

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



DLN: 93491272005026

OMB No 1545-0052

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

Department of the Treasury

Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its instructions is at <u>www.irs.gov/form990pf</u>.

Open to Public Inspection

For calendar year 2015, or tax year beginning 05-01-2015 , an						nd ending 04-30-2016				
	e of fou	ndation DMMUNITY			A Employer ide	entification numbe	r			
14	ITLOR CC	JMMONII 1			02-0222149					
		street (or P O box number if mail is	not delivered to street address)	Room/suite	B Telephone nur	B Telephone number (see instructions)				
43	5 UNION	I AVENUE			(603) 524-5600	ı				
		, state or province, country, and ZIP of	or foreign postal code		C If exemption	application is pending	, check here 🕨 🦵			
	<u>, , , , , , , , , , , , , , , , , , , </u>									
G C1	heck al	I that apply Initial return Final return	☐ Initial return of a fo ☐ A mended return	rmer public charity	D 1. Foreign or	ganızatıons, check he	re ▶ □			
		Address chan	ge Name change			ganizations meeting t k here and attach con				
H Ch	neck ty	pe of organization 🔽 Sectior 4947(a)(1) nonexempt charita	501(c)(3) exempt private	foundation		ındatıon status was te n 507(b)(1)(A), check				
		et value of all assets at end	JAccounting method \[\int \]		 	ition is in a 60-month				
of year (from Part II, col. (c), Inne 16) ▶\$ 54,736,027			he on cash hasis		1 507(b)(1)(B), check					
_				Te on cash basis.)			(4)			
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))		(b), (c), and (d) may not	Revenue and expenses per (a) books	Net investment (b) income	Adjusted net (c) income	(d) Disbursements for charitable purposes (cash basis only)				
	1	Contributions, gifts, grants, e	etc , received (attach				(sacii zasis siii,)			
		schedule)		337,042						
	2	Check 🟲 🦵 If the foundation	ıs not required to attach							
		Sch B								
	3	Interest on savings and tem	· · · · · · · · - · · · · · · · · · · ·	102.002	102.002	102.003				
	4	Dividends and interest from s	securities	182,003 46,346	182,003	182,003 46,346				
	5a b	Net rental income or (loss)	44,940	40,540		40,540				
Φ	6a	Net gain or (loss) from sale of		244,423						
Revenue	ь	Gross sales price for all asse	ets on line 6a							
ě		3,871,597			244 422					
т.	7	Capital gain net income (from Net short-term capital gain			244,423	0				
	8	Income modifications				0				
	10a	Gross sales less returns and	1							
		allowances								
	b	Less Cost of goods sold.								
	C	Gross profit or (loss) (attach		10,393,174	0	10,393,174				
	11 12	Other income (attach schedi Total. Add lines 1 through 11	<u> </u>	10,393,174	426,426					
	13	Compensation of officers, dir		265,597	0	· · ·	0			
	14	Other employee salaries and	· · · · · · · · · · · · · · · · · · ·			,				
S.	15	Pension plans, employee ber	nefits							
ψŞĘ	16a	Legal fees (attach schedule)	[
Expenses	Ь	Accounting fees (attach sch	edule)							
	С	Other professional fees (atta	ch schedule)							
Admını strative	17	Interest	L L	1,016,128	0	-,,	0			
Str	18	Taxes (attach schedule) (se		1,406	0	-,	0			
Ī	19	Depreciation (attach schedu		1,991,940	0	1,991,940				
ΑĠ	20	Occupancy	-							
and	21 22	Travel, conferences, and me Printing and publications.								
	23	Other expenses (attach sche	<u> </u>	9,213,990	0	7,346,454	1,867,536			
Operating	24	Total operating and administ	· •				•			
ě		Add lines 13 through 23.	-	12,489,061	0	10,621,525	1,867,536			
ō	25	Contributions, gifts, grants p	aıd	600			600			
	26	Total expenses and disburse	ments.Add lines 24 and	12.122.55		10.631.53	4 000 155			
	27	25 Subtract line 26 from line 12		12,489,661	0	10,621,525	1,868,136			
	a	Excess of revenue over expe		-1,286,673						
	b	Net investment income (if ne			426,426					
	c	Adjusted net income(if nega	tive, enter -0 -)			0				

Pa	rt II	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	32,315		
	2	Savings and temporary cash investments	1,193,889		
	3	Accounts receivable ► 172,943	, ,	, ,	, ,
		Less allowance for doubtful accounts -	277,534	172,943	172,943
	4	Pledges receivable -			2.2,2.13
	•	Less allowance for doubtful accounts -			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	U	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) 395,888			
	,	Less allowance for doubtful accounts 0	184,964	395,888	395,888
	8	Inventories for sale or use	13,009		
sets	0	Prepaid expenses and deferred charges		·	
Š	100	Investments—U S and state government obligations (attach	1,038,326		
⋖	10a	schedule)	1,030,320	1,005,400	1,003,400
	b	Investments—corporate stock (attach schedule)	2,593,659	2,888,600	2,888,600
	С	Investments—corporate bonds (attach schedule)	791,923	1,130,906	1,130,906
	11	Investments—land, buildings, and equipment basis 🕨			
		Less accumulated depreciation (attach schedule) 🟲			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)	5,268,378	3,904,320	3,904,320
	14	Land, buildings, and equipment basis 🕨 64,112,728			
		Less accumulated depreciation (attach schedule) > 28,275,122	36,891,164	35,837,606	35,837,606
	15	O ther assets (describe 🟲)	7,746,589	7,246,244	7,246,244
	16	Total assets(to be completed by all filers—see the			
		ınstructions Also, see page 1, item I)	56,214,717	54,736,027	54,736,027
	17	Accounts payable and accrued expenses	1,558,798	1,758,838	
	18	Grants payable			
ě	19	Deferred revenue	22,858,750	23,813,047	
bilities	20	$Loans\ from\ officers,\ directors,\ trustees,\ and\ other\ disqualified\ persons$			
9	21	Mortgages and other notes payable (attach schedule)		19,924,255	
	22	Other liabilities (describe 🟲)	684,595	391,901	
	23	Total liabilities(add lines 17 through 22)	45,511,858	45,888,041	
,		Foundations that follow SFAS 117, check here 🕨 🔽			
ě		and complete lines 24 through 26 and lines 30 and 31.			
аD	24	Unrestricted	-3,890,574	-5,208,488	
Ba	25	Temporarily restricted	6,106,398	5,848,225	
덛	26	Permanently restricted	8,487,035	8,208,249	
Fund Balances		Foundations that do not follow SFAS 117, check here 🕨 🦵			
5		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
	29	Retained earnings, accumulated income, endowment, or other funds			
Net	30	Total net assets or fund balances(see instructions)	10,702,859	8,847,986	
	31	$\textbf{Total liabilities and net assets/fund balances} (\texttt{see} \ \texttt{instructions}) \textbf{.} \textbf{.}$	56,214,717	54,736,027	
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances			
1		Total net assets or fund balances at beginning of year—Part II, columr	ı (a), line 30 (must a	gree	
		with end-of-year figure reported on prior year's return)		1	10,702,859
2		Enter amount from Part I, line 27a		2	-1,286,673
3		Other increases not included in line 2 (itemize)			58,699
4		Add lines 1, 2, and 3		4	9,474,885
5		Decreases not included in line 2 (itemize) ▶			626,899
6		Total net assets or fund balances at end of year (line 4 minus line 5)—	Part II. column (b). I	ine 30 . 6	8.847.986

Part I	Capital Gains ar	nd Lo	sses for Tax on Inve	estme	ent Income	1				ī
	List and describe the kind(s) of property sold (e g , real estate, (a) 2-story brick warehouse, or common stock, 200 shs MLC Co)						ow acquired —Purchase	ט ן	ate acquired	
			or common stock, 200 sns	S MLC		(b) □	—Donation	(c) (r	mo , day, yr)	(d) (mo , day, yr)
<u>1 a</u>	SALE OF INVESTMEN	TS					Р			
b	SALE OF PROPERTY						Р			
с										
d										
e										
(e)	(e) Gross sales price (f) (or allowable)		ed	Cost or other basis (g) plus expense of sale			Gain or (loss) (h) (e) plus (f) minus (g)			
a	3,870	,597			3,627,17			1		243,423
ь	1	,000								1,000
d										
е		<u> </u>								
Cor	nnlete only for assets sh	owina	gaın ın column (h) and own	ed by	the foundation	on 12	/31/69	1	Gains (Col	(h) gain minus
	•	<u> </u>	Adjusted basis				col (ı)	- c	•	t less than -0-) or
(i)	FMV as of 12/31/69		(j) as of 12/31/69		(k) over col (` '	(I)		from col (h))
а										243,423
b										1,000
С С										
d										
е е										
2	Capital gain net income	e or (n	et capital loss)		ın, also enter ı ss), enter -0 -			2		244,423
3	Net short-term capital	gaın o	r (loss) as defined in section	ons 12	22(5) and (6))				
		rt I , lı	ne 8, column (c) (see ınstr	uctions	s) If (loss), er	nter -0	-]			
	ın Part I, line 8 .					•	·	3		0
Part \	Qualification Un	der:	Section 4940(e) for	Redu	ced Tax on	Net :	Investme	nt In	come	
	onal use by domestic pri n 4940(d)(2) applies, lea		oundations subject to the s is part blank	ection	4940(a) tax (on net	ınvestment	ıncom	e)	
			n 4942 tax on the distributy y under section 4940(e) D				the base pe	rıod?		┌ Yes ┌ No
1 Ent	er the appropriate amoun	ıt ın ea	ach column for each year, s	see ins	tructions befo	re mak	king any enti	ıes		
	(a)		<i>(</i> 1.)		(-)				(d)	
	period years Calendar r tax year beginning in)	Adju	(b) sted qualifying distributions	Net	(c) value of nonchar	ıtable-us	se assets		Distributio (col (b) divided	
year (o	2014								(cor (b) divided	by cor (c))
	2013									
	2012									
	2011									
	2010									
2	Total of line 1, column (d)						2		
3			the 5-year base period—d				5, or by			
			dation has been in existenc				_	3		
4			iritable-use assets for 201		•		<u> </u>	4		
5							_	5		
6			ncome (1% of Part I, line 2				_	6		
7								7		
8			from Part XII, line 4				<u> </u>	8		
	If line 8 is equal to or g the Part VI instructions		than line 7, check the box	ın Par	t VI, line 1b, a	and co	mplete that	part u	sıng a 1% tax	x rate See

	990-PF (2015) t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4	940(e)	. or 4948—se	e pag	e 18 of	the inst	ructio		age 4
1a	Exempt operating foundations described in section 4940(d)(2), check here		,	<u> </u>					
	and enter "N/A" on line 1	Į*							
	Date of ruling or determination letter $1985-12-09$			}					
_	(attach copy of letter if necessary–see instructions)				_				
b	Domestic foundations that meet the section 4940(e) requirements in Part V	, check)	1				N/A
	here ► Tand enter 1% of Part I, line 27b			•					
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations Part I, line 12, col (b)	ations 6	enter 4% of						
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable four enter -0-)	ndation	s only Othe	ers	2				
3	Add lines 1 and 2			•	3				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable fou enter -0-)	ndation	ns only Oth	ers	4				
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, e	enter-C)	_	5				
6	Credits/Payments			-	3				
a	2015 estimated tax payments and 2014 overpayment credited to 2015	6a	1						
b	Exempt foreign organizations—tax withheld at source	6b							
c	Tax paid with application for extension of time to file (Form 8868)	6c							
d	Backup withholding erroneously withheld	6d							
7	Total credits and payments Add lines 6a through 6d				7				0
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2				8				
9	Tax due.If the total of lines 5 and 8 is more than line 7, enter amount owed .			•	9				
10	Overpayment.If line 7 is more than the total of lines 5 and 8, enter the amour				10				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax		Refunded	•	11				
	t VII-A Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state	e. or loc	al legislatio	n or d	d			Yes	No No
	It participate or intervene in any political campaign?				<u>.</u>		1a		No
b	Did it spend more than \$100 during the year (either directly or indirectly) for j	nolitica	I nurnoses (see In	structi	ons			
	for definition)?						1b		No
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities	and co	ppies of any i	materia	ls				
	published or distributed by the foundation in connection with the activities.		,						
С	Did the foundation file Form 1120-POL for this year?						1c		No
d	Enter the amount (if any) of tax on political expenditures (section 4955) impo			r					
	(1) On the foundation \blacktriangleright \$0 (2) On foundation managers	▶ \$ _		0					
e	Enter the reimbursement (if any) paid by the foundation during the year for pol	itical e	xpenditure t	ax ımp	osed				
	on foundation managers 🕨 \$0								
2	Has the foundation engaged in any activities that have not previously been re	ported	to the IRS?				2		No
	If "Yes," attach a detailed description of the activities.								
3	Has the foundation made any changes, not previously reported to the IRS, in i	ts gove	erning instru	ment,	articles	5			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conf	formed (copy of the c	hanges			з		No
4a	Did the foundation have unrelated business gross income of \$1,000 or more α	during t	he year?.				4a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year?						4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction du	iring th	e year?				5		No
	If "Yes," attach the statement required by General Instruction T.								
6	Are the requirements of section $508(e)$ (relating to sections 4941 through 49	945)sa	tisfied eithe	r					
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so the	nat no r	nandatory d	irectio	ns				
	that conflict with the state law remain in the governing instrument?						6	Yes	
7	Did the foundation have at least \$5,000 in assets at any time during the year	?If "Yes	s," complete	Part II	, col. (c),			
	and Part XV.						7	Yes	
8a	Enter the states to which the foundation reports or with which it is registered ((see ins	structions)						
_	► NH	00 = =							
Ь	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 9						٥:	.,	
_	General (or designate) of each state as required by General Instruction G? If				/-\/ ^ \		8b	Yes	
9	Is the foundation claiming status as a private operating foundation within the		_						
	or 4942(j)(5) for calendar year 2015 or the taxable year beginning in 2015 (s	see inst	LIUCLIONS FOR	rart X	71 A) ,		9	Yes	
10	If "Yes," complete Part XIV	" attacl	n a schedulo	lietina	their r	amec	9	162	
10	and addresses.		, a scriedule	uny	inen H	د	10		No
				- •	-				

Par	Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had			
	advisory privileges? If "Yes," attach statement (see instructions)	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Yes	
	Website address ►WWW TAYLORCOMMUNITY ORG			
14	The books are in care of ►ED SOUCY Telephone no ►(603)524	-5600	
	Located at ▶435 UNION AVENUE LACONIA NH ZIP+4 ▶03246			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here		▶ □	-
	and enter the amount of tax-exempt interest received or accrued during the year	•	- ,	
			1	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over	ء ا	Yes	No
	a bank, securities, or other financial account in a foreign country?	16		No
	See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) If "Yes", enter the name of the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			I
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)? Yes V No			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period			
	after termination of government service, if terminating within 90 days)			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		No
	Organizations relying on a current notice regarding disaster assistance check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
	that were not corrected before the first day of the tax year beginning in 2015?	1c		No
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2015, did the foundation have any undistributed income (lines 6d			
	and 6e, Part XIII) for tax year(s) beginning before 2015? Yes ▽ No			
	If "Yes," list the years 🕨 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)			
	to all years listed, answer "No" and attach statement—see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	▶ 20, 20, 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at			
	any time during the year?			
b	If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation			
	or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved			
	by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3)			
	the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2015.).	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1	No
4а b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	-ra		140
,	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		No

Pa	rt VII-B Stateme	ents Regard	ing Activities for	Which Form 4720) May	Be Required (Cont	tinued)
5a	During the year did th	e foundation pa	y or incurany amoun	t to			
	(1) Carry on propagai	nda, or otherwis	e attempt to influenc	e legislation (section 4	945(e)) [?]	No
				(see section 4955), or			
						Tyes 🔽	
	(3) Provide a grant to					「 Yes ▽	✓ No
				ble, etc , organization o			- N
						TYes 🔽	/ NO
				e, scientific, literary, oi to children or animals?			. No
ь	• •	•	•			exceptions described in	110
_						nstructions)?	. 5b
c	If the answer is "Yes"						
	tax because it mainta	ıned expendıtu	re responsibility for tl	he grant?		T Yes T	No No
	If "Yes," attach the sta	tement required	l by Regulations sectio	n 53.4945-5(d).			
6a	Did the foundation, du	ırıng the year, r	eceive any funds, dire	ectly or indirectly, to pa	y prem	niums on	
b	·		pay premiums, directl	y or indirectly, on a per	sonal b	enefit contract?	. 6b No
_	If "Yes" to 6b, file Form						
7a	·			y to a prohibited tax sh			
						ne transaction?	
Pa	rt VIIII and Cont		inicers, Directors	s, Trustees, Found	iation	Managers, Highly	Paid Employees,
_1	List all officers, direct	ors, trustees, f	oundation managers a	and their compensation	(see in		T
			Title, and average	(c) Compensation(If		(d) Contributions to	Expense account,
	(a) Name and addr		hours per week) devoted to position	not paid, enter -0-)		nployee benefit plans	(e) other allowances
	Additional Data Table		, 40,000 00 0000000	,	and	deferred compensation	
See	Additional Data Table						
2	Compensation of five	highest-paid en	nployees (other than	those included on line 1	l—see i	nstructions). If none, er	nter "NONE."
	(a)		Title, and aver	ane		Contributions to	
Nar	me and address of each		hours per we	ek (c) Compensat	:ion	employee benefit plans and deferred	Expense account, (e) other allowances
	more than \$50,	000	(b) devoted to pos	ition		(d) compensation	(c) other anowalices
DAN	IIELLE BERTAGNA		SALES	9	3,975	7,852	0
	UNION AVENUE		40 00				
	ONIA,NH 03426			_			
	LCHARLTON		DIRECTOR OF MARKETIN	7	5,213	16,222	0
	UNION AVENUE ONIA,NH 03426		40 00				
	K BESWICK		DIRECTOR OF	8	2,500	8,407	0
	UNION AVENUE		FACILITI			,	
LAC	ONIA,NH 03426		40 00				
ELIC	DT DAVIS		HUMAN RESOURC	E 6	5,846	11,955	0
	UNION AVENUE		MANAG 4000				
	ONIA,NH 03426				4 074	C 3.1	_
	RGARET ANN TITUS		RN 40 00		4,871	631	0
	UNION AVENUE ONIA,NH 03426						
	nl number of other emplo	oyees paid ove	r\$50,000				15

Part VIII Information About Officers, Directors, Transcription and Contractors (continued)	ustees, Foundation Managers, Highly	Paid Employees,
3 Five highest-paid independent contractors for professional serv	ices (see instructions). If none, enter "NONE".	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
T.I. 1 6 11 15 15 15 15 15 15 15 15 15 15 15 15	E.	0
Total number of others receiving over \$50,000 for professional servi	ces	<u> </u>
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year Inclu	de relevant statistical information such as the number of	Гупанала
organizations and other beneficiaries served, conferences convened, research paper	s produced, etc	Expenses
1OPERATION AND MAINTENANCE OF 216 UNITS OF INDEPE LIVING/NURSING UNITS TO PROVIDE HEALTH CARE MANA		
FOR ELDERLY PERSONS	GEMENT AND LONG-TERM HEALTH CARE	11,156,023
2		
3		
4		
Part IX-B Summary of Program-Related Investmen	nts (see instructions)	
Describe the two largest program-related investments made by the foundation d		A mount
1	,	7,1112
2		
All ables were well-bad in contract Contracting		
All other program-related investments See instructions		
3		
Tatal Add lines 1 through 2		_
Total. Add lines 1 through 3		0

Form 990-PF (2015) Part X Minimum Investment Return

ΓŒ	(All domestic foundations must complete this part. Foreign foundations, see instruction	ıs.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		
а	A verage monthly fair market value of securities	1a	9,710,796
b	A verage of monthly cash balances	1b	1,193,789
С	Fair market value of all other assets (see instructions)	1c	614,666
d	Total (add lines 1a, b, and c)	1d	11,519,251
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	'	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	11,519,251
4	Cash deemed held for charitable activities $$ Enter 1 $$ 1/2% of line 3 (for greater amount, see		
	ınstructions)	4	172,789
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	11,346,462
6	Minimum investment return. Enter 5% of line 5	6	567,323
Par	Distributable Amount (see instructions) (Section 4042(1)(2) and (1)(5) private operating foundations and see		
	(see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and cell check here ► ✓ and do not complete this part.)	rtain i	oreign organizations
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015 (This does not include the tax from Part VI) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1	7	
		<u> </u>	
Par	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		i
а	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	1a	1,868,136
b	Program-related investments—total from Part IX-B	1b	0
2	A mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc ,		
	purposes	2	824,072
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	За	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	2,692,208
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	ıncome Enter 1% of Part I, line 27b (see instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	2,692,208
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wheth the section 4940(e) reduction of tax in those years	er the	foundation qualifies for

For	m 990-PF (2015)				Page 9
Р	art XIII Undistributed Income (see instru	uctions)			
		(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1	Distributable amount for 2015 from Part XI, line 7				
2	Undistributed income, if any, as of the end of 2015				
а					
b			<u> </u>		
3	,,,				
a					
b					
	From 2014				
	From 2014				
	Qualifying distributions for 2015 from Part				
7	XII, line 4 🕨 \$				
а	Applied to 2014, but not more than line 2a				
	Applied to undistributed income of prior years				
_	(Election required—see instructions)				
c	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2015 distributable amount				
	Remaining amount distributed out of corpus				
	Excess distributions carryover applied to 2015				
	(If an amount appears in column (d), the				
_	same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
	Corpus Add lines 3f, 4c, and 4e Subtract line 5				
b	Prior years' undistributed income Subtract				
_	line 4b from line 2b				
С	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				
d	Subtract line 6c from line 6b Taxable amount				
	—see instructions				
е	Undistributed income for 2014 Subtract line 4a from line 2a Taxable amount—see				
	instructions				
f	Undistributed income for 2016 Subtract				
	lines 4d and 5 from line 1 This amount must be distributed in 2015				
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)				
8	Excess distributions carryover from 2010 not applied on line 5 or line 7 (see instructions)				
۵	Excess distributions carryover to 2016.		_		
,	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9				
	Excess from 2011				
b	Excess from 2012				
c	Excess from 2013				
d	Excess from 2014				
е	Excess from 2015				

Form 990-PF (2015) Page **10** Private Operating Foundations (see instructions and Part VII-A, question 9) Part XIV If the foundation has received a ruling or determination letter that it is a private operating 1985-12-09 foundation, and the ruling is effective for 2015, enter the date of the ruling. 🕨 b Check box to indicate whether the organization is a private operating foundation described in section 🔽 4942(j)(3) or 🗀 4942(j)(5) Prior 3 years Enter the lesser of the adjusted net Tax year (e) Total income from Part I or the minimum (a) 2015 **(c)** 2013 **(b)** 2014 (d) 2012 investment return from Part X for each 0 0 0 0 0 0 **b** 85% of line 2a c Qualifying distributions from Part XII. 2,692,208 3,631,580 1,838,874 1,494,364 9,657,026 line 4 for each year listed d Amounts included in line 2c not used directly for active conduct of exempt e Qualifying distributions made directly for active conduct of exempt activities 2,692,208 3.631.580 1.838.874 1.494.364 9,657,026 Subtract line 2d from line 2c . . . 3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test—enter 0 (1) Value of all assets . . . (2) Value of assets qualifying 0 under section 4942(1)(3)(B)(1) **b** "Endowment" alternative test—enter 2/3 of minimum investment return shown in 378,215 410,663 393,141 378,577 1,560,596 Part X, line 6 for each year listed. . . "Support" alternative test—enter (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 0 512(a)(5)), or royalties). . . . (2) Support from general public and 5 or more exempt organizations as provided in 0 section 4942(j)(3)(B)(III). . . (3) Largest amount of support 0 from an exempt organization 0 (4) Gross investment income Supplementary Information (Complete this part only if the organization had \$5,000 or more in assets at any time during the year—see instructions.) **Information Regarding Foundation Managers:** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2)) b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ┡️🔽 if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d a The name, address, and telephone number or email address of the person to whom applications should be addressed b The form in which applications should be submitted and information and materials they should include c Any submission deadlines

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

factors

Part XV Supplementary Information(continued)

Recipient	If recipient is an individual,	Foundation		
- Recipient	show any relationship to	status of	Purpose of grant or	A mount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
CONCORD REGIONAL CRIMELINE	N/A		SUPPORT OF CHARITABLE	100
PO BOX 4031			ORGANIZATION	
CONCORD, NH 03301	N. (A		CURRORT OF CUARTARIE	250
LAKES REGION CHORDSMEN 19 POTTER HILL ROAD	N/A		SUPPORT OF CHARITABLE ORGANIZATION	250
GILFORD, NH 03249			ORGANIZATION	
	N/A		SUPPORT OF CHARITABLE	250
22 NORTH ROAD			ORGANIZATION	
NORTH HAMPTON, NH 03862				
Total		<u></u>	▶ 3a	600
b Approved for future payment				
		<u> </u>		
Total			▶ 3b	(

GLC VAT	-A Analysis of Income-Produc	ing Activities	5			Page 1
iter gross	amounts unless otherwise indicated	Unrelated bus	siness income	Excluded by section	n 512, 513, or 514	(e) Related or exemp
Progran	n service revenue	(a) Business code	(b) A mount	(c) Exclusion code	(d) A mount	function income (See
_	NCE FEES					instructions) 2,812,15
	DIC RESIDENT INCOME					7,381,8
						, ,
	and contracts from government agencies					
_	and contracts from government agencies rship dues and assessments					
Interes	t on savings and temporary cash					
ınvestı	ments					
	ids and interest from securities			14	182,003	
	tal income or (loss) from real estate financed property.					
	ebt-financed property			16	44,940	
Net rer	tal ıncome or (loss) from personal					
	ty					
	nvestment income					
	(loss) from sales of assets other than ory			10	244 422	
	ome or (loss) from special events			18	244,423	
	profit or (loss) from sales of inventory					
	evenue a AUXILIARY INCOME			03	199,151	
<u> </u>						
	al Add columns (b), (d), and (e).		(670.517	10.194.0
Subtota	al Add columns (b), (d), and (e) dd line 12, columns (b), (d), and (e)				670,517 13	
Subtota Total. A (See w	dd line 12, columns (b), (d), and (e) orksheet in line 13 instructions to verify (calculations)		:	13	
Subtota Total. A (See w	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify (-B Relationship of Activities to	calculations) o the Accomp	 lishment of I	Exempt Purpos	13	10,864,540
Subtota Total.A (See w	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions)	calculations) the Accomp ch income is rep s exempt purpose	lishment of I orted in column es (other than by	Exempt Purpos (e) of Part XVI-A c providing funds for	es ontributed importa r such purposes) (10,864,540 ntly to See
Subtota Total.A (See w art XVI	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See wart XVI	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See wart XVI	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w ort XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w ort XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w ort XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w ort XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w ort XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ne No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ne No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ne No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ne No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w Irt XVI ine No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See w rt XVI ne No.	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A (See wart XVI	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC
Subtota Total.A	dd line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify of Relationship of Activities to Explain below how each activity for whith the accomplishment of the foundation's instructions) IT IS THE TAYLOR COMMUNITY'S MISELDERLY THE COMMUNITY IS RESPOALERT SYSTEM THE COMMUNITY OF INCLUDING HEALTH CARE, ACTIVITICOMMUNITY TRANSFER TO ANY RESI	calculations) the Accomp ch income is rep s exempt purpose SSION TO PROV NSIBLE FOR AL FERS RESIDENT ES, TRANSPOR DENT ANY INT	Ilishment of I orted in column es (other than by IDE AFFORDAE L PROPERTY MA S A COMPREHE TATION AND SI EREST IN REAL	Exempt Purpos (e) of Part XVI-A c providing funds for BLE HOUSING ANI AINTENANCE ANI ENSIVE PACKAGE HOPPING ASSIST PROPERTY THE E	es ontributed importar such purposes) (D HEALTH CARE FOR PROVIDES A 24 OF IN-HOME SEI ANCE AT NO TIME	ntly to See FOR THE 4-HOUR MEDICA RVICES ME DOES THE AND PERIODIC

Part XVI	Information Re Noncharitable				actions	and R	elationships	With		
	organization directly or i	ndırectly enga	age in any of t	the following witl					Ye	s No
organızat	tions?									
a Transfers	s from the reporting four	ndation to a n	oncharitable (exempt organıza	tion of					
(1) Cas	h								1a(1)	No
(2) Oth	erassets								1a(2)	No
b Other tra	ansactions									
(1) Sale	es of assets to a noncha	rıtable exemp	ot organizatioi	n					1b(1)	No
(2) Purc	chases of assets from a	noncharitable	e exempt orga	anızatıon					1b(2)	No
(3) Rent	tal of facilities, equipme	nt, or other as	ssets						1b(3)	No
(4) Rein	nbursement arrangemer	nts							1b(4)	No
(5) Loar	ns or loan guarantees.								1b(5)	No
(6)Perfo	rmance of services or m	embership or	fundraising s	olicitations					1b(6)	No
c Sharing o	of facilities, equipment,	maılıng lısts,	other assets,	or paid employe	es				1c	No
of the go in any tra	swer to any of the above ods, other assets, or se ansaction or sharing arr	rvices given l angement, sh	by the reporti ow in column	ng foundation If (d) the value of	the found the goods	dation re s, other	ceived less that assets, or servi	n fair marke ces receive	et value ed	
(a) Line No	(b) Amount involved	(c) Name of n	опспаптавіе ехе	empt organization	(a) De	scription o	f transfers, transact	tions, and sna	arrangen	ients
describe	undation directly or indi d in section 501(c) of th complete the following (a) Name of organization	ne Code (othe schedule	r than section		n section			ption of relati	·	V No
						1				
the	der penalties of perjury, best of my knowledge a prmation of which prepar ****** Signature of officer or t	and belief, it is er has any kr	s true, correct		Declarati			May t return with t below	r) is based of he IRS discuss he preparer sh	on all this
	T	<u> </u>			1		Chapters and		nstr)? 🗸 Yes	No
	Print/Type preparer's ORESTE J MOSCA CPA	name Pr	eparer's Sıgn	ature	Date		Check if self- employed ►	PTIN P	00366101	
Paid Preparer Use	Firm's name NATHAN WECHSLER Firm's address	& COMPANY	′ PA				Firm's EIN ► 0	2-032752	4	
Only	70 COMMERCIAL ST NH 03301	REET SUITE	401 CONCC	ORD,		•	Phone no (603	3)224-535	57	

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

compensation				
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
ROBERT J SELIG	FORMER CEO	103,860	0	0
435 UNION AVENUE LACONIA,NH 03246	40 00			
H THOMAS VOLPE	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
FRANK TILTON	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
BRADFORD COOK	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
ROD DYER	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
RONALD BAKER III	TRUSTEE, TREASURER	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
NANCY CRUTCHER	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
WALTER FLINN	TRUSTEE	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
DAVID LAFFEY	TRUSTEE	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
DAVID LYNCH	TRUSTEE, VICE CHAIR	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
BARBARA WOOD	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
DAVID PEARLMAN	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
ADRIENNE STEVENS	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
EDMUND T SOUCY	VP, FINANCE 40 00	104,737	16,222	0
435 UNION AVENUE LACONIA,NH 03246	40 00			
ALLEN C GABLE	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 00			
FREDERICK NEINAS	TRUSTEE 2 00	0	0	0
435 UNION AVENUE LACONIA,NH 03246	2 50			
ELIZABETH POMEROY	VP, HEALTH SERVICES & ORG	57,000	3,272	0
435 UNION AVENUE LACONIA,NE 03246	40 00			

efile GRAPHIC print - DO NOT PROCESS As Filed Data -	DLN: 93491272005026
--	---------------------

TY 2015 Investments Corporate Bonds Schedule

Name: TAYLOR COMMUNITY

Name of Bond	End of Year Book Value	End of Year Fair Market Value	
TOYOTA MOTOR CREDIT CORP	25,508	25,508	
EXXON MOBIL CORP	25,380	25,380	
зм со	24,389	24,389	
CVS HEALTH CORP	25,614	25,614	
JOHNSON & JOHNSON	26,662	26,662	
MICROSOFT	26,790	26,790	
WALMART	26,991	26,991	
SAN DIEGO GAS & ELECTRIC	26,472	26,472	
WELLPOINT INC	26,493	26,493	
TOYOTA MOTOR CREDIT CORP	26,911	26,911	
COLGATE PAMOLIVE	25,854	25,854	
BERKSHIRE HATHAWAY	26,250	26,250	
MERCK & CO INC	25,529	25,529	
CHEVRON	25,111	25,111	
PROCTER & GAMBLE CO	26,896	26,896	
COCA COLA CO	26,980	26,980	
GOOGLE INC	43,327	43,327	
WALMART	27,080	27,080	
APPLE	26,699	26,699	
PFIZER	27,056	27,056	

Name of Bond	End of Year Book Value	End of Year Fair Market Value
CME GROUP INC	20,358	20,358
INTEL CORP	27,493	27,493
GENERAL ELEC CAP CORP MEDIUM TERM	26,591	26,591
CHEVRON CORP	50,029	50,029
WALMART	51,316	51,316
UNITEDHEALTH GROUP	53,038	53,038
STATE STREET CORP	54,422	54,422
AFLAC INC	52,945	52,945
DOVER CORP	52,157	52,157
EXXON MOBIL CORP	51,785	51,785
GENERAL ELEC CAP CORP	56,703	56,703
IBM CORP	65,393	65,393
BARCLAYS BK PLC 5% 4/21/20	26,684	26,684

TY 2015 Investments Corporate Stock Schedule

Name: TAYLOR COMMUNITY

Name of Stock	End of Year Book Value	End of Year Fair Market Value
ARCHER DANIELS MIDLAND CO	26,554	26,554
соѕтсо	34,070	34,070
KIMBERLY CLARK	32,549	32,549
KROGER COMPANY COMMON	38,221	38,221
PEPSICO INC	30,888	30,888
CONOCOPHILLIPS	24,851	24,851
EXXON MOBILE CORP	37,570	37,570
PHILLIPS 66	36,293	36,293
SPECTRA ENERGY CORP	26,110	26,110
AFLAC INC	23,795	23,795
T ROWE PRICE GROUP INC	32,751	32,751
PUBLIC STORAGE INC	42,842	42,842
THE TRAVELERS COMPANIES INC	32,421	32,421
WELLS FARGO & CO NEW	43,483	43,483
ABBOTT LABS	25,480	25,480
AETNA INC NEW	42,663	42,663
BRISTOL MYERS SQUIBB CO	40,060	40,060
JOHNSON & JOHNSON	35,866	35,866
STRYKER CORP	50,145	50,145
UNITED HEALTH GROUP INC	42,138	42,138
GENERAL DYNAMICS CORPORATION	35,130	35,130
GENERAL ELECTRIC CO	25,061	25,061
ILLINOIS TOOK WKS INC	37,105	37,105
зм со	41,008	41,008
WABTEC CORP	26,952	26,952
ALPHABET INC	24,255	24,255
ALPHABET INC A USD	10,618	10,618
APPLE INC	32,809	32,809
AUTOMATIC DATA PROCESSING IN	36,703	36,703
COGNIZANT TECHNOLOGY SOLUTIONS CORP	25,099	25,099

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORNING INC	32,579	32,579
MICROSOFT CORP	30,919	30,919
MICROCHIP TECHNOLOGY INC	39,844	39,844
ORACLE CORP	32,287	32,287
QUALCOMM INC	21,218	21,218
DU PONT E I DE NEMOURS & CO	31,637	31,637
AT&T	15,528	15,528
VERIZON COMM	15,537	15,537
DOMINION RES INC VA NEW	28,588	28,588
COMCAST CORP CL A	34,633	34,633
DISNEY WALT CO	31,494	31,494
LOWES COS INC	31,168	31,168
MCDONALDS CORP	37,947	37,947
NIKE INC	41,847	41,847
TJX CO INC	54,970	54,970
AGMEN	15,513	15,513
APPLE INC	28,872	28,872
AT&T INC	14,868	14,868
BAKER HUGHES INC	19,344	19,344
BALL CORP	41,329	41,329
BLACKROCK INCL CL A	16,748	16,748
BOEING CO	28,578	28,578
BRINKER INTERNATIONAL INCORPORATED	15,239	15,239
CAPITAL ONE FINL CORP	26,495	26,495
CARDINAL HEALTH	28,481	28,481
CHURCH &DWIGHT INC	15,388	15,388
CINTAS CORP	21,368	21,368
CISCO SYSTEMS INC	27,243	27,243
CLOROX CO	29,805	29,805
COACH INC	11,759	11,759

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CONOCOPHILLIPS	24,755	24,755
DR HORTON INC	22,785	22,785
DOMINION RESOURCES INC	12,793	12,793
DR PEPPER SNAPPLE GROUP INCORPORATED	24,637	24,637
EAST WEST BANCORP INCORPORATED	23,844	23,844
EQUIFAX INC	39,202	39,202
EXPRESS SCRIPTS HLDG	23,815	23,815
EXXON MOBILE CORP	40,310	40,310
GENERAL DYNAMICS CORPORATION	29,650	29,650
GILEAD SCIENCES INC	19,318	19,318
HUNTINGTON INGALLS INDS INC	33,442	33,442
INTEL CORP	26,586	26,586
INTERNATIONAL BUSINESS MACHINES CORP	25,977	25,977
JOHNSON & JOHNSON	26,115	26,115
KROGER COMPANY COMMON	23,464	23,464
LAMAR ADVERTISING CO CLASS A	22,458	22,458
LOCKHEED MARTIN CORP	26,724	26,724
LOWES COS INC	20,373	20,373
MACYS INC	12,233	12,233
MARATHON OIL CORP	15,090	15,090
MARATHON PETROLEUM CORPORATION	26,731	26,731
MARRIOTT INTL INC A	28,246	28,246
MARSH & MCLENNAN COS INC	25,071	25,071
MASCO CORP	15,816	15,816
MURPHY OIL CORP	22,123	22,123
PEPSICO INC	14,929	14,929
PFIZER INC	15,635	15,635
REINSURANCE GROUP OF AMERICA	30,947	30,947
ROCKWELL AUTOMATION INC	26,552	26,552
SEALED AIR CORPORATION	15,439	15,439

Name of Stock	End of Year Book Value	End of Year Fair Market Value
SOUTHERN COMPANY	14,830	14,830
TOLL BROTHERS INCORPORATED	12,886	12,886
UNITED PARCEL SERVICE	31,206	31,206
UNITEDHEALTH GROUP INC	26,994	26,994
VALERO ENERGY CORP NEW	10,008	10,008
VERIZON COMM	14,110	14,110
WYNDHAM WORLDWIDE CORP	15,538	15,538
ISHARES CORE S&P SMALL- CAP ETF	37,366	37,366
ISHARES S&P SMALL CAP 600/VALUE	31,016	31,016
ISHARES S&P SMALLCAP 600/GRO IND FD	32,388	32,388
SPDR CONSUMER STAPLES SECTOR	27,981	27,981
SPDR ENERGY SECTOR	65,340	65,340
SPDR FINANCIAL SECTOR	39,161	39,161

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491272005026

TY 2015 Investments Government Obligations Schedule

Name: TAYLOR COMMUNITY

EIN: 02-0222149

US Government Securities - End of

Year Book Value: 1,560,096

US Government Securities - End of

Year Fair Market Value: 1,560,096

State & Local Government

Securities - End of Year Book

Value: 245,384

State & Local Government

Securities - End of Year Fair

Market Value: 245,384

TY 2015 Investments - Other Schedule

Name: TAYLOR COMMUNITY

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
FEDERATED PRIME #853 P	FMV	100,756	100,756
FEDERATED PRIME #853 I	FMV	10,802	10,802
GOVERNMENT II MONEY MARKET FUND 033	FMV	185,921	185,921
CASH	FMV	270	270
FEDERATED TOTAL RETURN #328	FMV	449,885	449,885
VANGUARD ADMIRAL GNMA #536	FMV	150,927	150,927
VANGUARD ADMIRAL GNMA #536	FMV	239,344	239,344
BLACKROCK INFL PROTECTED BOND FD #360 CL I	FMV	54,703	54,703
INTER-TERM CORP BND LX AD	FMV	311,443	311,443
VANGUARD TOTAL STOCK MARKET ETF	FMV	422,040	422,040
VANGUARD TOTAL STOCK MARKET INDEX #585 ADMIRAL	FMV	269,238	269,238
VANGUARD TOTAL STOCK MKT IDX ADM	FMV	262,306	262,306
ISHARES S&P MIDCAP 400 GROWTH INDEX	FMV	84,740	84,740
ISHARES S&P MIDCAP 400 VALUE IDX FD	FMV	81,114	81,114
SPDR - HEALTHCARE SECTOR	FMV	50,389	50,389
SPDR MATERIALS SECTOR	FMV	13,518	13,518
SPDR TECHNOLOGY SECTOR	FMV	49,840	49,840
VANGUARD MID CAP ETF	FMV	130,390	130,390
VANGUARD SMALL CAP ETF	FMV	144,094	144,094
VANGUARD TOTAL INTL STOCK LX ADMIRAL	FMV	353,712	353,712
ARECELOMITTAL SA LUXEMBURG ADR	FMV	7,950	7,950
ISHARES INC MSCI FRANCE INDEX FD	FMV	36,284	36,284
ISHARES MSCI AUSTRALIA INDEX FD	FMV	37,189	37,189
ISHARES EMERGING MKTS INDEX FD	FMV	43,813	43,813
ISHARES MSCI GERMANY INDEX	FMV	42,702	42,702
ISHARES MSCI HONG KONG INDEX FUND	FMV	21,105	21,105
ISHARES MSCI ITALY CAPPED INDEX FUND	FMV	7,855	7,855
ISHARES MSCI JAPAN INDEX FUND	FMV	35,596	35,596
ISHARES MSCI NETHERLANDS INV MKT IND	FMV	8,627	8,627
ISHARES MSCI SOUTH AFRICA IDX	FMV	13,647	13,647

Category/ Item	Listed at Cost or FMV	Book Value	End of Year Fair Market Value
ISHARES MSCI SPAIN CAPPED INDEX FUND	FMV	7,960	7,960
ISHARES MSCI SWEDEN INDEX FUND	FMV	11,820	11,820
ISHARES MSCI SWITZERLAND CPD IDX FD	FMV	14,723	14,723
ISHARES MSCI UNITED KINGDOM INDEX	FMV	37,122	37,122
SPDR S&P CHINA ETF	FMV	22,072	22,072
VANGUARD FTSE ALL WORLD	FMV	78,307	78,307
VANGUARD TOTAL WORLD STOCK MARKET ETF	FMV	85,948	85,948
VANGUARD TOTAL INTERNATIONAL STOCK INDEX 569 ADM	FMV	26,168	26,168

TY 2015 Land, Etc. Schedule

Name: TAYLOR COMMUNITY

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value
LAND & IMPROVEMENTS	4,344,418	418,064	3,926,354	3,926,354
BUILDINGS & IMPROVEMENTS	53,125,740	23,285,986	29,839,754	29,839,754
FURNISHINGS & EQUIPMENT	6,642,570	4,571,072	2,071,498	2,071,498

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - DLN: 93491272005026

TY 2015 Other Assets Schedule

Name: TAYLOR COMMUNITY

Description	Beginning of Year - Book Value	End of Year - Book Value	End of Year - Fair Market Value
LOAN ORIGINATION FEES, LESS ACCUMULATED AMORTIZATION	247,673	26,114	26,114
TRUST FUNDS HELD BY OTHERS	7,498,916	7,220,130	7,220,130

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491272005026

TY 2015 Other Decreases Schedule

Name: TAYLOR COMMUNITY

Description	Amount
CHANGE IN UNREALIZED APPRECIATION OF INVESTMENTS - BOOK PURPOSES	348,113
CHANGE IN TRUST FUNDS HELD BY OTHERS	278,786

TY 2015 Other Expenses Schedule

Name: TAYLOR COMMUNITY

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
NURSING & ASSISTED LIVING	3,403,050	0	2,500,167	902,883
CARE MANAGEMENT	1,323,986	0	1,182,160	141,826
RESIDENT ACTIVITIES	213,078	0	190,253	22,825
DIETARY	1,090,354	0	973,555	116,799
BEAUTY SHOP	54,937	0	49,052	5,885
HOUSEKEEPING	320,466	0	286,138	34,328
MAINTENANCE	1,468,202	0	1,310,927	157,275
GROUNDS	551,799	0	492,690	59,109
ADMINISTRATION	361,512	0	361,512	0
MUNICIPAL PAYMENTS	347,094	0	0	347,094
NURSING FACILITY QUALITY ASSESSMENT	79,512	0	0	79,512

DLN: 93491272005026

TY 2015 Other Income Schedule

Name: TAYLOR COMMUNITY

Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income
ENTRANCE FEES	2,812,153		2,812,153
PERIODIC RESIDENT INCOME	7,381,870		7,381,870
AUXILIARY INCOME	199,151		199,151

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491272005026

TY 2015 Other Increases Schedule

Name: TAYLOR COMMUNITY

Description	Amount
CHANGE IN BOND SWAP FAIR VALUE	58,699

TY 2015 Other Liabilities Schedule

Name: TAYLOR COMMUNITY

Description	Beginning of Year - Book Value	End of Year - Book Value
DEPOSITS ON ENTRANCE FEES	322,052	182,874
ANNUITIES PAYABLE	145,598	127,257
INTEREST RATE SWAP CONTRACT	58,697	0
NURSING FACILITY QUALITY ASSESSMENT PAYABLE	153,698	66,825
DEFERRED COMPENSATION	4,550	0
LINE OF CREDIT	0	14,945

TY 2015 Taxes Schedule

Name: TAYLOR COMMUNITY

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
REAL ESTATE TAXES	1,406	0	1,406	0

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93491272005026

11. 93491272003020

OMB No 1545-0047

Schedule B (Form 990, 990-EZ,

or 990-PF)

Department of the Treasury
Internal Revenue Service

Name of the organization

Schedule of Contributors

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

2015

Employer identification number

TAYLOR COMMUNITY 02-0222149						
Organ	Organization type (check one)					
Filers	Filers of: Section:					
Form 9	90 or 990-EZ	☐ 501(c)() (enter number) organization				
Form 990-PF						
		☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	al Rule For an organization	7), (8), or (10) organization can check boxes for both the General Rule and a Sp filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a	totaling \$5,000 or more (in money or			
Specia	al Rules					
Γ	under sections 509(a received from any on	escribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ /3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part e contributor, during the year, total contributions of the greater of (1) \$5,000 or Form 990-EZ, line 1 Complete Parts I and II	ll, line 13, 16a, or 16b, and that			
Γ	during the year, total	escribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received contributions of more than \$1,000 exclusively for religious, charitable, scientific, cruelty to children or animals. Complete Parts I, II, and III				
Γ	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000 if this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					

990-EZ, or 990-PF)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990,

Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its

Name of organization
TAYLOR COMMUNITY

Employer identification number 02-0222149

Part I	Contributors (see instructions) Use duplicate copies of Part I if	f additional space is needed		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
1	ALMIRA T CAMPBELL		Person	-
	8820 WALTHER BLVD APT 1614	\$ 10,000	Payroll	
	BALTIMORE, MD21234		Noncash (Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Γ
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
			Person	Г
		\$	Payroll	Γ
			Noncash	Γ
			(Complete Part II f contributions)	or noncash
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of cont	tribution
	_		Person	Γ
		\$	Payroll	Г
		· ·	Noncash	Г
			(Complete Part II f contributions)	or noncash

Name of organization FAYLOR COMMUNITY		Employer identification n	Employer identification number	
AYLOR COMMON	NI I Y	02-0222149		
	Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed			
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<u> </u>		
(a) No.from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
		<u> </u>		
(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	
		<u> </u>		
		I I		

Schedule B (Form 990, 990-E∠, or 990-PF) (2015)

Page 4

Name of organizati		E	Employer identification number
TAYLOR COMMUN	III		02-0222149
total mo line ent of \$1,00	vely religious, charitable, etc., contribut ore than \$1,000 for the year from any or try. For organizations completing Part II 00 or less for the year. (Enter this infornal space is not the copies of Part III if additional space is not the vear.	ne contributor. Complete colu II, enter the total of <i>exclusivel</i> mation once. See instructions	umns (a) through (e) and the following y religious, charitable, etc., contributions
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, and	ZIP4	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, and	ZIP4	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, and	ZIP4	Relationship of transferor to transferee
(a) No.from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
	Transferee's name, address, and	` ,	Relationship of transferor to transferee
	<u></u>		