DLN: 93493316043869 OMB No 1545-0047 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable DAVIS FAMILY FOUNDATION □ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite 30 Forest Falls Dr Ste 5 ☐ Amended return ☐ Application pending (207) 846-9132 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 12,496,404 Name and address of principal officer H(a) Is this a group return for Yvonne B Mumme ☐Yes **☑**No subordinates? 30 Forest Falls Dr Ste 5 H(b) Are all subordinates Yarmouth, ME 04096 ☐ Yes ☐No ıncluded? **☑** 501(c)(3) **☐** 501(c)() **◄** (Insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► www davisfoundations org L Year of formation 1983 M State of legal domicile ME **K** Form of organization \square Corporation \square Trust \square Association \square Other \blacktriangleright Summary 1 Briefly describe the organization's mission or most significant activities Award Grants Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 7 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 **6** Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 0 **Prior Year Current Year** 8 Contributions and grants (Part VIII, line 1h) . Ravenua 0 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 1,861,701 4,497,934 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 40,000 26,070 1,901,701 4,524,004 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 2,723,854 3,207,883 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 86,700 73,530 Expenses **16a** Professional fundraising fees (Part IX, column (A), line 11e) . . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 366,451 399,759 3,177,005 3,681,172 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses Subtract line 18 from line 12 . -1,275,304 842,832 Net Assets or Fund Balances Beginning of Current Year End of Year 75,125,893 64,990,244 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 14,838 15,125 22 Net assets or fund balances Subtract line 21 from line 20 . 75,111,055 64,975,119 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge Signature of officer Sign Here Yvonne Mumme Chief Finance and Admin Officer Type or print name and title Print/Type preparer's name Preparer's signature Check 🔲 ıf Paid self-employed Firm's name Firm's EIN ▶ Preparer Use Only Firm's address ▶ Phone no ☐ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	t III Statemen	nt of Program Servic	e Accomplishments		
	Check If Sch	nedule O contains a respo	nse or note to any line in this Part	III	🗆
1		organization's mission			
progr	ams designed to inc	rease the effectiveness o		pitals and other health organizations e, and organizations whose customar es	
2	Did the organizatio	n undertake any significa	nt program services during the year	ar which were not listed on	
	•	or 990-EZ?			☐ Yes ☑ No
		hese new services on Sch			
3	_	- ·	ake significant changes in how it c	onducts, any program	
					🗌 Yes 🗹 No
4	Describe the organ Section 501(c)(3) a		accomplishments for each of its the accomplishments for each of its the account account the account account the account account to the account account account to the account	nree largest program services, as mea unt of grants and allocations to others	
4a	(Code See Additional Data) (Expenses \$	3,321,766 including grants of s	3,204,883) (Revenue \$	26,071)
4b	(Code) (Expenses \$	ıncludıng grants of s) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	011	vices (Describe in Schedu	le O)		
4d	Otner program ser	(=			
4 a	(Expenses \$	•	ıdıng grants of \$	0) (Revenue \$	0)

Form 990 (2018) Page 3 **Checklist of Required Schedules** Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Yes 1 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . 2 Nο Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates Nο 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? 4 No Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 No Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? No 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, Nο 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? No 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation Nο 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 Nο permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? No 11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🥦 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Nο 11c Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Nο Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f No the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? 12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? 12b No If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(II)? If "Yes," complete Schedule E 13 Nο 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a No **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b Yes Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any Nο foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to No 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . . Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, Nο 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 No Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Nο 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Nο b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Yes Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

Nο

22

Form	990 (2018)			Page 4
Pai	tiV Checklist of Required Schedules (continued)			
			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
				_

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Check if Schedule O contains a response or note to any line in this Part V .

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

36

37

38

Part V

35b

36

37

38

9

0

1a

Yes

Yes

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Nο

No

No

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Pa	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" respo	onse to	lines
	8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		Yes	
3	,,,,,	<u> </u>		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or members of the governing body?	ore 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year the following	by		
а	The governing body?	8a	Yes	
Ь	Each committee with authority to act on behalf of the governing body?	8b		No
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Reve	nue Code	2.)	
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		No
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independen persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	t		
	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participat in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exem status with respect to such arrangements?			
Se	ection C. Disclosure			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	only) available for public inspection. Indicate now you made these available. Check an ende apply			
	☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19				

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII .

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

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

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

compensated employees, and former such persons Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t che unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the organization and	
	for related organizations below dotted line)	MISSC) Pormer Tormer Ighest compensated imployee (e) employee Officer Institutional Trustee Individual trustee or director s a		(W- 2/1099- MISC)	(W- 2/1099- MISC)	organization and related organizations					
(1) Rebekah A Buccı Chaır	0	Х		х				0	0	0	
(2) David J Bucci Trustee	 0	X						0	0	0	
(3) Michael R Currie Trustee	0	X						5,000	0	0	
(4) Anne B Pringle Trustee	0	X						5,000	0	0	
(5) Samuel M DiCapua Trustee	0	X						5,000	0	0	
(6) Edward L Dilworth III Trustee	0	х						5,000	0	0	
(7) Al Noyes Trustee	0	Х						5,000	0	0	
(8) Yvonne B Mumme Chief Finance and Administrative Officer	16 00 0			×				42,292	0	6,239	
										Form 990 (2018)	

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Part VII	Section A. Officers, Direct	tors, Trustees	, Key l	Emp	loye	es,	and I	High	nest Compensate	d Employees (cor	ntinued)
(A) Name and Title	(B) Average hours per week (list any hours	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the	
		l –	dividu direc	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/1099-MISC)	2/1099-MISC)	organization and related organizations

	nstee	Trustee	- e-e-	npensated		
					·	

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII , Section	Α		▶			
d Total (add lines 1b and 1c)				▶	67,292	0	6,239

1b Sub-Total			 -	>		1	
c Total from continuation sheets to Pa	art VII , Section	Α		▶_			
d Total (add lines 1b and 1c)				•	67,292	0	6,239

Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such

services rendered to the organization? If "Yes," complete Schedule J for such person .

(A)

Name and business address

Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for

from the organization Report compensation for the calendar year ending with or within the organization's tax year

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation

line 1a? If "Yes," complete Schedule J for such individual .

Section B. Independent Contractors

compensation from the organization >

3

4

5

1b Sub-Total				>				
c Total from continuation sheets to Pa	art VII , Section	Α		▶_				
d Total (add lines 1b and 1c)				•	67,292	0	(6,239
			 			1400 000		

1b Sub-Total				>			
c Total from continuation sheets to Pa	art VII , Section	Α		▶ [
d Total (add lines 1b and 1c)				▶	67,292	0	6,239

Sub-Total						•				
Total from continuation sheets to Pa	art VII , Section	Α				▶				
Total (add lines 1b and 1c)						▶		67,292	0	6,239
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 0										

Yes

Yes

(C)

Compensation

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3

4

5

(B)

Description of services

No

Nο

No

Part	VIII Statement of	Revenue						- age 3
	Check if Schedule	O contains a r	esponse or not	e to any line				<u> </u>
				Т	(A) otal revenue	(B) Related or exempt function	(C) Unrelated business revenue	Revenue excluded from tax under sections
	1a Federated campaign	ns	1a			revenue	l	512 - 514
nts	b Membership dues .		1b					
Gra	c Fundraising events		1c					
īš,	d Related organization	ns	1d					
J E E	e Government grants (co	ntributions)	1e					
ons,	f All other contributions, and similar amounts no	st uncluided	_					
Contributions, Gifts, Grants and Other Similar Amounts	above		1f					
	g Noncash contributio in lines 1a - 1f \$	ns included						
Cont	h Total. Add lines 1a-			>	0			
<u> 1</u>			E	Business Co	de			
Ven	2a 							
<u>4</u>	ь ———							
Š	c —							
፠	d ————————————————————————————————————							
Program Service Revenue	f All other program ser	vice revenue						
δĞ	9Total. Add lines 2a-2i	f	>		0			
	3 Investment income (in	cluding divider	ds, interest, an		810,231	0	0	810,231
	similar amounts) 4 Income from investme			(010,231			0
	5 Royalties				0	0	0	0
		(ı) Real	(II) Per	sonal				
	6a Gross rents							
	b Less rental expenses							
	c Rental income or		0	0				
	(loss) d Net rental income or	: (lass)						
	u Net rental Income of	(i) Securitie		her l				
	7a Gross amount from sales of assets other than inventory	11,660		0				
	b Less cost or other basis and sales expenses	7,972	,400	0				
	C Gain or (loss)	3,687	,703	0				
	d Net gain or (loss) .			-	3,687,703	0	0	3,687,703
Other Revenue	8a Gross income from fu (not including \$ contributions reported See Part IV, line 18	of d on line 1c)						
Re	b Less direct expenses		ь					
ther	c Net income or (loss): 9a Gross income from ga			<u> </u>				
ō	See Part IV, line 19		ļ					
	b Less direct expenses		a b					
	c Net income or (loss)							
	10a Gross sales of invento returns and allowance		a					
	b Less cost of goods se	old	b					
	c Net income or (loss)			<u> </u>				
	Miscellaneous 11aPrior Period Grant Re		Business	900099	26,070	26,070	0	0
	TTOPrior Period Grant Re	ecovery		300033	20,070	20,070		•
	ь							
	с							
	d All other revenue .				0	0	0	0
	e Total. Add lines 11a-			• _	26,070			
	12 Total revenue. See	Instructions .		•	4,524,004	26,070	0	4,497,934
								Form 990 (2018)

Check if Schedule O contains a response or note to any	line in this Part IX			\square
o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpense
Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	3,207,883	3,207,883	general expenses	
2 Grants and other assistance to domestic individuals See Part IV, line 22	0	0		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16	0	0		
4 Benefits paid to or for members	0	0		
5 Compensation of current officers, directors, trustees, and key employees	73,530	27,353	46,177	
6 Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9 Other employee benefits				
. 0 Payroll taxes				
1 Fees for services (non-employees)				
a Management	64,180	57,741	6,439	
b Legal				
c Accounting	10,315		10,315	
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	284,754		284,754	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0)				
.2 Advertising and promotion				
3 Office expenses	5,024	2,734	2,290	
4 Information technology	9,651	8,067	1,584	
5 Royalties				
6 Occupancy	14,006	9,524	4,482	
7 Travel	727	656	71	
.8 Payments of travel or entertainment expenses for any federal, state, or local public officials .				
9 Conferences, conventions, and meetings	2,689	2,266	423	
O Interest				
1 Payments to affiliates				
2 Depreciation, depletion, and amortization				
3 Insurance	1,984	1,111	873	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a Dues	5,340	4,431	909	
b Miscellaneous Expenses	1,089	0	1,089	
с				
d				
e All other expenses	0			
Total functional expenses. Add lines 1 through 24e	3,681,172	3,321,766	359,406	
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	3,001,172	3,321,700	+00	

2

3

Assets

18

19

20

21

Liabilities 22

Fund Balances

Assets or 30

Net

27

28

29

31

32

33

34

(A)

Beginning of year

1,369,794

1

2 3

4

5

6

8

9

10c

11

12

13

14

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16

17

18

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22 23

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26

27 0 28

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31 32

33

34

0 29

14.838

75.111.055

75.111.055

75,125,893

54,547,591

19.177.635

30.873

14.838

75.125.893

Page **11**

781,039

50,905,254

13,271,539

32.412

15.125

0

0

64.975.119

64,975,119

64,990,244

Form **990** (2018)

64.990.244 15.125

Check if Schedule O contains a response or note to any line in this Part IX	

Cash-non-interest-bearing . Savings and temporary cash investments . . Pledges and grants receivable, net . .

Accounts receivable, net . Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete

Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Notes and loans receivable, net . Inventories for sale or use . Prepaid expenses and deferred charges

10a basis Complete Part VI of Schedule D

Less accumulated depreciation 10b

10a Land, buildings, and equipment cost or other 11 Investments—publicly traded securities . 12 Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11

13 14 Intangible assets

15 Other assets See Part IV, line 11 . . .

16 17 Accounts payable and accrued expenses

Total assets.Add lines 1 through 15 (must equal line 34) . . . Grants payable . . Deferred revenue . . .

Tax-exempt bond liabilities . . . Escrow or custodial account liability Complete Part IV of Schedule D

Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L .

Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties

23 24 and other liabilities not included on lines 17 - 24)

Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Complete Part X of Schedule D Total liabilities. Add lines 17 through 25 .

26

complete lines 27 through 29, and lines 33 and 34.

Unrestricted net assets

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗹 and

Other liabilities (including federal income tax, payables to related third parties,

3b

Form 990 (2018)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID: 18007995 Software Version: v1.00

> **EIN:** 01-0390443 Name: DAVIS FAMILY FOUNDATION

Grants allocated in support of 501(c)(3) & governmental organizations See Schedule I for 2018 grants approved

Form 990 (2018)

Form 990, Part III, Line 4a:

efile	GR/	APHIC pri	1t - DO NO	T PROCESS	As Filed Data -			DLN: 9	3493316043869
	m 990	ULE A	Con		Charity Staturganization is a sect	ion 501(c)(3) o empt charitable	organization oi trust.		2018
Danort	nant of	the Treasury		► Go to	► Attach to Form www.irs.gov/Form				Open to Public
nterna	Reven	ue Service	tion					Employer identifie	Inspection
		n e organiza 7 FOUNDATIOI						Employer identific	ation number
Pai	+ T	Peacon	for Public	Charity Stat	us (All organization	s must comple	to this part) 9	01-0390443	
					e it is (For lines 1 thro			see mstructions.	
1		A church, c	onvention of	churches, or as	ssociation of churches	described in sec t	tion 170(b)(1)	(A)(i).	
2	\Box	A school de	scribed in se	ction 170(b)(1)(A)(ii). (Attach Sch	nedule E (Form 9	90 or 990-EZ))		
3		A hospital o	or a cooperat	ıve hospıtal ser	vice organization desc	rıbed ın section	170(b)(1)(A)(iii).	
4		A medical r		nızatıon operat	ed in conjunction with	a hospital descri	bed in section :	170(b)(1)(A)(iii). E	nter the hospital's
5			ition operate (iv). (Comple		it of a college or unive	rsity owned or op	erated by a gov	ernmental unit descri	bed in section 170
6		A federal, s	tate, or local	government or	r governmental unit de	scribed in sectio	on 170(b)(1)(A	۱)(v).	
7		section 17	0(b)(1)(A)	(vi). (Complete	•			ınıt or from the gener	al public described in
8			•		n 170(b)(1)(A)(vi)		,		
9					escribed in 170(b)(1) See instructions Enter				ege or university or a
0		from activit	ies related to income and	ıts exempt fur unrelated busır	(1) more than 331/39 nctions—subject to cer ness taxable income (le omplete Part III)	taın exceptions, a	and (2) no more	than 331/3% of its si	ipport from gross
1		An organiza	ation organize	ed and operate	d exclusively to test fo	r public safety S	ee section 509	(a)(4).	
.2	✓	more public	ly supported	organizations	d exclusively for the be described in section 5 the type of supporting	i09(a)(1) or se d	ction 509(a)(2). See section 509 (a	
a	✓	Type I. A so	supporting or n(s) the pow	ganızatıon oper	rated, supervised, or c appoint or elect a majo	ontrolled by its s	upported organi	zation(s), typically by	
b		manageme	nt of the sup		pervised or controlled i ation vested in the sar and C.				
С					supporting organizatio				ted with, its
d		Type III n	on-function integrated	ally integrate The organization	d. A supporting organ in generally must satis rt IV, Sections A and	Ization operated fy a distribution i	ın connection wı	th its supported organ	
e		Check this	box if the org	Janization recei	ved a written determing integrated supporting	nation from the II	RS that it is a Ty	pe I, Type II, Type II	I functionally
f	Enter			ion-runctionally I organizations	miegrateu supporting	organization		_4	
g					upported organization(
	(i) N	lame of supp organization		(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the orgain your govern		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
						Yes	No		
ee /	Additio	nal Data Tal	ole						
otal			4		 nstructions for	Cat No 11285		210,000 Schedule A (Form 9	

2	section A. Public Support						
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ▶	(4) 2014	(B) 2013	(0) 2010	(4) 2017	(6) 2010	(1) Total
L	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grant ")						
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
5	Public support. Subtract line 5 from						
	line 4						
S	Section B. Total Support						
	Calendar year	(a)2014	(b) 2015	(c)2016	(d)2017	(-)2010	(f)Total
	(or fiscal year beginning in) ▶	(a)2014	(6)2015	(6)2016	(4)2017	(e)2018	(T)Total
7	Amounts from line 4						
8	Gross income from interest.						
_	dividends, payments received on						
	securities loans, rents, royalties and						
	income from similar sources						
9	Net income from unrelated business						
-	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
11	Total support. Add lines 7 through						
	10						
12	Gross receipts from related activities, e	tc (see instructio	ns)		•	12	
	First five years. If the Form 990 is for	•	•	ırd. fourth, or fifth	n tax vear as a sec		anization.
_	check this box and stop here	-			•	· · · · · <u>-</u>	_
	Section C. Computation of Public						<u> </u>
-	cenon or compandion of rubile	-appoint ele	agc				

Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage for 2017 Schedule A, Part II, line 14 15 16a 33 1/3% support test-2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box

▶□ and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported ▶□ organization 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 h 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Schedule A (Form 990 or 990-EZ) 2018

20

P	(Complete only if you cl					l to qualify un	der Part II. If
	the organization fails to						
Se	ection A. Public Support	•		, ,			
	Calendar year	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	(or fiscal year beginning in) ► Gifts, grants, contributions, and	(-,	(-,	(-,	(-,	(-,	(1)
1	membership fees received (Do not						
	include any "unusual grants")						
2	Gross receipts from admissions,						
	merchandise sold or services						
	performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business						
4	under section 513 Tax revenues levied for the						
7	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified						
	persons that exceed the greater of						
	\$5,000 or 1% of the amount on line						
	13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						
Se	ection B. Total Support		I				
	Calendar year	(-) 2014	(I-) 2015	(-) 2016	(4) 2017	(-) 2010	(6) T-1-1
	(or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
.0a	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and						
	income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from						
	businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b,						
	whether or not the business is regularly carried on						
12	Other income Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
۱4	First five years. If the Form 990 is for	the organization	's first, second, th	nird, fourth, or fift	h tax year as a se	ction 501(c)(3)	organization,
	check this box and stop here						▶ □
Se	ection C. Computation of Public S	Support Perce	ntage				
15	Public support percentage for 2018 (lin	e 8, column (f) d	ıvıded by line 13,	column (f))		15	
۱6	Public support percentage from 2017 S	chedule A, Part I	II, line 15			16	
Se	ection D. Computation of Investr	nent Income	Percentage				
١7	Investment income percentage for 201			line 13, column (f))	17	
	Investment income percentage from 20	D17 Schedule A,	Part III, line 17	•		18	
18		·					no 17 io not
	331/3% support tests—2018. If the	organization did r	not check the box	on line 14, and lir	ie 15 is more than	i 33 1/3%, and I	ne 17 is not
19a	331/3% support tests—2018. If the	=					• □
	· · ·	stop here. The o	rganızatıon qualıfı	es as a publicly su	ipported organizat	tion	▶ □

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations (Complete only if you checked a box on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete

Schedule A (Form 990 or 990-EZ) 2018

amendment to the organizing document)

complete Part I of Schedule L (Form 990 or 990-EZ)

the organization had excess business holdings)

organization had an interest? If "Yes," provide detail in Part VI.

organization's organizing document?

provide detail in Part VI.

answer line 10b below

6

7

8

10a

Sections A and D, and complete Part V) Section A. All Supporting Organizations

Page 4

4c

5a

5b 5c

6

7

8

9a

9b

9с

10a

10b

Schedule A (Form 990 or 990-EZ) 2018

No

No

No

No

No

No

No

No

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain			
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)			
	in section 509(a)(1) or (2)		I	1

	If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose,			
	describe the designation If historic and continuing relationship, explain	1	Yes	
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described			
	ın section 509(a)(1) or (2)	2		No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)			
	below	3a		No
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "yes " describe in Part VI when and how the organization made the			

	III Section 303(a)(1) 01 (2)	2	No
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c)		
	below	3a	No
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5) , or (6) and satisfied the public support tests under section $509(a)(2)$? If "Yes," describe in Part VI when and how the organization made the		
	determination	3b	
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		

b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the		
	determination	3 b	
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes?		
	If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3с	
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you		
	checked 12a or 12b ın Part I, answer (b) and (c) below	4a	No
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported		
	organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations	4b	
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections		

501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support

Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by

Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the

Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (1) its supported organizations, (11) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing

Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a

Was the organization controlled directly or indirectly at any time during the tax year by one or more disgualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes."

Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting

Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in

Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether

Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding

certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes,

Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes,"

to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes

Substitutions only. Was the substitution the result of an event beyond the organization's control?

organization's supported organizations? If "Yes," provide detail in Part VI.

substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)

which the supporting organization also had an interest? If "Yes," provide detail in Part VI.

ocne	dule A (Form 990 or 990-E2) 2018		F	age 5
Pa	rt IV Supporting Organizations (continued)		ı	
			Yes	No
а	governing body of a supported organization?	11-		No
h	A family member of a person described in (a) above?	-		No No
b				No
		110		NO
	ection B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year		Yes	
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.	2	Yes	
S	ection C. Type II Supporting Organizations			
			Yes	No
1	each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the			
	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? A 13% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI 11th A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI 11th A 15% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI 11th A 15% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI 11th A 15% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI 12th Order than 15% or controlled the organizations and the conditions of the organizations and visit or trustees at all times during the tax year? If "No," describe how the powers to appoint and/or remove directors or trustees of unity the tax year 12th Order or controlled the supported organization describe how the powers to appoint and/or remove directors or trustees of unity the tax year 12th Order or controlled the supported organization of any supported organization or restrictions, and any appetite of using a power or controlled the supporting organization of the organization of the supporting Organizations? If "Yes," explain in Part VI how providing such benefit correctly organization of the organization of the supporting Organizations of the supported organization of the organization of the organization of the organization of organization of the organization of the organization of the supported organization of the organization was vested in the same persons that controlled or managed the supported organization organization organization organization organization organization organization organization o			
S	ection D. All Type III Supporting Organizations		ı	
1	tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the		Yes	No
	documents in effect on the date of notification, to the extent not previously provided?			
		1		
2	(s) or (II) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization			
3	organization's investment policies and in directing the use of the organization's income or assets at all times during the tax			
_	ection E. Type III Functionally-Integrated Supporting Organizations			
1		ions)		
_		,		
,	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see	mstru	ctions)	
2	Activities Test Answer (a) and (b) below.		Yes	No
•	organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted	2a		
	organization's position that its supported organization(s) would have engaged in these activities but for the organization's			
-		2b		
3				
		3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI. the role played by the organization in this regard	26		

instructions)

	Type 111 Non-1 directionally integrated 309(a)(3) Supporting of	,ı gaiii	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying truinstructions. All other Type III non-functionally integrated supporting organizations.			
	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1 b		
C	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functionally-in	ntegrate	ed Type III supporting or	ganization (see

Page 6

Schedule A (Form 990 or 990-EZ) (2018)

c Remainder Subtract lines 4a and 4b from 4

5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2

If the amount is greater than zero, explain in Part VI

Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.
 Excess distributions carryover to 2019. Add lines.

a Excess from 2014. **b** Excess from 2015. **c** Excess from 2016.

See instructions

d Excess from 2017.e Excess from 2018.

3_j and 4c

8 Breakdown of line 7

Schedule A (I	Form 990 or 990-EZ) 2	2018	Page 8				
	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)						
		Facts And Circumstances Test					
990 Sched	dule A, Supplement	tal Information					
Retu	urn Reference	Explanation					
Schedule A, Line 2	, Part IV, Section B,	The supported organizations identified in Form 990, Schedule A, Part I appoint trustees who represent the charitable class benefited by the mission of the Organization and its supported organizations. These same trustees have a majority vote on the Organization's board and approve all granting decisions.					

Additional Data

Software ID: 18007995

Software Version: v1.00

EIN: 01-0390443

Name: DAVIS FAMILY FOUNDATION

Form 990, Sch A, Part I, Line 12g - Provide the following information about the supported organization(s).

(i)Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see Instructions)
			Yes	No		
(A) Maine Medical Center	010238552	3	Yes		200,000	0
(A) Portland Symphony Orchestra	016006058	7	Yes		0	0
(B) University of New England	010211810	2	Yes		0	0
(C) Portland Museum of Art	010378420	7	Yes		10,000	0

efile GRAPHIC print - DO NOT PROCESS As Filed Data -SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements

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

DLN: 93493316043869 OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

(Form 990)

8

▶ Go to www.irs.gov/Form990 for the latest information. Inspection Name of the organization **Employer identification number** DAVIS FAMILY FOUNDATION 01-0390443 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts Total number at end of year 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? 🗌 Yes 🗌 No Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🟲 Number of states where property subject to conservation easement is located ▶ 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(II)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2018

Par	t III	Organizations Ma	intaining Col	lections of A	rt, Histor	rical T	reası	ures, or	Other	Similar A	ssets ('continued)	_
3		the organization's acqu (check all that apply)	lisition, accession	n, and other reco	ords, check	any of	the fo	ollowing t	hat are a	sıgnıfıcant	use of it	s collection	
а		Public exhibition			d		Loan	or excha	ange prog	grams			
b		Scholarly research			е		Othe	er					
С		Preservation for future	generations										
4	Provid Part X	de a description of the o	rganızatıon's col	lections and exp	laın how th	ney furtl	ner th	e organız	ation's e	xempt purp	ose in		
5		g the year, did the orga s to be sold to raise fund								nılar	□ Y	es 🗆 No	
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			Form 99	0, Part	IV, I	ine 9, or	reporte	ed an amo			
1a		organization an agent, led on Form 990, Part X		an or other Inter	mediary fo	r contri	butior	ns or othe	er assets	not	☐ Y	es 🗆 No	o
b	If "Ye	s," explain the arranger	ment in Part XIII	and complete th	ne followin	a table		[Amount		-
С		ning balance		'		_			1c		-		-
d	_	ons during the year							1d				-
е		butions during the year						İ	1e				-
f	Endın	g balance						İ	1f				-
2a	Did th	- ne organization include a	an amount on Fo	rm 990. Part X.	line 21. foi	r escrow	or cu	ustodial a	ccount li	ability?		es 🗆 No	-
b		s," explain the arrangen										L. IV	•
	rt V	Endowment Fund											
				(a)Current yea		Prior yea				(d)Three ye		(e)Four year	s back
1a	Beginn	ing of year balance .											
b	Contrib	outions											
c	Net inv	estment earnings, gains	s, and losses										
d	Grants	or scholarships											
е		expenditures for facilities	s										
f	Admını	strative expenses .											
g	End of	year balance											
2 a		de the estimated percen I designated or quasi-en		ent year end bala	ance (line :	1g, colu	mn (a	a)) held a	s				
b	Perma	anent endowment 🟲											
С	Temp	orarily restricted endow	ment 🟲										
	The p	ercentages on lines 2a,	2b, and 2c shou	ld equal 100%									
3a	organ	nere endowment funds r lization by	·	sion of the orgai	nization th	at are h	eld ar	nd admini	stered fo	r the		Yes	No
		related organizations									<u> </u>	a(i) a(ii)	
b		elated organizations . s" on 3a(ii), are the rela		 ıs lısted as redui	red on Sch	· · edule R	· ·					3b	
4		be in Part XIII the inter	-	•									
Pa	rt VI	Land, Buildings, a	and Equipmen	nt.									
		Complete if the org											
	Descri	ption of property	(a) Cost or oth (Investme		Cost or othe	er basıs (other)	(c) Acc	umulated (depreciation		(d) Book value	•
1 a	Land												
b	Buildin	gs [
c	Leaseh	old improvements											
d	Equipm	nent											
е	Other												
Tota	ıl. Add	lines 1a through 1e <i>(Col</i>	lumn (d) must e	qual Form 990, I	Part X, colu	ımn (B)	, line	10(c)).		>			

Part VII	Investments—Other Securities. Complete if the	he organization answe	ered "Yes" on Form 990, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category	(b) Book value	(c) Method of valuation
1) Financia	(including name of security) I derivatives		Cost or end-of-year market value
-	held equity interests		
A) Limited F B)	Partnership Interest	13,271,539	F
C)			
D)			
E)			
F)			
G)			
H)			
otal. (Columi Part VIII	n (b) must equal Form 990, Part X, col (B) line 12) Investments—Program Related.	13,271,539	
	Complete if the organization answered 'Yes' on I		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
T otal. (Columi	n (b) must equal Form 990, Part X, col (B) line 13)	>	
Part IX	Other Assets. Complete if the organization answered (a) Descriptio		t IV, line 11d See Form 990, Part X, line 15 (b) Book value
1)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Colu	mn (b) must equal Form 990, Part X, col (B) line 15)		
Part X	Other Liabilities. Complete if the organization a See Form 990, Part X, line 25.	answered 'Yes' on For	m 990, Part IV, line 11e or 11f.
	(a) Description of liability	(b) Boo	ok value
1) Federal II	ncome taxes		
2)			
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
otal. (Columi	n (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>	
	or uncertain tax positions In Part XIII, provide the text of		

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

1

Schedule D (Form 990) 2018

Page 4

а	Net unrealized gains (losses) on inves	stments	2a		
b	Donated services and use of facilities		2b		
c	Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII)		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part	VIII, line 12, but not on line 1			
а	Investment expenses not included on	Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)		4b		
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (T	This must equal Form 990, Part I, line 12)		5	
Par	•	nses per Audited Financial Statem	•	er Return.	
		ion answered 'Yes' on Form 990, Part			
1	,	d financial statements		1	
2	Amounts included on line 1 but not or	n Form 990, Part IX, line 25			
а	Donated services and use of facilities		2a		
b	Prior year adjustments		2b		
c	Other losses		2c		
d	Other (Describe in Part XIII)		2d		
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part	IX, line 25, but not on line 1:			
а	Investment expenses not included on	Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)		4b		
c	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. ((This must equal Form 990, Part I, line 18)	5	
Pai	t XIII Supplemental Inform	ation			
		II, lines 3, 5, and 9, Part III, lines 1a and 4			X, line 2, Part
ΧI,	lines 2d and 4b, and Part XII, lines 2d	and 4b Also complete this part to provide	any additional information		
	Return Reference	Explanation			

	orm 990) 2018 Supplemental Info	Page 5	
Lair VIII	Supplemental IIIIO	ination (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2018

efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493316043869 OMB No 1545-0047 SCHEDULE F Statement of Activities Outside the United States (Form 990) 2018 ► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. ▶ Attach to Form 990. Open to Public ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Department of the Treasury Inspection Internal Revenue Service Name of the organization Employer identification number DAVIS FAMILY FOUNDATION 01-0390443 General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance 2 outside the United States Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed) (a) Region (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is a (f) Total expenditures offices in the emplovees, agents, region (by type) (e g, program service, describe for and investments region and independent fundraising, program specific type of in region contractors in services, investments, grants service(s) in region region to recipients located in the region) Central America and the 0 0 Investments Carıbbean 3a Sub-total **b** Total from continuation sheets to Part I c Totals (add lines 3a and 3b)

Page 3											
Part IIII Grants and O	ther Assistance to	o Individuals	Outside the Unit	ed States. Complete if	f the organization ar	iswered "Yes" to Form 9	90, Part IV, line 16.				
	Part III can be duplicated if additional space is needed.										
(a) Type of grant or assistance	e (b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)				
			<u> </u>		<u>'</u>						
-					1						
					'						
-					'						
-					'						
-					1						
					1						
-					1						
					'						
					1						
-					1						
-					1						
	+						<u> </u>				

Sche	dule F (Form 990) 2018		Page 4
Par	t IV Foreign Forms		
1	Was the organization a U S transferor of property to a foreign corporation during the tax year? If "Yes,"the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)	Yes	☑ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)	✓ Yes	□No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐Yes	☑ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)	Yes	✓ No

ochedule F ((Form 990) 2018	Page !
Part V	amounts of investments vs.	uired by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; expenditures per region); Part II, line 1 (accounting method); Part III (accounting mn (c) (estimated number of recipients), as applicable. Also complete this part to provide
	ReturnReference	Explanation
•		
•		

Schedule F (Form 990) 2018

DLN: 93493316043869 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasury Internal Revenue Service Name of the organization Employer identification number DAVIS FAMILY FOUNDATION 01-0390443 Part I **General Information on Grants and Assistance** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization (book, FMV, appraisal, noncash assistance or assistance grant cash or government assistance other) (1) See Additional Data (4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 125 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Form 990) 2018

Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Part IV

Return Reference

Schedule I, Part I, Line 2

Explanation

The Organization requires a completion report after one year

Additional Data

Bar Harbor, ME 04609

Software ID: 18007995 **Software Version:** v1.00 **EIN:** 01-0390443 Name: DAVIS FAMILY FOUNDATION

form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.								
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)			
317 Main Community Music Center	20-1424631	501(c)(3)	50,000					

317 Main Community Music Center 317 Main St Yarmouth, ME 04096	20-1424631	501(c)(3)	50,000	

				,
317 Main Community Music Center 317 Main St Yarmouth, ME 04096	20-1424631	501(c)(3)	50,000	
Abbe Museum PO Box 286	01-0211777	501(c)(3)	10,000	

ish tance	(book, FMV, appraisal, other)	non-cash assistance	or assistance
			Funding for externating, carper window restorations all at longer than the second seco

unding for exterior

(g) Description of

painting, carpentry, window restoration, and installation of a solar array, part of an early phase of the capitol campaign to double the building's footprint
Decolonizing the Abbe Museum Funding for Wabanaki consultants and content development for programs, curriculum, and exhibits

(h) Purpose of grant

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Aroostook Agency on Aging	01-0322531	501(c)(3)	15,000		Aroostook Aging and
PO Box 1288					Disability Resource
Presque Isle, ME 04769					Center Funding for a
					new resource center
					space that will include
					two group meeting
					rooms, a
					community/team room,
					two individual consult
					rooms, and a
					technology-rich

Calais

501(c)(3) 40,000 Aroostook Mental Health 01-0276859

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

Caribou, ME 04736

reception area Funding for a roof Services Inc replacement at the PO Box 1018 treatment facility in

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) Atlantic Challenge Foundation 22-3132234 501(c)(3) 20,000 Funding for Phase 1 to dba The Apprenticeshop renovate the north and 655 Main St south sides of the shop

(f) Method of valuation

(g) Description of

(h) Purpose of grant

document vault and heat pumps

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

Rockland, ME 04841					building inclu replacing and windows, doc insulation, ar	upgrading ors,
Baldwin Historical Society Inc PO Box 159 East Baldwin, ME 040240159	01-0477811	501(c)(3)	10,000		Chadbourne l Renovation-F the third pha renovation in installation of	unding for se of cluding

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Bangor Symphony Orchestra 01-0024645 501(c)(3) 7.500 Funding for a PO Box 1441 performance and related Bangor, ME 044021441 educational activities of Leonard Bernstein's Candide on Sunday,

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

April 7, 2019 Bates College 01-0211781 501(c)(3) 25.000 Funding for a STEAM 2 Andrews Road focused web-based Lewiston, ME 04240 educational resource for K-12 teachers and

students

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable arant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Bowdoin International Music 04-3384601 501(c)(3) 10.000 Funding to continue to Festival Inc provide live online viewing for programs and concerts and to edit videos for archival

renovate Cleaves Hall, a

dormitory for 40 students

6300 College Station Brunswick, ME 04011

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

PO Box 292

North Bridgton, ME 04057

access Bridgton Academy 01-0221344 501(c)(3) 50,000 Funding to completely

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-6015374 501(c)(3) 7.000 Funding to replace the Brownfield Public Library PO Box 215 current roof Brownfield, ME 04010 Buck Memorial Library 01-0215913 501(c)(3) 10.000 Funding for the last

phase to complete

ın 1993

exterior restoration of the building that began

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

PO Box 640

Bucksport, ME 04416

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 01-0339467 501(c)(3) 20.000 Canton Historical Society Funding to paint to PO Box 605 exterior of the society's Canton, ME 04221 new building Castine Early Learning Center 47-2126284 501(c)(3) 17.300 To underwrite new dba Community Childhood windows for a project Learning Place which will renovate the PO Box 344 1895 historic standpipe Castine, ME 04421 in Castine, ME into an

early childhood learning

center

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Castine Historical Society Inc 01-0377623 501(c)(3) 11.715 Funding to paint the

Funding to replace 211

outdated sprinkler

heads

8.000

Castine Historical Society Inc
PO Box 238
Castine, ME 04421
Castine ME 04421
School

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

501(c)(3)

Catherine Morrill Day Nursery

96 Danforth St

Portland, ME 04101

01-0211542

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance FO4 () (3) 40.000

hardware and software

bringing a new mission

to Mars

upgrade, which includes

Society PO Box 293 Mars Hill, ME 04758	27-3111419	501(c)(3)	10,000		of the roof
Challenger Learning Center of	01-0542376	501(c)(3)	100,000		Funding for a 2-year

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

Maine

30 Venture Way

Bangor, ME 04401

if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Chesterville Center Union 01-6014722 501(c)(3) 10.000 Funding to restore and ll tower

(f) Method of valuation

(a) Description of

(h) Purpose of grant

including focus groups and developing new branding materials

Meeting House Inc					reinforce the bell tow
72 Dutch Gap Rd					of the 167-year old
Chesterville, ME 04938					Meeting House
Chocolate Church Arts Center PO Box 252	01-0348331	501(c)(3)	9,300		Funding to create a marketing strategy

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

Bath, ME 04530

(b) EIN

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Citizens for Squirrel Point 30-0193082 501(c)(3) 10.000 Funding to finish PO Box 764 restoring the boathouse, including a new floor. siding, windows and

additional classroom

Arrowsic, ME 04530

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

doors, and painting 501(c)(3) 12,000 Coastal Kids Preschool 22-3126832 12 Jackies Trail

Funding for reconstruction, furniture, Damariscotta, ME 04543 toys, curriculum, and equipment for an

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance Coastal Maine Botanical 01-0476545 501(c)(3) 50.000 Funding for parking,

Gardens Inc infrastructure, and new PO Box 234 buildings and gardens Boothbay, ME 04537

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

Community Bicycle Center 20-3684834 501(c)(3) 25.000 Funding to replace the PO Box 783 roof of their building in Biddeford, ME 04005 Biddeford

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Community Health and 01-0211483 501(c)(3) 12.000 Funding for the Counseling Services purchase of equipment 42 Cedar St and supplies needed for Bangor, ME 04401 la new primary care practice

of Malaga Island who were evicted from their homes in 1912

Creative Portland Corporation 84 Free St Portland, ME 04101

Portland, ME 04101

a rew printary care practice

10,000

Funding for a collaborative performance as a memorial to the people

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other) Curran Homestead Inc. 22-3236711 501(c)(3) 15,000 Funding for renovations

forum highlighting

Social Determinants of

Health, follow-up workgroup facilitation and a reconvening meeting

PO Box 107					to Peter Field's House,
Orrington, ME 04474					the North Castine Post
					Office, and Timber
					Frame Workshop
Daniel Hanley Center For	20-4271488	501(c)(3)	10,000		Funding for a statewide

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

Health Leadership

Portland, ME 04101

217 Commercial St Suite 406

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-6013511 501(c)(3) 15.000 Deer Isle-Stonington Historical Renovation of Sellers Society House Vault-Funding to renovate interior and

bathrooms installed 30

years ago

45 Sunset Road Deer Isle, ME 04627 22-2930292 Deertrees Foundation Ltd.

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

Harrison, ME 04040

lexterior walls 501(c)(3) 20.000 Funding to replace PO Box 577 temporary public

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Downeast Institute for Applied 01-0452403 501(c)(3) 35.000 Funding for marine Marine Research and Education science days for PO Box 83 schools, workshops for Beals, ME 04611 teachers, summer day camps for youth, and 4-day summer marine science training for

entrance as the launch to Phase 3 of ongoing renovations

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

Eastport, ME 04631

teachers 501(c)(3) 15,000 Funding to refurbish the Eastport Arts Center 01-0436739 PO Box 153 front windows and

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization grant cash or assistance or government other) assistance Eddington-Clifton Civic Center 01-0390608 501(c)(3) 18.200 Funding to restore two

roof of Memorial Hall on

Peaks Island

PO Box 306 exterior walls and four Eddinaton, ME 04428

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

PO Box 8

Peaks Island, ME 04108

brick chimneys at Comins Hall 91-2085202 501(c)(3) 15.000 Funding for the removal Eighth Maine Regiment

Memorial Association and replacement of the

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 01-0386599 501(c)(3) 15.000 Paul D Thibodeau Fort Kent Historical Society PO Box 181 Visitors Center Fort Kent, ME 04743 Renovation-Funding to renovate the Bangor and Aroostook railway freight shed including siding, paint, and adding end sections, deck and access ramp

Funding to upgrade the

conference space with

banguet hall and

state-of-the-art

equipment and amenities

15,000

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

501(c)(3)

Franco American Heritage

Center at St Mary's dba

Gendron Franco Center

Lewiston, ME 04240

46 Cedar St

01-0536445

(b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) 01-0378440 501(c)(3) 25,000 East Franklin Franklin Historical Society PO Box 317 Schoolhouse

Franklin, ME 04634						Phases IV and V Including new sub-floor, windows, doors, insulation, clapboards, and paint
Friends of Fort Knox PO Box 456	01-0478281	501(c)(3)	25,000		I .	Two-Step Alley Roof Maintenance and

brickwork

Bucksport, ME 04416 Repair-Funding to repair drainage issues impacting arched

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

(a) Name and address of

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Friends of Liberty Hall 20-5821797 501(c)(3) 28.000 Funding for Phase 3 to

repair behind the front

door

PO Box 22 Machiasport, ME 04655					arrest water damage and deterioration on the exterior back wall
Friends of the St Lawrence	01-0505729	501(c)(3)	10.000		Funding for exterior

301(0)(3) Church painting, repair of fallen 76 Congress St gutters, and masonry

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

Portland, ME 04101

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (h) Purpose of grant (a) Description of if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government assistance other) Friends of the Swan's Island 26-4546654 501(c)(3) 10.000 Historical Restoration of Lighthouse Burnt Coat Harbor 241 Harbor Road Lighthouse Tower-Swans Island, ME 04685 Funding for part of Phase 2 including restoration of the venting ball, window

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

Fryeburg, ME 04037

replacement, and repairs to the tower lbase Fryeburg Rescue Association 04-3347500 501(c)(3) 15,000 Funding to replace 1 of PO Box 177 3 cardiac monitors

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 01-0211508 501(c)(3) 11,550 Funding for 5 weekly Good Will-Hinckley Home Association programs in 54 PO Box 159 classrooms, 10 family

(f) Method of valuation

(g) Description of

(h) Purpose of grant

58 Boyd Street apartment complex

Hinckley, ME 04944 programs, astronomy activity boxes, and a weeklong camp for 25 children Greater Portland Health 45-4960453 501(c)(3) 25.000 Funding for equipment

180 Park Avenue and software to Portland, ME 04102 establish a telehealth program at Portland Housing Authority's new

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Guilford Memorial Library 000000000 Municipality 24,000 Funding to repair PO Box 177 outdoor steps and Guilford, ME 04443 replace original windows Gulf of Maine Research 01-0504905 501(c)(3) 90,000 Unlocking Teachers' Institute Potential to Inspire STEM Engagement Equitably Across Maine-Funding to expand the

Regional Teacher Communities (RTC) program from 4 locations to 7, provide leadership development, and engage the community to help RTCs become independen

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

Institute
350 Commercial St
Portland, ME 04101

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 01-6047415 501(c)(3) 20.000 Hampden Historical Society Funding to replace the archival wing of the

Martin Kinslev House Museum, phase 1 of 3

Funding for furniture.

for the newly constructed Kaneb

Center

equipment, and supplies

PO Box 456 Hampden, ME 04444 Hebron Academy 01-0224898 501(c)(3) 50.000 PO Box 309 Hebron, ME 04238

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

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government assistance other)

Hiram Historical Society PO Box 105 Hiram, ME 04041	01-0485903	501(c)(3)	16,214		Great Ossipee Museum Accessibility Project- Funding to replace the 30 year old stair lift
History House Assoc dba Skowhegan History House	01-0217324	501(c)(3)	10,000		Funding to restore or replace 16 windows

PO Box 832

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

Skowhegan, ME 04976

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) Hurricane Island Outward 04-6089174 501(c)(3) 15.000 Newry Staff House Project-Support for the

(f) Method of valuation

(g) Description of

(h) Purpose of grant

literacy program

working with Pre-K-2nd graders in 3 Washington County schools

Po Box 800 Camden, ME 04843				construction of an environmentally friendly staff house for meeting space, planning space, shared meal times and respite

501(c)(3) Island Readers and Writers An 75-3225744 10,000 Initiative for Maine Children

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

Bound School

PO Box 227

Mount Desert, ME 04660

(b) EIN

Funding for a pilot story-based early

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Jackman Moose River Historical 01-0474412 501(c)(3) 10.000 Funding to replace the

Counties

Society foundation of the PO Box 875 Museum Building Jackman, ME 04945 Jobs for Maine's Graduates Inc. 01-0482628 501(c)(3) 25.000

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

Funding for supports to 65 Stone St at-risk youth grades 6-8 Augusta, ME 04430 in five schools in Cumberland and York

if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or government other) assistance Juniper Hill School for Place-45-3140600 501(c)(3) 35,150 Expansion to Accommodate Nature-Based Education

(f) Method of valuation

(a) Description of

(h) Purpose of grant

location for the center

180 Golden Ridge Road based Pre-school Alna, ME 04535 Workshops and Teacher Training-Funding to build a new barn and lean-to and expand

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

93 Main St 3rd Floor

Waterville, ME 04901

(b) EIN

parking 501(c)(3) 35,000 Kennebec Valley Dental 01-0524329 Funding to purchase Coalition and renovate a new

if applicable (book, FMV, appraisal, organization arant cash non-cash assistance or assistance or government other) assistance Kennebec Valley Family 26-3322306 501(c)(3) 28,000 Funding for emergency replacement of the Pan

(f) Method of valuation

(a) Description of

(h) Purpose of grant

Maine's fifth Clubhouse,

rehabilitation program

a vocational

Dentistry X-Ray machine. 269 Water St Augusta, ME 04330 complementary X-Ray sensors, furniture, computers, and software

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

Behavioral Health 67 Eustis Parkway

Waterville, ME 04901

(b) EIN

Kennebec Valley Mental Health 01-0265559 501(c)(3) 20.000 Topsham Clubhouse-Center dba Kennebec Funding to develop

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant if applicable organization grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Kieve-Wavus Education Inc 23-7352599 501(c)(3) 6,350 Funding for an PO Box 169 Educator-in-Residence Nobleboro, ME 04555 to work with 7th and 8th graders at King Middle School during the months of January, February, and March 2019 20,000 Lewiston-Auburn Community 01-6013228 501(c)(3) 2018 Great Falls Little Theatre Performing Arts Center Renovations-Funding for 30 Academy St Lewiston, ME 04210 installation of a catwalk, new lighting, new concession area, and

interior and exterior renovations

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

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Lord's Hill Meeting House Inc 16-1742305 501(c)(3) 6.000 Funding to paint the 57 Plantation Road 1798 historic structure's Effingham, NH 03882 steeple Maine Alliance for Arts 22-2710493 501(c)(3) 10,000 Funding to provide Education professional PO Box 872 development to

teachers to integrate the arts into non-arts classrooms at Eastport Elementary School

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

Augusta, ME 04332

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance Maine College of Health 01-0356077 501(c)(3) 30.000 Innovative Technology Professions Ito Enhance Healthcare 70 Middle St Student Education-Funding to purchase an

Lewiston, ME 04240 Anatomage Digital

Dissection table Maine Dental Health Out-Reach 20-3074754 501(c)(3) 15.000 Funding to provide Inc dental services to low-

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

45 Greenwood Terrace income children ages Winthrop, ME 04364 4-18 in 30 Central and

Western Maine schools

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

Funding to build a

hovel roof

boardwalk, upgrade two

louthouses, and repair

Maine Family Planning PO Box 587	01-0317679	501(c)(3)	15,000			Funding to improve access to reproductive
Augusta, ME 04332					1	health care for opioid
						dependent and other
						high-risk women

15,000

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

501(c)(3)

01-6019448

Maine Forest and Logging

Bradley, ME 04444

Museum

PO Box 104

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-0211530 501(c)(3) 10.000 Maine Historical Society Funding to create an 489 Congress St exhibition and Portland, ME 04101 educational curriculum that explores Wabanaki

Maine-built wooden fishing schooner

Maine Maritime Museum 01-0271477 501(c)(3) 25,000

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

history in Maine Restoration of the 243 Washington St Historic 1906 Schooner Bath. ME 04530 Mary E -Funding to restore the oldest

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Maine Mathematics and 22-3181644 501(c)(3) 100.000 Funding to build teams Science Alliance of teachers and student 219 Capitol St Suite 3 leaders in 10 rural Augusta, ME 04330 schools to co-design

(f) Method of valuation

(g) Description of

(h) Purpose of grant

19 universal procedure rooms, a larger helipad, and increased parking

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

Portland, ME 04102

(b) EIN

experiential STEM units, including creating a "Designing Experiential STEM" quide, professional support. and a student summit

Maine Medical Center 01-0238552 501(c)(3) 200,000 Funding to add 128 22 Bramhall St single, private rooms,

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance 01-0319524 501(c)(3) 25,000 Strathglass Park Maine Preservation 233 W Main St Neighborhood Yarmouth, ME 04096 Rehabilitation Program-Funding to renovate a duplex as part of the Strathglass Park

(f) Method of valuation

(g) Description of

(h) Purpose of grant

through 2019

Neighborhood Rehabilitation Program in Rumford

(d) Amount of cash

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

(c) IRC section

501(c)(3) Maine Writers & Publishers 01-0375832 12,000 Funding to upgrade Alliance 314 Forest Ave Room 318 overhaul the website,

(a) Name and address of

(b) EIN

software and hardware, Glickman Library and help extend staffing Portland, ME 04101 capacity expansion

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) MaineHealth Care at Home 22-2571902 501(c)(3) 24,800 Connected Care Clinics Nurse-led Health Clinics 15 Industrial Park Rd

(f) Method of valuation

(g) Description of

(h) Purpose of grant

hardscaping features

Saco, ME 04072					with Telehealth for Long Island and Chebeague Island-Funding for telehealth kiosk equipment, educational materials, and initial project outreach
Mayo Street Arts	27-1461543	501(c)(3)	15,000		Funding for new stairs,

10 Mayo St outdoor flooring, repair Portland, ME 04101 of fencing, shade canopy, and

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Mercy Hospital 01-0211534 501(c)(3) 100.000 Funding for the second Phase of the Fore River 144 State St

(f) Method of valuation

(g) Description of

(h) Purpose of grant

program from 24 to 28 hours per week

 Portland, ME 04101				project including a new building and additional parking The results of this phase will be the closure of the State Street Campus
				Street Campus

Mid-Coast Health Net dba Knox 01-0528885 501(c)(3) 22,000 County Health Clinic

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

Funding to purchase 2 digital x-ray sensors and clinical supplies to 22 White St Rockland, ME 04841 expand the dental

(h) Purpose of grant (a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other)

Milestone Foundation Inc 65 India St Portland, ME 04101	01-6024344	501(c)(3)	10,000		Homeless Outreach and Mobile Engagement (HOME) Team-Funding to expand the hours of the HOME Team in Portland and add psychiatric health
					Iscreening and treatment

through a collaboration

with Mercy Portland Internal Medicine Millinocket Memorial Library 81-4748516 501(c)(3) 25,000 Funding for to renovate

the 9,000-sf library

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Monhegan Historical and 22-2572864 501(c)(3) 10.000 Funding for a 12'x12'

Cultural Museum Association 1 Lighthouse Hill Monhegan, ME 04852					addition for an ice harvesting display
Moosehead Marine Museum Inc PO Box 1151	01-0356422	501(c)(3)	20,000		Funding for the post- production for a

documentary film about Isunken steamboats in Moosehead Lake

PO Box 1151 Greenville, ME 04441

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Morrison Center 01-0243254 501(c)(3) 50,000 Renovation of 60 Chamberlain Road Residential Home for Scarborough, ME 04074 Children with Developmental and Intellectual Disabilities-Funding to renovate a four bedroom home on at Opportunity Farm to provide residential and educational services for

up to 6 children My Place Teen Center 01-0509578 501(c)(3) 50,000 Funding to build a 755 Main St Westbrook, ME 04092

commercial kitchen as part of renovations to the former St Andre's Church in Biddeford for a second location to open July 2020

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance

Itablets for direct service

staff

Northern Light Inland Hospital	01-0217211	501(c)(3)	30,000		Funding to replace aging
200 Kennedy Memorial Dr					equipment across four
Waterville, ME 04901					RehabWorks outpatient
					therapy clinics

Northern Lighthouse Inc 01-0547336 501(c)(3) 7.000 Funding to purchase 40

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

PO Box 498

Presque Isle, ME 04758

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization ıf applıcable grant cash non-cash assistance or assistance or government other) assistance Oasis Health Network Inc dba 01-0497587 501(c)(3) 10.000 Funding to pilot the Oasis Free Clinics addition of an 8 hour/week Navigator

66 Baribeau Drive Suite 5B Box 1 Brunswick, ME 04011

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

who will assist patients in applying for

MaineCare and free care lat Mid Coast Hospital 46-1398374

Olympia Snowe Women's 501(c)(3) 50.000 Funding to underwrite program costs for 50

Leadership Institute

Olympia's Leaders One Canal Plaza Suite 501 Portland, ME 04101

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Palermo Community Library 01-0521539 501(c)(3) 12,576 Funding to install an air 2789 Route 3 conditioning system and Palermo, ME 04354 la supplemental, energyefficient heating system

replacement of siding, wood trim, and columns

Pejepscot Historical Society
159 Park Row
Brunswick, ME 04011

Pejepscot Historical Society
150 Park Row
Brunswick, ME 04011

Pejepscot Historical Society
150 Park Row
Brunswick, ME 04011

Pejepscot Historical Society
150 Park Row
Brunswick, ME 04011

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

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) Pen Bay Medical Center 01-0285286 501(c)(3) 100,000 Funding for a new 22 White St 40,000 square foot Rockland, ME 04841 patient health center which will support a t-centered al home

VVIIICIT VV	1	1		
patient-	1			
medical	1			
healthca	1			
housing	1			
pediatrio	1			
1.1	4			

icare model.

ng primary, ric and behavioral health care teams 01-0514750 501(c)(3) 50,000 Funding to purchase

Penobscot Community Health

and install telemedicine

care facilities

Center lequipment in 3 skilled 103 Maine Avenue

Bangor, ME 04401 nursing or long term

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Penguis Community Action 01-6023748 501(c)(3) 23,376 Funding to provide two Program Inc full-day trainings, a 262 Harlow St parent session, and Bangor, ME 04401 multiple follow-up classroom-based

followed by facilitated panel discussions about the opioid crisis

coaching sessions behavior

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

focused on managing intensely challenging 501(c)(3) Points North Institute 45-1622247 15,000 Funding for free public PO Box 836 screenings of Camden, ME 04843 documentary films

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance Poland Spring Preservation 01-0347068 501(c)(3) 20,000 Funding to repair the Society second floor porch and PO Box 444 stairs of All Souls Poland Spring, ME 04274 Building and overhead cement work on the Maine State Building Portland Ballet Company 01-0372997 501(c)(3) 11.500 Safe Ballet Flooring-

the company

517 Forest Avenue Suite 2 Portland, ME 04101

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

Funding to replace fifteen-year-old Marley ın one smaller studio and the portable flooring that travels with

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government other) assistance 46-2787590 501(c)(3) 16.000 Funding to expand Rally Portland Community Squash Portland, PCS's college 66 Noyes St

exploring Maine's Haystack Mountain School of Crafts

Portland, ME 04103					pathway program, from 12 students to 20 students in 2019
Portland Museum of Art 7 Congress Square	01-0378420	501(c)(3)	10,000		Funding for an

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

Portland, ME 04102

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Portland Stage Company 51-0143171 501(c)(3) 20.000 Funding to replace Mainstage Theater lights PO Box 1458 Portland, ME 04104 with LED fixtures Rangelev Friends of the 01-0385416 501(c)(3) 25.000 Lakeside Theater Capital Performing Arts Improvements Project-PO Box 333 Funding to waterproof Rangeley, ME 04970 and finish the basement, part of a

broad improvement

project

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Richville Library 01-6016298 501(c)(3) 10,000 Funding to install vinyl siding and resurface the 743 Richville Road parking lot

Standish, ME 04084

Rural Aspirations Project 45-3854485 501(c)(3) 43,306

Funding collabor. Bar Harbor, ME 04609

Parking Par

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

Funding for the collaborative design and year-one implementation of the Maine Forest Collaborative (MFC), focused on students working with forest

economies

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Saint Joseph's College 01-0212542 501(c)(3) 75.000 Funding for renovations 278 Whites Bridge Road to provide a 21st Century learning and

theater productions, and a teen magazine

Standish, ME 04084 training environment for Nursing majors Skidompha Public Library 01-0228297 501(c)(3) 10,000

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

Funding for three programs for children PO Box 70 Damariscotta, ME 04543 and teens including creating podcasts,

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance Southern Maine Agency on 01-0360259 501(c)(3) 35.000 Funding for 5 programs for older adults to Aging 136 US Route 1 reduce risks of falls and manage chronic pain

partner schools statewide

Scarborough, ME 04074 and conditions

501(c)(3) 20,000 Spirit Series Inc 20-3799463 Funding to expand the 91 Sea Spray Reach 60-hour Teacher Yarmouth, ME 04096 Certification professional development program, training 15 educators at

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

organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) Spurwink Services 01-0319802 501(c)(3) 25,000 Funding to purchase 40 901 Washington Ave Suite 100 Electronic Health Portland, ME 04103 Record-enabled 2-in-1 laptops for clinicians and care managers in Outpatient Counseling

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

final structural work on

the home including repairing window sills and water damage on

the walls

programs including Behavioral Health Homes and Functional Family Therapy Sullivan-Sorrento Historical 23-7195825 501(c)(3) 8,500 Urann Historic Home Project-Funding for the

(d) Amount of cash

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

(c) IRC section

Society PO Box 44 Sullivan, ME 04664

(a) Name and address of

(b) EIN

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance

York University

white boards for

Funding for 5 interactive

educational classrooms

Sunrise Opportunities	01-0407276	501(c)(3)	15,000		Funding for a week
PO Box 88					long, no-cost, dental
Machias, ME 04654					clinic in Machias in
·					collaboration with New

15,000

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

501(c)(3)

01-0211807

Sweetser

50 Moody St

Saco, ME 04072

(a) Name and address of (f) Method of valuation (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, non-cash assistance organization arant cash or assistance or aovernment assistance other) The McLaughlin Foundation 01-0509638 501(c)(3) 10.000 Funding to complete the final designs for garden projects and adding a

support to Head Start

lfamilies

PO Box 492 South Paris, ME 04281

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

South Portland, ME 04106

perimeter fence 01-0274725 501(c)(3) 40.000 Funding to offer mental

The Opportunity Alliance 50 Lydia Lane health and other

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance The Watershed Community 55-0801652 501(c)(3) 15.000 Funding for renovations Institute dba The Watershed to the new building to Community School create a STEAM 1 Free St Innovation Center Camden, ME 04843 501(c)(3) 35,000 Thornton Academy 01-0224769 Funding to renovate the 438 Main St lexisting Linnell

Gymnasium and add a 40,000 square foot field

house

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

Saco, ME 04072

(b) EIN (d) Amount of cash (f) Method of valuation (g) Description of (h) Purpose of grant organization if applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 13-3888191 501(c)(3) 20.000 Timelines Community Inc Support to renovate the PO Box 11 second floors of the Thorndike, ME 04986 historic Farwell's Store and Mill in Thorndike.

(e) Amount of non-

signage and exterior

painting

ME into six artisan studio spaces for yearround use Town of Columbia Falls 01-0351434 Municipality 15.000

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

(c) IRC section

(a) Name and address of

Union Hall Restoration PO Box 100 and Revitalization Columbia Falls, ME 04623 Project-Funding for room darkening window treatments, outdoor

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments. (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant (book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government other) assistance Town of Rockport 01-6000347 Municipality 25.000 Funding to build a new 101 Main St library Rockport, ME 04856 Trekkers 01-0537500 501(c)(3) 29.700 Funding to integrate a 41 Buttermilk Ln comprehensive Thomaston, ME 04861 mentoring program into Oceanside High School in Rockland to support

up to 160 at-risk students

(a) Name and address of **(b)** EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (g) Description of (h) Purpose of grant organization ıf applicable grant cash (book, FMV, appraisal, non-cash assistance or assistance or government assistance other) 01-0388492 501(c)(3) 8,000 Turner Public Library Funding to renovate a 98 Matthews Way room in the library for Turner, ME 04282 teens including furnishings, painting, computers, a TV, and books University of Maine at 01-6000769 501(c)(3) 38.495 UMF Sweatt-Winter Farmington Early Care and Education Center Improvement Plan-Funding to update the

outdoor space, provide new classroom materials, add professional development

opportunities, and begin the visioning process for

la new center

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

Farmington 111 South St Farmington, ME 04938

(book, FMV, appraisal, organization if applicable grant cash non-cash assistance or assistance or government assistance other) University of Maine at Presque 01-6000769 501(c)(3) 50,000 Funding to create a Isle Medical Laboratory

(e) Amount of non-

(f) Method of valuation

(g) Description of

(h) Purpose of grant

181 Main St Presque Isle, ME 04769					Technology (MLT) training center
University of Maine System - Chancellor's Office 16 Central St Bangor, ME 04401	01-6000769	501(c)(3)	6,500		Engaging with the ACRL Framework A Catalyst for Exploring Our Teaching Practice-

Funding for a one-day workshop for librarians providing instruction on delivery of information literacy to undergraduate students

(d) Amount of cash

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

(c) IRC section

(a) Name and address of

(b) EIN

organization or government if applicable grant cash assistance (book, FMV, appraisal, other) or assistance or assistance

(e) Amount of non-

(f) Method of valuation

(a) Description of

(h) Purpose of grant

program for vulnerable

Funding to digitalize

store historical items

catalogue and properly

vouth

(d) Amount of cash

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

501(c)(3)

(c) IRC section

(a) Name and address of

Vassalboro Historical Society

North Vassalboro, ME 04962

PO Box 13

(b) EIN

01-0451244

offiversity of Southern Maine	01-0000703	301(0)(3)	10,000		i anding for the routh
PO Box 9300					and Community
Portland, ME 04104					Engagement team at
					the Muskie School's
					Cutler Institute for the
					Learn and Earn to
					Achieve Potential (LEAP)

10.000

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (a) Description of (h) Purpose of grant if applicable (book, FMV, appraisal, organization grant cash non-cash assistance or assistance or government other) assistance 01-0459306 501(c)(3) 20.000 Waldo Theatre Raise the Roof! A PO Box 587 Campaign to Bring Back Waldoboro, ME 04572 the Waldo Theatre-Funding for Phase 1,

Ocean Studies (SOS) program in the Gulf of

Maine

Internal repairs

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

including external and Waynflete School 01-0211565 501(c)3 10.000 Funding for students to 30 Spring St attend Sustainable

Portland, ME 04102

(a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non- (f) Method of valuation (a) Description of (h) Purpose of grant organization ıf applıcable grant cash (book, FMV, appraisal, non-cash assistance or assistance other) or government assistance

Dental Center

Wentworth-Douglass Hospital 02-0260334 501(c)(3) 16.000 | Funding for a new panoramic x-ray for the

789 Central Ave

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

Dover, NH 03820

efil	e GRAPHIC pr	rint - DO NOT PROCESS As Filed	l Dat	ta - DLN	: 934933	16043	8869	
	nedule J	Compen	sat	ion Information	OMB No	1545-	0047	
•	m 990)	Com ► Complete if the organization ► A	pens ansv ttac	Trustees, Key Employees, and Highest ated Employees wered "Yes" on Form 990, Part IV, line 23. h to Form 990.		2018 Open to Public		
Department of the Treasury Internal Revenue Service • Go to <u>www.irs.qov/Form990</u> for instructions and the latest information.								
	ne of the organiza			Employer iden	tification n	umber		
DAV	IS FAMILY FOUNDAT	TION		01-0390443				
Pa	rt I Questi	ons Regarding Compensation						
	•					Yes	No	
1a				of the following to or for a person listed on Form ny relevant information regarding these items				
	_	s or charter travel		Housing allowance or residence for personal use				
		companions	님	Payments for business use of personal residence				
		nification and gross-up payments	H	Health or social club dues or initiation fees				
	□ Discretion	nary spending account	ш	Personal services (e g , maid, chauffeur, chef)				
b		xes in line 1a are checked, did the organiza all of the expenses described above? If "No		follow a written policy regarding payment or reimburse nplete Part III to explain	ement 1b			
2		ation require substantiation prior to reimbu			2			
	directors, truste	es, officers, including the CEO/Executive D	rrecto	or, regarding the items thetked in line 147				
3		of any, of the following the filing organizati						
		EO/Executive Director Check all that applyed organization to establish compensation of		CEO/Executive Director, but explain in Part III				
		ation committee ent compensation consultant	H	Written employment contract Compensation survey or study				
		of other organizations	П	Approval by the board or compensation committee				
4		-	— ′II, Se	ection A, line 1a, with respect to the filing organization	ora			
	related organiza	ation						
а	Receive a sever	ance payment or change-of-control payme	nt۶		4a		No	
b	Participate in, o	r receive payment from, a supplemental no	onqua	lified retirement plan?	4b		No	
С	•	r receive payment from, an equity-based c			4c		No	
	If Yes to any o	of lines 4a-c, list the persons and provide t	ne ap	plicable amounts for each item in Part III				
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organiza	tions	must complete lines 5-9.				
5		ed on Form 990, Part VII, Section A, line 1. ontingent on the revenues of	a, dıd	the organization pay or accrue any				
а	The organization	n?			5a		No	
b	Any related orga				5 b		No	
	If "Yes," on line	5a or 5b, describe in Part III						
6		ed on Form 990, Part VII, Section A, line 1 ontingent on the net earnings of	a, dıd	the organization pay or accrue any				
а	The organization	n [?]			6a		No	
b	Any related orga				6b		No	
_	•	6a or 6b, describe in Part III						
7		ed on Form 990, Part VII, Section A, line 1 escribed in lines 5 and 6? If "Yes," describe			7		No	
8		nts reported on Form 990, Part VII, paid o nitial contract exception described in Regul		red pursuant to a contract that was section 53 4958-4(a)(3)? If "Yes," describe	8		No	
9	If "Yes" on line 8 53 4958-6(c)?	8, did the organization also follow the rebu	ttable	e presumption procedure described in Regulations sect	-		INO	
Ear I	Danarwark Badu	iction Act Notice, see the Instructions	for E	orm 990. Cat No 50053T Scher	tule 1 (For	~ 000\	2018	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Part II For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII Note. The sum of columns (B)(1)-(III) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual (A) Name and Title (B) Breakdown of W-2 and/or 1099-MISC compensation (D) Nontaxable (E) Total of columns (C) Retirement and (F) Compensation in (B)(ı)-(D) column (B) reported other deferred benefits (i) Base (ii) Bonus & incentive (iii) Other as deferred on prior compensation compensation compensation reportable Form 990 compensation 1 Yvonne B Mumme 42,292 (i) 0 0 2,958 3,281 48,531 Chief Finance and Administrative Officer 0 0 0 0 0 0 (ii)

Schedule J (Form 990) 2018	Page 3				
Part III Supplemental Information					
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information					
Return Reference	Explanation				

\$42292, Benefits - \$3281 These amounts are included in the figures in Part II

1 (Form 990) 2018 Schedule 1

efile GRAPH	DLN:	93493316043869				
SCHEDUL (Form 990 or EZ)	· 990-	Complete to pro Form 990 o	ovide information for or 990-EZ or to prov ▶ Attach to Forn	on to Form 990 or S r responses to specific quest ide any additional information n 990 or 990-EZ. 90 for the latest information.	ions on on.	OMB No 1545-0047 2018 Open to Public
Mame Bราหยางรัฐ DAVIS FAMILY FOI 990 Schedul	gari≱ation UNDATION	Employer identi	Inspection entification number			
Return Reference	Explanation					
Form 990, Part VI, Section A, Line 2	Trustees R	ebekah Bucci and David	Buccı have a famıly re	elationship		

Return Explanation

Line 8b

Form 990,
Part VI,
Section A.

There are no committees with authority to act on behalf of the governing body

ng

Return Reference	Explanation
Form 990, Part VI, Section B, Line 11b	Prior to filing, the Chief Finance and Administrative Officer (CFAO) reviews the 990 in de tail, comparing it to the Foundation's financial statements and other records for accuracy, and comparing it to the prior year filing to make sure any large variances or changes to responses are accurate. Any questions or concerns are resolved with the independent CPA firm who reviewed the return. The CFAO provides a copy of the final draft to the board chair, highlighting any unusual items or changes from prior years. The board chair reviews the final draft just prior to filing to ensure responses are consistent with financial reporting, governance practices and activities of the foundation, resolving any questions with the CFAO. Additionally, the return is provided to the entire board for review prior to fili.

Return Explanation
Reference

Form 990,
Part VI,
Pa

Part VI,
Section B,
Line 12c cheduled meeting. Where a potential conflict does exist, the trustees will disclose to the board and the disclosure will be noted in the minutes. If a real conflict exists, the trustees will abstain from voting and this action will be disclosed in the minutes.

Return Explanation
Reference

Form 990,
Part VI,
Section C,
Line 19

The Organization makes its governing documents and conflict of interest policy available to the public upon request. The Organization publishes its financial statements in its annu.

In the Organization makes its governing documents and conflict of interest policy available to the public upon request. The Organization publishes its financial statements in its annu.

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE R** (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

DLN: 93493316043869

Open to Public Inspection

Employer identification number

DAVIS FAMILY FOUNDATION							01-0	390443				
Part I Identification of Disregarded Entities Complete	e if the organ	ızatıon answe	red "Yes	on Form 9	990, Part	IV, line 33	3.					
(a) Name, address, and EIN (If applicable) of disregarded entity	(b) Primary ad		(c) Legal domicile (state or foreign country)		(d) Total income		(e) End-of-year assets		(f) Direct controll entity			
Part II Identification of Related Tax-Exempt Organizarelated tax-exempt organizations during the tax years		ete if the orga	nization	answered "	Yes" on F	orm 990,	Part I	V, line 34 be	cause	ıt had one or	more	
(a) Name, address, and EIN of related organization		(b) ary activity	Legal do	(c) micile (state gn country)	Exempt Co	de section	Public (if sect	(e) charity status tion 501(c)(3))	Dı	(f) irect controlling entity	Section (13) co ent	ontrolle tity?
(1)Maine Medical Center 22 Bramhall St Portland, ME 04102	Acute Care	Hospital		ME	501(c)(3)		Line 3		N/A		Yes	No No
01-0238552 (2)PORTLAND MAINE SYMPHONY ORCHESTRA PO BOX 3573 PORTLAND, ME 041043573	SYMPHONY	ORCHESTRA		ME	501(c)(3)		Line 7		N/A			No
01-6006058 (3)UNIVERSITY OF NEW ENGLAND 11 HILLS BEACH RD BIDDEFORD, ME 04005	UNIVERSITY	Y		ME	501(c)(3)		Line 2		N/A			No
01-0211810 (4)PORTLAND MUSEUM OF ART 7 CONGRESS SQUARE	EDUCATION	IAL MUSEUM		ME	501(c)(3)		Line 7		N/A			No
PORTLAND, ME 04101 01-0378420												
For Paperwork Reduction Act Notice, see the Instructions for For	rm 990.		Ca	t No 50135	<u> </u> Y				Sch	edule R (Form	990) 2	 018

(a) Name, address, and EIN of related organization	ame, address, and EIN of		(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related unrelated, excluded from tax under sections 512- 514)	, total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?				ij) eral or laging tner?	(k) Percenta owners
					314)			Yes	No		Yes	No	
												1 1	
												\vdash	
Identification of Related Organiza because it had one or more related or						zation ansv	wered "Yes	" on Fo	orm 99	90, Part I\	/, line	34	
Identification of Related Organiza because it had one or more related or (a) Name, address, and EIN of related organization		corporation doing (state of		st during th	(d) controlling Tyentity	(e)	wered "Yes (f) Share of total income	Share	(g) of end- year assets	of- Perc	/, line (h) entage ership	s (:	(I) ection 51 13) contr entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5: 13) contr
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5: 13) contr entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) conti entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) cont entity
because it had one or more related or (a) Name, address, and EIN of	rganizations treated as	corporation doing (state of	on or trus (c) egal micile or foreign	st during th	(d) controlling Tyentity	(e) pe of entity orp, S corp,	(f) Share of total	Share	(g) of end- year	of- Perc	(h) entage	s (:	ection 5 13) cont entity

No

No

No

No

No

No No

No

No

11

1m

1n

10

1q

1r

1s

Schedule R (Form 990) 2018

(d)

Method of determining amount involved

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.			
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or(iv) rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1 g	\vdash	No

	one, grante, or capital contribution to related organization(5)		1 -	
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1 d	Т	
е	Loans or loan guarantees by related organization(s)	1e	Т	
			Τ	
f	Dividends from related organization(s)	11f	1	

(b)

Transaction

type (a-s)

(c)

Amount involved

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

Performance of services or membership or fundraising solicitations for related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

(a)

Name of related organization

·	one, grane, or capital contribution from related organization(3)	11	- 1	
d	Loans or loan guarantees to or for related organization(s)	1 d		No
е	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1 g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
i	Lease of facilities, equipment, or other assets to related organization(s)	1j		No

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-	01	(e) e all partners section 501(c)(3) rganizations?	(f) Share of total Income	(g) Share of end-of-year assets	allocations? am		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
										Schedul	e R (Forn	1 99	0) 2018

