t	the rebuttable presumption procedure described in Regulations			

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(I)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title	(B) Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Retirement and	· •	(E) Total of columns	(F) Compensation in column(B) reported as deferred on prior Form 990	
(.,	Base (i) compensation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(ı)-(D)		

Schedule J (Form 990) 2015

Return Reference

Part VII, Line 5

Anne Vaillancourt, Executive Director for the Organization, receives compensation from Davis Educational Foundation, an unrelated organization, for services rendered to the filing organization Anne's unrelated organization compensation was as follows Salary \$41,845 Benefits \$7,377

Schedule J (Form 990) 2015

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Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

SCHEDULE O (Form 990 or 990-EZ)

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

Open to Public Inspection

Name of the organization Davis Family Foundation	Employer identification number
	01-0390443

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section A, line 2	Rebekah Buccı and David Buccı have a family relationship
Form 990, Part VI, Section B, line 11	The executive director and the entire board of trustees review Form 990 prior to the docum ent's filing, and the executive director signs the return
Form 990, Part VI, Section B, line 12c	Possible conflicts of interest are discussed by the trustees and staff at each regularly s cheduled meeting. Where a potential conflict does exist, the trustees will disclose to the board and the disclosure will be noted in the minutes. If a real conflict exists, the trustee will abstain from voting and this action will be disclosed in the minutes.
Form 990, Part VI, Section C, line 19	The Organization makes its governing documents, conflict of interest policy available to the public upon request. The Organization publishes its financial statements in its annual report which is available to the public on its website.
Schedule A, Part I, Line 11	Per the declaration of the trust, a majority of the trustees shall be appointed by the rep resentative supported organizations. The trustees determine the recipients of the Davis Fa mily Foundation grants each year.

DLN: 93493215002196

OMB No 1545-0047

2015

Employer identification number

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury

Internal Revenue Service

Related Organizations and Unrelated Partnerships ► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

► Attach to Form 990.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Davis Family Foundation				01-03904	12			
Part I Identification of Disregarded Entities Com	nplete if the organization	answered "Yes" on	ı Form 990, Part	•	·+ 3			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income E	(e) nd-of-year assets	Dire	(f) ect controlling entity		
Part II Identification of Related Tax-Exempt Orga or more related tax-exempt organizations during	g the tax year.	_			rt IV, lın			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	Public charity (if section 501		(f) Direct controlling entity	Section (13) co	ontrolle ntity?
(1)Maine Medical Center 22 Bramhall Street Portland, ME 04102	Acute Care Hospital	ME	501(c)(3)	Line 3	N,	/A	1103	No
01-0238552 (2)Portland Maine Symphony Orchestra PO Box 3573	Presentation of Symphony Performances	ME	501(c)(3)	Line 7	N,	/Δ		No
Portland, ME 041043573 01-6006058 (3)University of New England 11 Hill Beach Road	University	ME	501(c)(3)	Line 2			+	No
Biddeford, ME 04005 01-0211810	Educational Museum	ME	F01(a)(2)	Lung 7	N,	/A		- No
(4)Portland Museum of Art 7 Congress Square Portland, ME 04101	Educational Museum	ME	501(c)(3)	Line 7	N,	/A		No
01-0378420								

Identification of Related Organizations Taxable as a Partnership Complete of the organization answered "Yes" on Form 990, Part IV, line 3	4
because it had one or more related organizations treated as a partnership during the tax year.	

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h Disprop alloca	rtionate	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	mana parti	agıng	(k) Percentage ownership
				31.7			Yes	No		Yes	No	
												•
											М	
		_				l						

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

	No					
(i) Section 512 (b)(13) controlled entity?	Yes					
(h) Percentage ownership						
(g) Share of end- of-year assets						
(f) Share of total Income						
(e) Type of entity (C corp, S corp, or trust)	·					
(d) Direct controlling entity						
(c) Legal domicile (state or foreign country)						
(b) Primary activity						
(a) Name, address, and EIN of related organization						

Part V Transactions With Related Organizations Complete if the organization answ	vered "Yes" on Form	990, Part IV, line	34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No
$\textbf{1} \ During \ the \ tax \ year, \ did \ the \ orgranization \ engage \ in \ any \ of \ the \ following \ transactions \ with \ one \ or \ more$	related organizations li	sted in Parts II-IV?				
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		No
b Gift, grant, or capital contribution to related organization(s)				1b	Yes	
f c Gift, grant, or capital contribution from related organization(s)				1c		No
f d Loans or loan guarantees to or for related organization(s)				1d		No
e Loans or loan guarantees by related organization(s)				1e		No
f Dividends from related organization(s)				1 f		No
g Sale of assets to related organization(s)				1g		No
h Purchase of assets from related organization(s)				1h		No
i Exchange of assets with related organization(s)				1i		No
${f j}$ Lease of facilities, equipment, or other assets to related organization(s)				1j		No
k Lease of facilities, equipment, or other assets from related organization(s)				1k		No
I Performance of services or membership or fundraising solicitations for related organization(s) . $$.				11		No
$m{m}$ Performance of services or membership or fundraising solicitations by related organization(s)				1m		No
$oldsymbol{n}$ Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n		No
• Sharing of paid employees with related organization(s)				10		No
p Reimbursement paid to related organization(s) for expenses				1 p		No
q Reimbursement paid by related organization(s) for expenses				1q		No
${f r}$ O ther transfer of cash or property to related organization(s)				1r		No
s Other transfer of cash or property from related organization(s)				1s		No
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete	e this line, including co	vered relationships	and transaction thresholds			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining ame	ount in	volved	

Part VI Unrelated Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

revenue) that was not a related organization. See instructions			ertain invest										
(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations	·	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	I
	•	•		—	•	•			•	•	•		

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference Explanation

Schedule R (Form 990) 2015