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Form 952 PF (2009) MARY T. & CURTIS				01-6102905	Page 10
Part XIV Private Operating Foundation	ons (see instruc	tions and Part	VII-A, question 9	9)	N/A
1a If the foundation has received a ruling or is effective for 2009, enter the date of the	ruling	•	, -	_	7
b Check box to indicate whether the founda		erating foundation (4942(j)(3) or	4942(j)(5)
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for	Tax year (a) 2009	(b) 2008	Prior 3 years (c) 2007	(d) 2006	(e) Total
each year listed b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
 Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c 					
3 Complete 3a, b, or c for the alternative test relied upon:					
a 'Assets' alternative test — enter.					
(1) Value of all assets(2) Value of assets qualifying under section 4942(j)(3)(B)(i)		-			
b 'Endownent' alternative test — enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c 'Support' alternative test – enter.					<u></u> _
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income	<u> </u>	<u> </u>			<u></u>
Part XV Supplementary Information assets at any time during the Information Regarding Foundation Mana	<u>1e year — see in</u> gers:	istructions.)			
a List any managers of the foundation who close of any tax year (but only if they hav NONE	have contributed more	than \$5,000) (See	e total contributions in a section 507(d)(2)	received by the found	dation before the
b List any managers of the foundation who a partnership or other entity) of which the NONE	own 10% or more of foundation has a 1	of the stock of a co 10% or greater inte	rporation (or an equ rest	ally large portion of	the ownership of
2 Information Regarding Contribution, Gra Check here Inf the foundation only requests for funds If the foundation make complete items 2a, b, c, and d.	makes contributions	s to preselected ch	arıtable organization		
a The name, address, and telephone numb	er of the person to	whom applications	should be addresse	ed	
SEE STATEMENT 5					
b The form in which applications should be	submitted and info	rmation and mater	ials they should inclu	ude	
SEE STATEMENT FOR LINE 2A					
c Any submission deadlines					
SEE STATEMENT FOR LINE 2A					
d Any restrictions or limitations on awards,	such as by geograp	phical areas, charit	able fields, kinds of	institutions, or other	factors
SEE STATEMENT FOR LINE 2A		· ,, _			
BAA	π	ÉEA0310L 07/06/09		F	orm 990-PF (2009)

2009 '

FEDERAL STATEMENTS

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MARY T. & CURTIS LOVILL TRUST

01-6102905

STATEMENT 4 (CONTINUED) FORM 990-PF, PART IV, LINÉ 1 CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

TTEM	(E) GROSS	(F) DEPREC.	(G) COST	(H) GAIN	(I) FMV	(J) ADJ. BAS.	(K) EXCESS	(L) GAIN
<u>ITEM</u>	SALES	ALLOWED	BASIS	(LOSS)	12/31/69	12/31/69	(I) - (J)	(LOSS)
6	6,200.		7,820.	-1,620.				\$ -1,620.
7	73.		0.	73.				73.
8	14.		0.	14.				14.
						•	TOTAL	\$ -6,077.

STATEMENT 5 FORM 990-PF, PART XV, LINE 2A-D APPLICATION SUBMISSION INFORMATION

NAME OF GRANT PROGRAM:

NAME:

CARE OF:

STREET ADDRESS:

CITY, STATE, ZIP CODE:

TELEPHONE:

FORM AND CONTENT:

ROBERT B. DAVIS

21 STEVENS AVENUE

RANDOLPH, ME 04346

207-582-3884 THERE IS NO PARTICULAR FORM OR FORMAT FOR AN APPLICATION,

GENERALLY INTERVIEWS WILL BE CONDUCTED; IN GENERAL, INFORMATION REGARDING THE HISTORY OF THE AGENCY, ORGANIZATION, OR INDIVIDUAL WILL BE REQUIRED AS PART OF REQUEST FOR FUNDS; A PREREQUISITE FOR CONSIDERATION WILL BE INFORMATION RELATING TO THE SERVING THE BLIND OR

VISUALLY IMPAIRED AND TO A LESSER EXTENT PROVIDING HEARING AID OR ASSISTANCE TO INDIVIDUALS.

SUBMISSION DEADLINES:

RESTRICTIONS ON AWARDS:

NONE

RESTRICTIONS OR LIMITATIONS: GEOGRAPHICAL AREAS -

GENERALLY RESTRICTED TO ACTIVITIES WITHIN THE STATE OF MAINE. CHARITABLE FIELDS - DIRECT AND INDIRECT SUPPORT IN THE FIELDS OF EYE CARE AND HEARING. KINDS OF INSTITUTIONS

- NONE. OTHER FACTORS - NONE.