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Form **990-P**F

Return of Private Foundation

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

Depa Intern	rtmen al Re	it of the Treasury venue Service	► Informat	ion about For	m 990-PF	and its separate	instructions	ıs at www.ir	s.gov/form990	pf.	Open to Public Is	nspection
		ndar year 2015 or ta	x year beginning	JUN	25,	2015	, and e	nding	DEC 31,	2015		
Nar	ne o	f foundation							A Employer id		number	
_s	HA	W BROTHER	S FAMILY	FOUND	ATION	, inc.			47-40	23084		
		and street (or P O box no				 		Room/suite	B Telephone n		-	
_P	0	BOX 69							1	222-81	08	
		own, state or provinc		IP or foreign p	ostal code				C If exemption a	pplication is pe	ending, check here	
			04038						ļ <u>.</u>			. \Box
G	heck	call that apply:	X Initial retur			nitial return of a f	ormer public (charity	D 1 Foreign o	rganizations,	, check here	
			Final return Address ch			mended return lame change			2. Foreign org	anizations mee	eting the 85% test,	\blacksquare
H (heck	type of organization		n 501(c)(3) ex								
	_	ection 4947(a)(1) noi				ble private found	ation				us was terminated (A), check here	°►□
I Fa		arket value of all asse		1			Acci	rual			0-month termina	tion
		Part II, col. (c), line	16)		her (specif	fy)					(B), check here	ightharpoons
	\$		325,889.		mn (d) mu	ust be on cash	basis)			-		
Pa	<u>ırt l</u>	Analysis of Reven (The total of amounts necessarily equal the	in columns (b), (c), ar	nd (d) may not		evenue and ses per books		ome	(c) Adjust incon		(d) Disbursem for charitable pu (cash basis o	rposes
	1	Contributions, gifts			2,3	<u>364,880.</u>			N/A	1		
	2	Check Interest on savings and	oundation is not required t	to attach Sch B								
	3	cash investments								-		
	4	Dividends and inter Gross rents	est from securities	S								
		Net rental income or (lo	uce)						1			
_	١.	Net gain or (loss) from:		line 10	7	757,876.						
nge -	b	Gross sales price for all assets on line 6a		771.		,			<u> </u>	ECE	VFD	·
Revenue	7	Capital gain net income					75	7,876.		I OF	70	
ď	8	Net short-term capi	tal gaın						4		2016 10	
	9	Income modificatio Gross sales less return								JUN 0	2010 18	
	l.	and allowances										1
		Less Cost of goods so Gross profit or (loss						·		WUL	N. LIL	_1
	11	Other income	5)									
	12	Total Add lines 1 t	hrough 11		3.1	122,756.	75	7,876.				
	13	Compensation of office		s, etc		0.		0.				0.
		Other employee sal	_									
w	15	Pension plans, emp	loyee benefits									
nse	16a	Legal fees										
ğ	b	Accounting fees	·									
2 ii	C 17	Other professional i	iees						-			_
3	18	Taxes										
ist ca	19	Depreciation and de	epletion									_
	20	Occupancy										_
JUN 0 3 2015 nd Administrative E	21	Travel, conferences	, and meetings									
a E	22	Printing and publica	ations									
ANNUEL JUN 0 & ZUID Operating and Administrative Expenses	23	Other expenses	d a dantates-st		ļ				-		_	
Operating a	24	Total operating and expenses. Add line				0.		0.				Λ
Ş 8	25	Contributions, gifts				0.		<u> </u>	-			<u>0.</u>
ด์	ı	Total expenses and				<u></u>						<u>v </u>
		Add lines 24 and 25				0.		0.				0.
	27	Subtract line 26 fro										
	a	Excess of revenue over	expenses and disbu	rsements	3,1	<u>122,756.</u>						
		Net investment inc					75	7,876.				
	C	Adjusted net incom	16 (if negative, enter	-0-)	1		1		N/A	<u> </u>		

For	m 99	0-PF (2015) SHAW BROTHERS FAMILY FO			<u>4023084</u>	Page 2
P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of		
<u>-</u>			(a) Book Value	(b) Book Value	(c) Fair Market	
	l	Cash - non-interest-bearing		1,208,171.	1,208,	<u>171.</u>
	ļ	Savings and temporary cash investments		-		
	3	Accounts receivable ►				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable	_			
		Less: allowance for doubtful accounts ▶				
	-	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons				
	7	Other notes and loans receivable	_			
		Less: allowance for doubtful accounts				
ets	_	Inventories for sale or use				
Assets		Prepaid expenses and deferred charges				
•		Investments - U.S. and state government obligations				
	b	Investments - corporate stock STMT 1	0.	480,546.	1,117,	<u>718.</u>
	C	Investments - corporate bonds				
	11	Investments - land, buildings, and equipment basis				
		Less accumulated depreciation				
	12	Investments - mortgage loans				
	13	Investments - other				
	14	Land, buildings, and equipment; basis				
		Less accumulated depreciation				
		Other assets (describe)				
	16	Total assets (to be completed by all filers - see the	_			
		instructions. Also, see page 1, item I)	0.	1,688,717.	2,325	<u>889.</u>
	17	Accounts payable and accrued expenses				
	18	Grants payable		,		
es	19	Deferred revenue	-			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
ja	21	Mortgages and other notes payable				
_	22	Other liabilities (describe)				
_	23	Total liabilities (add lines 17 through 22)	0.	0.		
		Foundations that follow SFAS 117, check here				
S	.	and complete lines 24 through 26 and lines 30 and 31.				
ĕ	24	Unrestricted				
ala	25	Temporarily restricted	<u> </u>	-		
or Fund Balances	26	Permanently restricted Foundations that do not follow SFAS 117, check here				
2		· · · · · · · · · · · · · · · · · · ·				
<u></u>	0.7	and complete lines 27 through 31.	0.	0.		
ets	27	Capital stock, trust principal, or current funds	0.	0.		
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	1,688,717.		
et/	29	Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	0.	1,688,717.		
Ž	30	Total net assets of fund datances	0.	1,000,/1/.		
	21	Total liabilities and net assets/fund balances	0.	1,688,717.		
\equiv						
P	<u>art</u>	III Analysis of Changes in Net Assets or Fund E	Balances			
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	e 30			
		it agree with end-of-year figure reported on prior year's return)		1		0.
		amount from Part I, line 27a	•	2	3,122,	
		r increases not included in line 2 (itemize)		3		0.
		ines 1, 2, and 3		4	3,122,	
		eases not included in line 2 (itemize) UNREALIZED GAI	N ON DONATED	SECURITIES 5		039.
		net assets or fund balances at end of year (line 4 minus line 5) - Part II, o		6	1,688	
					Form 990-F	

	W BROTHERS FAMIL and Losses for Tax on In		INC.	47-402	3084 Page 3		
(a) List and descr	tibe the kind(s) of property sold (e.g.	, real estate,	(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)		
1a PUBLICLY TRADE	rehouse; or common stock, 200 shs	. MLU 00.)	D - Donation	(IIIO., day, yr.)	(mo., day, yr.)		
p	D BECORTITES						
С	- -						
<u>d</u>							
<u>e</u>	(6) Degreester allowed	(-) Cook on other board	_1	(h) O (lea-	<u></u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	5	(h) Gain or (loss (e) plus (f) minus	(g)		
a 1,208,171.		450,2	95.		<u>757,876.</u>		
<u>b</u>			-				
c d			-				
e							
	g gain in column (h) and owned by	the foundation on 12/31/69		(I) Gains (Col. (h) gair	n minus		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		col. (k), but not less the Losses (from col.			
a					757,876.		
<u>b</u>							
C							
d e		···					
6	∫ If gain, also enter	un Part I lung 7					
2 Capital gain net income or (net ca		- in Part I, line 7	} 2	- <u></u>	757,87 <u>6.</u>		
3 Net short-term capital gain or (los	,	d (6):	٦ ا				
If gain, also enter in Part I, line 8, If (loss), enter -0- in Part I, line 8	column (c).		} ₃	N/A	1		
	nder Section 4940(e) for	Reduced Tax on No	et Investment				
(For optional use by domestic private	foundations subject to the section 4	1940(a) tax on net investment	t income.)		N/A		
If section 4940(d)(2) applies, leave th	nis part blank.						
Was the foundation liable for the sect	tion 4942 tay on the distributable am	iount of any year in the base i	neriod?		Yes No		
If "Yes," the foundation does not qual		• • • • • • • • • • • • • • • • • • • •	periou		163110		
	each column for each year; see the ii		y entries.				
(a) Base period years Calendar year (or tax year beginnir	(b) Adjusted qualifying dis	tributions Net value of	(c) noncharitable-use as	Distri ssets (col. (b) di	Distribution ratio (col. (b) divided by col. (c))		
2014	· · · · · · · · · · · · · · · · · · ·			(323, (4, 2)			
2013							
2012							
2011							
2010			·				
2 Total of line 1, column (d)				2			
3 Average distribution ratio for the	5-year base period - divide the total (on line 2 by 5, or by the numb	er of years				
the foundation has been in exister	nce if less than 5 years			3			
4 Enter the net value of noncharitab	le-use assets for 2015 from Part X,	line 5		4			
5 Multiply line 4 by line 3 5							
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6			
7 Add lines 5 and 6				7			
8 Enter qualifying distributions from	n Part XII, line 4			8			
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check the box in Part VI, line	1b, and complete that part u	sing a 1% tax rate.				

	990-PF								FOUNDATI (Section 494			1940(e)			4023			Page 4
									ere 🕨 🔲 and			ارد). د. د. ا	0		1			
									copy of letter if ne			ione)						
h									rt V, check here					1	ļ	1	5,1	58.
٠		I, line 27b	mai mooi i	110 000110	,,, ,o ,o(c	o, 10qu		٠. ٠	it i, onder nore		and onto	Ĭ		<u> </u>			<u> </u>	<u> </u>
c			ndations er	nter 2% (of line 27	b. Exen	not foreian	oro	janizations enter 4	% of Par	rt I. line 12. co	ol (h).						
									foundations only. (J (U). J		2				0.
		es 1 and 2	((=)(., 201			. ouridanono omyr				•	3		1	5,1	
4			x (domestic	section	4947(a)((1) trus	ts and taxa	ble	foundations only.	Others e	enter -O-)			4			- / -	0.
5		sed on investm							-					5			5,1	
6		/Payments:													 		<u> </u>	
-		stimated tax pa	vments and	i 2014 o	verpavme	ent cred	dited to 20	15		6a								
		t foreign organi								6b								
		d with applicati					n 8868)			6c		16,0	00.					
		withholding er					0000,	•		6d	-							
		edits and payn			through 6	6d					· · · · · · · · · · · · · · · · · · ·			7		1	6,0	00.
					-		ck here 2	<u>7</u>	ıf Form 2220 ıs att	ached				8	·-			
		e. If the total of												9			•	
									amount overpaid					10	_		8	42.
		ne amount of lir							ount ov ot para		842	Refunde	d 🖢	11				0.
		A State																
1a	During t	the tax year, di	d the found	ation att	empt to II	nfluenc	e any natio	nal	, state, or local legi	slation o	or did it partic	ipate or int	ervene	ın			Yes	No
		itical campaign			•		•					•				1a		X
b				ng the v	ear (eithe	r direct	ly or indire	ctlv) for political purp	oses (se	e instructions	for the de	finition)?		1b		X
									of the activities a					-				
		uted by the fo					-				,							
c		foundation file														1c		X
					-		section 49	55)	imposed during th	e vear:								
									oundation manager		;		0.					
е									for political expens			foundation						
		ers.▶\$,		0.		,				•							
2	-		gaged in ar	ıy actıvıtı	es that h	ave not	previously	be /	en reported to the	IRS?						2		X
	If "Yes,	," attach a de	tailed des	- cnption	of the a	ctivitie	es.											
3	Has the	foundation ma	ade any cha	inges, no	t previou	ısly rep	orted to the	e IR	S, in its governing	ınstrum	nent, articles c	of incorpora	ation, c	r				
	bylaws,	, or other simila	ar instrume	nts? If "	Yes," att	ach a	conforme	d c	opy of the chang	ges						3		X
4a	Did the	foundation hav	ve unrelated	l busines	ss gross i	ıncome	of \$1,000	or i	more during the ye	ar?						4a		$\frac{x}{x}$
b	If "Yes,"	' has it filed a ta	ax return or	Form 9	90-T for t	this yea	ιr?							N	I/A	4b		
5	Was the	ere a liquidatioi	n, terminati	on, disso	lution, or	r substa	antial contr	act	ion during the year	?						5		X
	If "Yes,	," attach the	statement	require	d by Ge	neral I	nstruction	7.										
6	Are the	requirements of	of section 5	08(e) (re	lating to	section	ns 4941 thr	oug	gh 4945) satisfied (either:								
	By lar	nguage in the g	joverning ir	ıstrumer	it, or													
	By sta	ate legislation t	hat effectiv	ely amen	ids the go	overnin	g instrume	nt s	so that no mandato	ry direct	tions that con	flict with th	ne state	law				
	remain i	ın the governır	ng instrume	nt?												6	Х	
7	Did the	foundation hav	/e at least \$	5,000 in	assets at	t any tir	me during :	the	year [?] If "Yes," co	mplete	Part II, col.	(c), and P	art XV	,		7	Х	
8a		ne states to whi	ch the four	dation re	eports or	with w	hich it is re	gist	tered (see instructi	ons) 🕨								
	ME		.			_												
b	If the an	nswer is "Yes" t	o line 7, ha	s the fou	ndation f	urnishe	ed a copy c	of Fo	orm 990-PF to the	Attorney	General (or o	designate)						
		state as requir	-				-		•							8b	X	
9	Is the fo	oundation clain	ning status	as a priv	ate opera	ating fo	undation w	/ithi	n the meaning of s	ection 4	942(j)(3) or 4	1942(j)(5) 1	for cale	ndar				
									rt XIV)? If "Yes,"						:	9		<u>X</u> _
10	Did any	persons becor	me substan	tial conti	ributors o	during t	he tax year	r? _{If}	"Yes," attach a sched	lule listing	their names an	d addresses				10		X
															For	m 99 ()-PF	(2015)

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Form **990-PF** (2015)

orm 990-PF (2015) , SHAW BROTHERS FAMILY FOU	NDATION, INC.		47-40230	84 Page 6
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	• • •		es X No	
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		C==1	
any voter registration drive?	_		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes		Y6	es 🗶 No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or f		(
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		in Regulations	37 / 3	.
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5 b
Organizations relying on a current notice regarding disaster assistance check his				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr				
expenditure responsibility for the grant?		I/A L Ye	es 🔲 No 📗	
If "Yes," attach the statement required by Regulations section 53.4945 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	• •			
a personal benefit contract?	Jay premiums on	[es X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	arconal hanafit contract?	16		Sb X
If "Yes" to 6b, file Form 8870.	ersonal Denemi Contract?		<u> </u>	,U A
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?		es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			. —	'b
Part VIII Information About Officers, Directors, Trusto		nagers. Highly		
Paid Employees, and Contractors	, , , , , , , , , , , , , , , , , , , ,		•	
List all officers, directors, trustees, foundation managers and their	compensation.		-	
A Manus and add are	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
				_
SEE STATEMENT 2		0.	0.	0.
				 -
· · · · · · · · · · · · · · · · · · ·				
	· -			
2 Compensation of five highest-paid employees (other than those inc	luded on line 4). If some	anton UNIONE II		
Compensation of five highest-paid employees tother than those inc	(b) Title, and average	enter NONE.	(d) Contributions to employee benefit plans	(e) Expense
(a) Name and address of each employee paid more than \$50,000	' hours per week	(c) Compensation	and deferred	account, other
NONE	devoted to position		compensation	allowances_
NONE				
				
				
Total number of other employees paid over \$50,000			<u> </u>	

Form **990-PF** (2015)

Form 990-PF (2015) SHAW BROTHERS FAMILY FOUNDATION, INC Part VIII Information About Officers, Directors, Trustees, Foundation Management Paid Employees, and Contractors (continued)		4023084 Page 7
3 Five highest-paid independent contractors for professional services. If none, enter "NONE.	0	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	(2)	177
	-	
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical inform number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nation such as the	Expenses
1N/A		
2		
3		
4	-	
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and	12.	Amount
1 N/A		
	<u> </u>	
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	>	0.
		Form 990-PF (2015)

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes

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

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

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

Amounts set aside for specific charitable projects that satisfy the:

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

a Suitability test (prior IRS approval required)

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

b Cash distribution test (attach the required schedule)

Form **990-PF** (2015)

0.

0.

2

3a

3Ь

4

_		_
Par	oe.	9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
Distributable amount for 2015 from Part XI, line 7				0.
2 Undistributed income, if any, as of the end of 2015				
a Enter amount for 2014 only			0.	
b Total for prior years:		0.	31	
3 Excess distributions carryover, if any, to 2015:				
a From 2010				
b From 2011				
c From 2012				
d From 2013				
e From 2014				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2015 from	0.			
Part XII, line 4: ►\$				
a Applied to 2014, but not more than line 2a			0.	
b Applied to undistributed income of prior			0.	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		<u>U•</u>		
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount				0.
e Remaining amount distributed out of corpus	0.			0.
_ '	0.	_ . _		0.
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable	·			
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	0.		_	
9 Excess distributions carryover to 2016.				
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2011				
b Excess from 2012				
c Excess from 2013				
d Excess from 2014				
e Excess from 2015				
				5 000 DE (0045)

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orm **990-PF** (2015

		AMILY FOUND			023084 Page 10
Part XIV Private Operating F	oundations (see instructions and Pa	art VII-A, question 9)	N/A	
1 a If the foundation has received a ruling o	r determination let	ter that it is a private opera	atıng		
foundation, and the ruling is effective fo	r 2015, enter the d	late of the ruling	▶		
b Check box to indicate whether the found	<u>lation is a private c</u>	operating foundation desc	ribed in section	4942(J)(3) or	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					<u> </u>
(4) Gross investment income	<u> </u>		1 :01 0		
Part XV Supplementary Info			only if the founda	ation had \$5,000 or n	nore in assets
		instructions.)			
1 Information Regarding Foundation	-	d Aban 00/ -64b - 4-4-		budha famalakan bafan da a	
a List any managers of the foundation wh year (but only if they have contributed r			ii contributions received	by the foundation before the c	ose of any tax
SEE STATEMENT 3	,	(**************************************			
b List any managers of the foundation wh			ation (or an equally large	e portion of the ownership of a	partnership or
other entity) of which the foundation ha	s a 10% or greater	r interest.			
NONE					
2 Information Regarding Contribut					
Check here ► X if the foundation of	inly makes contrib	utions to preselected char	itable organizations and	does not accept unsolicited re-	quests for funds. If
the foundation makes gifts, grants, etc.					na a.
a The name, address, and telephone num	ber or e-mail addr	ess of the person to whon	n applications should be	addressed:	
b The form in which applications should be	e submitted and ii	nformation and materials t	hey should include:		
c Any submission deadlines:					
			false to a large		
d Any restrictions or limitations on award	s, such as by geog	grapnical areas, charitable	tielas, kinds of institution	ns, or other factors:	

523601 11-24 15

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to status of recipient **Amount** any foundation manager or substantial contributor Name and address (home or business) a Paid during the year NONE Total **▶** 3a 0. **b** Approved for future payment NONE Total For 990-PF (2015)

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

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)	
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income	
•	Code		1000			
ab	-					
	1 1		+ -			
d	1		-			
e	_					
g Fees and contracts from government agencies						
2 Membership dues and assessments						
3 Interest on savings and temporary cash investments						
4 Dividends and interest from securities					-	
5 Net rental income or (loss) from real estate:		·				
a Debt-financed property						
b Not debt-financed property		· · · · · · · · · · · · · · · · · · ·				
6 Net rental income or (loss) from personal property						
7 Other investment income			1 1			
8 Gain or (loss) from sales of assets other			10	757 076		
than inventory			18	757,876.	·	
9 Net income or (loss) from special events			+ +			
10 Gross profit or (loss) from sales of inventory			1		<u> </u>	
11 Other revenue:						
<u> </u>			 			
b	1		+			
<u> </u>	1		+			
0	-					
e		0	 	757 076		
	<u> </u>		<u>• </u>	757,876.		
13 Total. Add line 12, columns (b), (d), and (e)				13	151,8/6.	
See worksheet in line 13 instructions to verify calculations.)					

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

Form **990-PF** (2015)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge May the IRS discuss this return with the preparer shown below (see instr)? and belief, it is true, correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge Sign Here TRUSTEE X Yes Signature of officer or trustee Title Date PTIN Print/Type preparer's name Check Preparer's signature Date self- employed **Paid** RICHARD B. DAWSON RICHARD B. DAWSON 05/18/16 P00173150 **Preparer** Firm's EIN ► 01-0459941 Firm's name ▶ DAWSON, SMITH, PURVIS & BASSETT, P.A. **Use Only** Firm's address ► 15 CASCO STREET

PORTLAND, ME 04101-2902

Form **990-PF** (2015)

Phone no. 207-874-0355

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

CHAN PROMIERC HANTLY BOINDAMTON

OMB No 1545-0047

2015

Name of the organization

Employer identification number

47 4000004

	SIAV	1 DKOID	CVO LWMITT)	L OUNDAI	LION, IN	. .	4/-4023	0004
Organization t	ype (check one)							
Filers of:	Se	ection:						
Form 990 or 990-EZ		501(c)() (enter number) organization						
		4947(a)(1) nonexempt charit	able trust not tre	ated as a priva	te foundation		
		527 politic	cal organization					
Form 990-PF	[2	501(c)(3)	exempt private fou	ndation				
		4947(a)(1) nonexempt charit	able trust treated	d as a private fo	oundation		
		501(c)(3)	taxable private foui	ndation				
			General Rule or a ganization can chec		the General Ru	ule and a Special Ru	ule. See instruction	ns
						contributions totaling		· ·
Special Rules								
sectio any or	ns 509(a)(1) and	170(b)(1)(A)(v uring the year	ri), that checked So r, total contribution:	hedule A (Form	990 or 990·EZ),	ne 33 1/3% support Part II, line 13, 16a, (2) 2% of the amou	, or 16b, and that	received from
year, t	otal contribution	s of more tha		ly for religious, c	harıtable, scient	I that received from tific, literary, or educ	-	-
year, o is che purpo	contributions <i>exc</i> cked, enter here se Do not comp	clusively for re the total cont lete any of th	ligious, charitable, tributions that were	etc , purposes, t received during General Rule ap	out no such con the year for an oplies to this org	that received from think the transfer of the t	nore than \$1,000. s, charitable, etc,	If this box
but it must ans	wer "No" on Pai	t IV, line 2, of		neck the box on	line H of its Forr	s not file Schedule I n 990-EZ or on its F).		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

SHAW BROTHERS FAMILY FOUNDATION, INC.

47-4023084

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	JONATHAN E SHAW PO BOX 303 GORHAM, ME 04038	\$ <u>1,182,682</u> .	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	DANIEL H SHAW 6 BOBS WAY WINDHAM, ME 04062	\$ <u>1,182,198.</u>	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Payroll Payroll Payroll Payroll Part II for noncash contributions.

Name of organization

Employer identification number

SHAW BROTHERS FAMILY FOUNDATION, INC.

47-4023084

Part II	Noncash Property (see instructions) Use duplicate copies of Part II	I if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	VARIOUS PUBLICLY TRADED SECURITIES	_	
1		 	12/09/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	VARIOUS PUBLICLY TRADED SECURITIES	_	
		 \$1,182,198.	12/09/15
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		_ _	
1453 10-20		Sahadula B (Farm 0	90, 990-EZ, or 990-PF) /2

Name of organ	nization		Employer identification number				
SHAW BI	ROTHERS FAMILY FOUNDAT	TON THE	47-4023084				
Part III	Exclusively religious charitable, etc., cont	tributions to organizations described	d in section 501(c)(7), (8), or (10) that total more than \$1,000 for				
	the year from any one contributor. Complete completing Part III, enter the total of exclusively religious	COIUMINS (a) INFOUGN (e) and THE TOIIC is, charitable, etc., contributions of \$1,000 o	OWING LINE ENTRY. For organizations or less for the year (Enter this info once)				
(a) Na	Use duplicate copies of Part III if addition	al space is needed					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I							
-							
-							
		(e) Transfer of git	ж				
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
-		i					
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I		(1, 1111)	(1,7)				
		(a) Transfer of air					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
-							
(a) Na							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
raiti							
-							
-							
	(e) Transfer of gift						
	(5)						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
-							
(a) No	<u>.</u>						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
_							
-							
		(e) Transfer of git	ift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee				
-							
-							

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

FORM 990-PF	CORPORATE STOCK		STAT	EMENT 1	
DESCRIPTION		BOOK VALUE		FAIR MARKET VALUE	
VARIOUS CORPORATE STOCKS		480,54	46. 1	1,117,718.	
TOTAL TO FORM 990-PF, PART I	I, LINE 10B	480,54	1		
	- LIST OF OFFICERS, D S AND FOUNDATION MANA		STAT	EMENT 2	
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT	
JONATHAN E SHAW PO BOX 303 GORHAM, ME 04038	TRUSTEE 1.00	0.	0.	0.	
DANIEL H SHAW 6 BOBS WAY WINDHAM, ME 04062	TRUSTEE 1.00	0.	0.	0.	
DONNA K SHAW PO BOX 303 GORHAM, ME 04038	TRUSTEE 1.00	0.	0.	0.	
JACQUELINE M JOYCE 6 BOBS WAY WINDHAM, ME 04038	TRUSTEE 1.00	0.	0.	0.	
THOMAS B BIEGEL 47 BLACK BROOK ROAD	TRUSTEE 1.00	0.	0.	0.	

0.

0.

0.

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FORM 990-PF PART XV - LINE 1A
LIST OF FOUNDATION MANAGERS

STATEMENT

NAME OF MANAGER

JONATHAN E SHAW DANIEL H SHAW