



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



Form 990

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Terminated

☐ Amended return

☐ Application pending

C Name of organization

Davis Family Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

30 Forest Falls Drive No 5

City or town, state or country, and ZIP + 4

Yarmouth, ME 04096

F Name and address of principal officer

Anne Vaillancourt

30 Forest Falls Drive No 5

Yarmouth, ME 04096

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number

I Tax-exempt status

☒ 501(c)(3) ☐ 501(c) () ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website:

www.davisfoundations.org

K Form of organization

☐ Corporation ☒ Trust ☐ Association ☐ Other

L Year of formation

1983

M State of legal domicile

ME

Part I	Summary
Activities & Governance	<div><div>1</div><div>Briefly describe the organization's mission or most significant activities</div><div>Award Grants</div></div>
	<div><div>2</div><div>Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets</div></div>
	<div><div><div>3</div><div>Number of voting members of the governing body (Part VI, line 1a)</div><div>3</div><div>7</div></div></div>
	<div><div><div>4</div><div>Number of independent voting members of the governing body (Part VI, line 1b)</div><div>4</div><div>7</div></div></div>
	<div><div><div>5</div><div>Total number of individuals employed in calendar year 2011 (Part V, line 2a)</div><div>5</div><div>0</div></div></div>
	<div><div><div>6</div><div>Total number of volunteers (estimate if necessary)</div><div>6</div><div>0</div></div></div>
	<div><div><div>7a</div><div>Total unrelated business revenue from Part VIII, column (C), line 12</div><div>7a</div><div>0</div></div></div>
	<div><div><div>7b</div><div>Net unrelated business taxable income from Form 990-T, line 34</div><div>7b</div><div>0</div></div></div>
Revenue	<div><div><div>8</div><div>Contributions and grants (Part VIII, line 1h)</div><div></div></div></div>
	<div><div><div>9</div><div>Program service revenue (Part VIII, line 2g)</div><div></div></div></div>
	<div><div><div>10</div><div>Investment income (Part VIII, column (A), lines 3, 4, and 7 d)</div><div></div></div></div>
	<div><div><div>11</div><div>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</div><div></div></div></div>
	<div><div><div>12</div><div>Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</div><div></div></div></div>
Expenses	<div><div><div>13</div><div>Grants and similar amounts paid (Part IX, column (A), lines 1–3)</div><div></div></div></div>
	<div><div><div>14</div><div>Benefits paid to or for members (Part IX, column (A), line 4)</div><div></div></div></div>
	<div><div><div>15</div><div>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)</div><div></div></div></div>
	<div><div><div>16a</div><div>Professional fundraising fees (Part IX, column (A), line 11e)</div><div></div></div></div>
	<div><div><div>b</div><div>Total fundraising expenses (Part IX, column (D), line 25)</div><div></div></div></div>
	<div><div><div>17</div><div>Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)</div><div></div></div></div>
	<div><div><div>18</div><div>Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)</div><div></div></div></div>
	<div><div><div>19</div><div>Revenue less expenses Subtract line 18 from line 12</div><div></div></div></div>
Net Assets or Fund Balances	<div><div><div>20</div><div>Total assets (Part X, line 16)</div><div></div></div></div>
	<div><div><div>21</div><div>Total liabilities (Part X, line 26)</div><div></div></div></div>
	<div><div><div>22</div><div>Net assets or fund balances Subtract line 21 from line 20</div><div></div></div></div>

Part II 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.

Sign Here

Signature of officer

Anne Vaillancourt Executive Director

Date

2012-08-02

Paid Preparer's Use Only

Preparer's signature

Barbara J McGuan CPA

Firm's name (or yours if self-employed), address, and ZIP + 4

Berry Dunn McNeil & Parker LLC

PO Box 1100

Portland, ME 041041100

Date

2012-08-02

Check if self-employed

☐

Preparer's taxpayer identification number (see instructions)

P00219457

EIN

01-0391345

Phone no

(207) 775-2387

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

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2011)

Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐ Yes ☒ No

1

Briefly describe the organization's mission

To provide grants to colleges, universities, and other educational institutions, to hospitals and other health organizations with a primary interest in programs designed to increase the effectiveness or decrease the cost of medical care, and organizations whose customary and primary activity is to promote music, theatre, drama, history, literature, the arts, or other similar cultural activities

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a

(Code) (Expenses \$ 2,315,648 including grants of \$ 2,290,648) (Revenue \$)

Grants allocated in support of 501(c)(3) organizations. See Schedule I for 2011 grants approved

4b

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)















4e

Total program service expenses \$ 2,315,648

Form 990 (2011)

Part IV

Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> 	1	Yes
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>	3	No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>	4	No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>	5	No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i> 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> 	8	No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i> 	9	No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> 	10	No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> 	11a	No
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> 	11b	Yes
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> 	11c	No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> 	11d	No
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> 	11e	No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i> 	11f	No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> 	12a	Yes
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> 	12b	No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>	14b	No
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S ? <i>If "Yes," complete Schedule F, Part II and IV.</i>	15	No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S ? <i>If "Yes," complete Schedule F, Part III and IV.</i>	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i>	17	No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	18	No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>	19	No
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>	20a	No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 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? <i>If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25</i>	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) and 501(c)(4) 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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	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? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	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 owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	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? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34	Yes	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance			Yes	No
Check if Schedule O contains a response to any question in this Part V <input type="checkbox"/>				
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. .	1a14		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements filed for the calendar year ending with or within the year covered by this return. .	2a0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	Yes	
b	If "Yes," enter the name of the foreign country <input type="text" value="CJ"/> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	7a		No
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d		
d	If "Yes," indicate the number of Forms 8282 filed during the year.			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Sponsoring organizations maintaining donor advised funds.	9a		
a	Did the organization make any taxable distributions under section 4966?	9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			
10	Section 501(c)(7) organizations. Enter	10a		
a	Initiation fees and capital contributions included on Part VIII, line 12.	10b		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11	Section 501(c)(12) organizations. Enter	11a		
a	Gross income from members or shareholders.	11b		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a		
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state.	13b		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13c		
c	Enter the aggregate amount of reserves on hand.			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

For each "Yes" response to lines 2 through 7b below, and for a "No" response 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 to any question in this Part VI

Section 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		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	8a	Yes
8b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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

Section B. Policies

(This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	No
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review the Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	15a	No
15b	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)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed	ME
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input checked="" type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request	
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.	
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization.	
	Anne Vaillancourt 30 Forest Falls Drive No 5 Yarmouth, ME 04096 (207) 846-9132	

Check if Schedule O contains a response to any question in this Part VII ☐

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

Form **990** (2011)

Part VII

1b	Sub-Total	▼			
c	Total from continuation sheets to Part VII, Section A	▼			
d	Total (add lines 1b and 1c)	▼	61,315	0	6,182

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 0

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	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? <i>If "Yes," complete Schedule J for such individual</i>	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	Yes

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►0

Part VIII

Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$ _____					
	h	Total. Add lines 1a-1f					
Program Service Revenue	2a		Business Code				
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f					
	Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		956,563		
4		Income from investment of tax-exempt bond proceeds . .					
5		Royalties					
6a		Gross rents	(i) Real (ii) Personal				
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss)					
7a		Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss)		977,666			977,666
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a				
b		Less direct expenses	b				
c		Net income or (loss) from fundraising events . .					
9a		Gross income from gaming activities See Part IV, line 19	a				
b		Less direct expenses	b				
c		Net income or (loss) from gaming activities . .					
10a		Gross sales of inventory, less returns and allowances	a				
b		Less cost of goods sold . . .	b				
c		Net income or (loss) from sales of inventory . .					
	Miscellaneous Revenue	Business Code					
11a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See Instructions			1,934,229	0	0	1,934,229

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)
Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	2,290,648	2,290,648		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	67,497	25,000	42,497	
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 contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management	52,731		52,731	
b	Legal	1,961		1,961	
c	Accounting	10,425		10,425	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees	156,388		156,388	
g	Other				
12	Advertising and promotion				
13	Office expenses	7,910		7,910	
14	Information technology	6,152		6,152	
15	Royalties				
16	Occupancy	17,995		17,995	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	430		430	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	1,786		1,786	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	Miscellaneous	2,995		2,995	
b	Dues	2,414		2,414	
c					
d					
e					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	2,619,332	2,315,648	303,684	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X

Balance Sheet

					(A)		(B)
					Beginning of year		End of year
Assets	1	Cash—non-interest-bearing				1	
	2	Savings and temporary cash investments			331,974	2	351,049
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L				5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L				6	
	7	Notes and loans receivable, net				7	
	8	Inventories for sale or use				8	
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments—publicly traded securities			39,706,074	11	36,106,644
	12	Investments—other securities. See Part IV, line 11			21,546,230	12	21,286,015
	13	Investments—program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			0	15	49,051
16	Total assets. Add lines 1 through 15 (must equal line 34)			61,584,278	16	57,792,759	
Liabilities	17	Accounts payable and accrued expenses			6,627	17	10,636
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties				24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			6,627	26	10,636
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets			61,577,651	27	57,782,123
	28	Temporarily restricted net assets				28	
	29	Permanently restricted net assets				29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds				30	
	31	Paid-in or capital surplus, or land, building or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds				32	
	33	Total net assets or fund balances			61,577,651	33	57,782,123
	34	Total liabilities and net assets/fund balances			61,584,278	34	57,792,759

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,934,229
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,619,332
3	Revenue less expenses Subtract line 2 from line 1	3	-685,103
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,577,651
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-3,110,425
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	57,782,123

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

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

Part I

Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1

☐

A church, convention of churches, or association of churches **section 170(b)(1)(A)(i).**

2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See**section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a

☒ Type I

b

☐ Type II

c

☐ Type III - Functionally integrated

d

☐ Type III - Other

e

☒

By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f

☐

If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g

☐

Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i)

a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii)

a family member of a person described in (i) above?

(iii)

a 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) ME Medical Center	010238552	3	Yes		Yes		Yes		0
(B) PtInd Symphony Orchestra	016006058	7	Yes		Yes		Yes		13,450
(C) Univ of New England	010211810	2	Yes		Yes		Yes		75,000
(D) PtInd Museum of Art	010378420	7	Yes		Yes		Yes		10,000
Total									98,450

Part II

Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) 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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (See instructions)					12	
13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage						
14 Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))		14				
15 Public Support Percentage for 2010 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2011. 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—2010. If the organization did not check the 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						
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization						
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						

Part IIIPart III

Support Schedule for Organizations Described in IRC 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and 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 under section 513						
4 Tax revenues levied for the 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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a 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						
c 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 IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Section C. Computation of Public Support Percentage			
15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15		
16 Public support percentage from 2010 Schedule A, Part III, line 15	16		

Section D. Computation of Investment Income Percentage			
17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17		
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18		
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization			
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions			

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

Additional Data

Software ID:
Software Version:
EIN: 01-0390443
Name: Davis Family Foundation

Form 990, Schedule A, Part I, Line 11h - Provide the following information about the organizations the organization supports.

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section)	(iv) Is the organization in (i) listed in your governing document?		(v) Did you notify the organization in (i) of your support?		(vi) Is the organization in (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
(A) ME Medical Center	010238552	3	Yes		Yes		Yes		0
(B) PtInd Symphony Orchestra	016006058	7	Yes		Yes		Yes		13450
(C) Univ of New England	010211810	2	Yes		Yes		Yes		75000
(D) PtInd Museum of Art	010378420	7	Yes		Yes		Yes		10000

Additional Data

Software ID:
Software Version:
EIN: 01-0390443
Name: Davis Family Foundation

Form 990, Special Condition Description:

Special Condition Description

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Davis Family Foundation

Employer identification number
01-0390443

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate grants from (during year)	
4	Aggregate value at end of year	
5	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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may 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 <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or pleasure)☐ Preservation of an historically importantly land area
☐ Protection of natural habitat☐ Preservation of a certified historic structure
☐ Preservation of open space

2

Complete lines 2a–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
a	Total number of conservation easements
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► _____

4

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 ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year ► _____

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
► \$ _____

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

In Part XIV, 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" to Form 990, Part IV, line 8.

1a

If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116, 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) Revenues included in Form 990, Part VIII, line 1

► \$ _____

(ii) Assets included in Form 990, Part X

► \$ _____

2

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 relating to these items

a

Revenues included in Form 990, Part VIII, line 1

► \$ _____

b

Assets included in Form 990, Part X

► \$ _____

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Schedule D (Form 990) 2011

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization’s accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a** ☐ Public exhibition
- d** ☐ Loan or exchange programs
- b** ☐ Scholarly research
- e** ☐ Other
- c** ☐ Preservation for future generations

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? ☐ **Yes** ☐ **No**

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	




2a Did the organization include an amount on Form 990, Part X, line 21? ☐ **Yes** ☐ **No**

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a)Current Year	(b)Prior Year	(c)Two Years Back	(d)Three Years Back	(e)Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as


- a** Board designated or quasi-endowment 
- b** Permanent endowment 
- c** Term endowment 

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a-1e <i>(Column (d) should equal Form 990, Part X, column (B), line 10(c).)</i> 				0

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,934,229
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	2,619,332
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-685,103
4	Net unrealized gains (losses) on investments	4	-3,110,425
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-3,110,425
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-3,795,528

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	-1,332,584
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	-3,110,425
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	-3,110,425
3	Subtract line 2e from line 1	3	1,777,841
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,388
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	156,388
5	Total Revenue Add lines 3 and 4c . (This should equal Form 990, Part I, line 12)	5	1,934,229

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	2,462,944
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	0
3	Subtract line 2e from line 1	3	2,462,944
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	156,388
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	156,388
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	2,619,332

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
------------	------------------	-------------

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
Davis Family Foundation

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

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

OMB No 1545-0047

2011

Open to Public
Inspection

Employer identification number
01-0390443

Part I

General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ ☐

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

2

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶

119

3

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

0

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

Part IV

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
Procedure for Monitoring Grants in the U S	Part I, Line 2	Schedule I, Part I, Line 2 The Organization requires a completion report after one year

Software ID:

Software Version:

EIN: 01-0390443

Name: Davis Family Foundation

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Acadia Hospital Corporation268 Stillwater Ave PO Box 422 Bangor, ME 044020422	01-0459837	501(c)(3)	20,000				To produce an educational DVD, in collaboration with Project Aware, that dispels common stigmas and myths regarding mental illness
Amistad IncPO Box 992 Portland, ME 04104	01-0500860	501(c)(3)	15,000				To establish an after-hours peer crisis support service for individuals suffering a mental health crisis but not necessarily requiring hospitalization
ArchitalxPO Box 7812 Portland, ME 04112	01-0518763	501(c)(3)	10,000				A special exhibit at the Portland Museum of Art celebrating 25 years of Architalx
Aroostook Medical CenterPO Box 151 Presque Isle, ME 04769	01-0372148	501(c)(3)	25,000				Equipment to diagnose and manage chronic diseases Equipment includes microscope, hemodialysis machine, scales, bariatric stretcher, and lifts
Auburn Public Library49 Spring Street Auburn, ME 04210	01-6000784	501(c)(3)	6,000				A project to buy new furniture and an LCD HDTV for the teen room as well as provide tutoring services
Bagaduce Music Lending LibraryPO Box 829 Blue Hill, ME 04614	22-2537865	501(c)(3)	20,000				Bagaduce will drill and construct its own well Currently, it uses a well located on a neighbor's property The property is now for sale
Bangor Ballet14 State Street Bangor, ME 044015104	01-0494559	501(c)(3)	10,000				A special performance of Portland Ballet's 'Sleepy Hollow' accompanied by the Bangor Symphony Orchestra
Bangor Folk Festival40 Harlow Street Bangor, ME 04401	02-0618599	501(c)(3)	15,000				Provide support for the 2011 American Folk Festival on the Bangor Waterfront
Bay SchoolPO Box 950 Blue Hill, ME 04614	01-0370827	501(c)(3)	15,000				To build an addition to Emlen Hall which will serve as the pre-school
Berry Memorial LibraryPO Box 25 Bar Mills, ME 04004	27-1041665	Town of Buxton	15,000				To add a restroom to the library
Berwick Academy31 Academy Street South Berwick, ME 03908	01-0223755	501(c)(3)	20,000				To rectify structural weaknesses in the exterior walls of the Fogg Memorial building
Bethel Historical SocietyPO Box 12 Bethel, ME 042170012	01-0327007	501(c)(3)	15,000				To complete the remodeling of the Mason Barn, purchase steel shelving and padded folding chairs, and to install storm windows and an alarm system
Biddeford Free ClinicPO Box 325 189 Alfred Street Biddeford, ME 04005	01-0478977	501(c)(3)	10,000				Support for the Neighbor to Neighbor Wellness program that serves a low-income, at-risk population
Bingham Area Health Council Inc PO Box 284 Bingham, ME 04920	51-0187548	501(c)(3)	20,000				To purchase a new console for the dental operatories
Bowdoin International Music Festival Inc6300 College Station Brunswick, ME 04011	04-3384601	501(c)(3)	10,000				To purchase a server as well as fundraising and admissions software
Bridgton Public Library1 Church Street Bridgton, ME 04009	01-6006524	501(c)(3)	12,500				To add handrails and guardrails to the new stairs and ramp added during the courtyard campaign
Brunswick Naval Museum and Memorial Gardens PO Box 943 Brunswick, ME 04011	27-0926866	501(c)(3)	6,000				Funding to conduct a capital campaign feasibility study
Camden Public Library55 Main Street Camden, ME 04843	27-3304822	501(c)(3)	20,000				To replace worn carpet
Center for Teaching and Learning119 Cross Point Road Edgecomb, ME 04556	01-0448173	501(c)(3)	10,000				Funding to purchase 1,000 books to loan to students over the summer months
Central Maine Healthcare Corporation300 Main Street Lewiston, ME 04240	01-0386913	501(c)(3)	40,000				To hire a full-time Patient Navigator to increase the percentage of the population screened for GI cancer

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Central Maine Medical Center300 Main Street Lewiston, ME 04240	01-0211494	501(c)(3)	25,000				New equipment to irradiate blood for oncology patients
Challenger Learning Center of Maine30 Venture Way Bangor, ME 04401	01-0542376	501(c)(3)	20,000				Funding to allow more schools to visit the Center by underwriting the fees
Cheverus High School267 Ocean Avenue Portland, ME 04103	01-0211785	501(c)(3)	60,000				To renovate a classroom into a technology center and provide the appropriate equipment and software
City of Portland389 Congress Street Portland, ME 04101	01-6000032	City of Portland	10,000				To hire two scanners to complete the scanning of the 1924 tax records and photos
Coastal Kids Lincoln County Children's Services dba12 Jackies Trail Damariscotta, ME 04543	22-3126832	501(c)(3)	30,000				A campaign to expand the pre-school building
Coastal Studies for GirlsPO Box 266 Freeport, ME 04032	14-1920541	501(c)(3)	25,000				Funding to underwrite an expansion of the admissions staff and process
Cobscook Community Learning Center10 Commissary Point Road Trescott, ME 04652	01-0449348	501(c)(3)	15,000				Support for the second year of the Community Year, an alternative program for at-risk youth
College for ME-Androscoggin51 Westminster Street Lewiston, ME 04240	90-0755265	501(c)(3)	15,000				To pilot two cohorts of adult students in the First Class Program
College of the Atlantic105 Eden Street Bar Harbor, ME 04609	23-7032625	501(c)(3)	25,000				Funding to purchase a mobile storage unit for the College's archives as well as portable laptops for Thorndike Library
Consumers for Affordable Health Care Foundation12 Church Street Augusta, ME 04330	04-3366975	501(c)(3)	10,000				A pilot program to provide real time MaineCare enrollment opportunities at high-traffic locations to underserved and rural populations
Counseling Services IncPO Box 1010 265 North Street Saco, ME 04072	01-0315038	501(c)(3)	6,000				Funding to cover the costs of a leased van for 36 months to transport ACT clients more easily
Crisis and Counseling Centers Inc32 Winthrop Street Augusta, ME 04330	01-0288363	501(c)(3)	20,000				Funding to finish their Health Information Management Project
Cultural Resources IncBox 1175 Rockport, ME 04856	01-0502001	501(c)(3)	6,000				To create 'storybank' segments focusing on the stories of elders in Portland's refugee community and Lewiston's Franco-American community
Downtown Education Collaborative219 Lisbon Street Lewiston, ME 04240	01-0211781	501(c)(3)	10,000				Funding to hire fundraising and marketing consultants to create a strategic plan
Dyer Library Association dba Dyer Library and Saco Museum371 Main Street Saco, ME 04072	01-0211500	501(c)(3)	15,000				To restore the 'Pilgrim's Progress', one of only ten moving panoramas
Eastern Maine Children's Museum 74 Main Street Bangor, ME 04401	01-0527022	501(c)(3)	20,000				To purchase new computers and software
Engine41 Franklin Street 1 Biddeford, ME 04005	27-2463118	501(c)(3)	10,000				To provide support while Engine develops a programming plan for its new space
Falmouth Historical SocietyPMB 367 190 US Route 1 Falmouth, ME 04105	01-6023075	501(c)(3)	15,000				To complete electrical work, exterior painting on the Heritage Barn
Figures of Speech Theatre77 Durham Road Freeport, ME 04032	01-0432620	501(c)(3)	15,000				To purchase a new touring van
Freeport Historical Society45 Main Street Freeport, ME 04032	01-0346944	501(c)(3)	12,000				To repair the Pettengill Farmhouse windows and install ventilation mechanisms to mitigate the moisture problem

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Frenchman's Bay LibraryPO Box 215 Sullivan,ME 04664	01-0465459	501(c)(3)	10,000				To renovate and reorganize part of the library as a children's corner The library would also purchase digital readers to participate in the State's download library program
Friends of Dr Edith Marion Patch139 Main Street Orono,ME 04473	01-6011501	501(c)(3)	15,000				To replace the roof of Braeside and add a sprinkler system
Friends of Lithgow Library IncPO Box 2456 278 State Street Augusta,ME 04330	41-2038965	501(c)(3)	6,000				To purchase e-readers and large print books to meet the needs of senior citizens
Friends of the DaPonte String QuartetPO Box 401 Damariscotta,ME 04543	22-3140085	501(c)(3)	7,000				Funding to underwrite classroom visits and performances
Friends of the Eastern Promenade PO Box 16025 Portland,ME 04101	75-3240956	501(c)(3)	20,000				Funding to create a plan for the restoration of Fort Allen Park on the Eastern Promenade
Friends of the Kotzschmar Organ Inc50 Monument Square Portland,ME 04112	01-0378598	501(c)(3)	25,000				To renovate the municipal organ
Friends of the St Lawrence Church76 Congress St Portland,ME 04101	01-0505729	501(c)(3)	20,000				To repair the exterior masonry that corresponds to the lobby in an effort to prevent water damage
Goodall Hospital25 June Street Sanford,ME 04073	01-0078060	501(c)(3)	15,095				A new program to help patients improve brain function during the healing process
Great Schools Partnership482 Congress Street Portland,ME 04101	26-3834610	501(c)(3)	40,000				A new collaboration of 6-8 Maine schools committed to using the Global Best Practices Toolkit to encourage graduation rates and post-high school aspirations
Greater Portland Landmarks Inc93 High Street Portland,ME 04101	01-0276272	501(c)(3)	25,000				To purchase a new HVAC system for the building
Gulf of Maine Research Institute 350 Commercial Street Portland,ME 04101	01-0504905	501(c)(3)	25,000				Funding to design Lab Venture 3 0
Healthy Community Coalition105 Mt Blue Circle Suite 1 Farmington,ME 04938	22-3305743	501(c)(3)	16,300				A body composition analyzer for obesity assessment
Hear ME NowPO Box 896 Portland,ME 04104	01-0514118	501(c)(3)	10,000				Funds to provide spoken language support and education to local pre-schools
HomeHealth - Visiting Nurses of Southern Maine15 Industrial Park Road Saco,ME 04072	23-2571902	501(c)(3)	25,000				To purchase 13 telehealth monitors and equipment to serve more patients
Hospice of Southern Maine180 US Route One 1 Scarborough,ME 04074	01-0540180	501(c)(3)	20,000				To produce two educational videos about the services of Hospice of Southern Maine
Hurricane Island FoundationPO Box 18218 Portland,ME 04112	26-3511908	501(c)(3)	20,000				To offer first responders' trainings in the hopes of recruiting and retaining medical volunteers
Island InstitutePO Box 648 386 Main Street Rockland,ME 048410648	22-2786731	501(c)(3)	10,000				To build on the Teaching and Learning Collaborative by adding an assessment component as well as a team teaching approach
Island Nursing Home Inc587 N Deer Isle Road Deer Isle,ME 04627	51-0172239	501(c)(3)	10,000				To purchase a new germ-resistant bathing system
Jackman Moose River Historical SocietyPO Box 875 Jackman,ME 04945	01-0474412	501(c)(3)	17,000				To replace clapboards and scrape, caulk and paint the exterior walls of the museum
Jackson Memorial LibraryPO Box 231 Tenants Harbor,ME 04860	01-0379054	501(c)(3)	25,000				A campaign to build a new, modern library

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Kennebec Valley Art Association160 Water Street Hallowell, ME 04347	01-6018601	501(c)(3)	6,000				To pair an artist with a local farmer to create an art exhibit chronicling the CSA movement
Landing School of Boatbuilding and DesignPO Box 1490 Kennebunkport, ME 04046	01-0355980	501(c)(3)	15,000				To purchase additional equipment to allow more students to complete the boatbuilding requirement of the associate degree program
Lincoln County Historical Association IncPO Box 61 Federal Street Wiscasset, ME 04578	01-0239808	501(c)(3)	25,000				To reroof the Pownalborough Courthouse and repair the roof and chimney of the Old Jail
Maine Art Gallery15 Warren Street Wiscasset, ME 04578	01-0246129	501(c)(3)	20,000				To repair the roof, turret and cellar of the Gallery building
Maine Civil War TrailPO Box 41 45 Seashore Avenue Peaks Island, ME 04108	01-0357895	501(c)(3)	10,000				To develop a heritage trail based on Maine's contributions to the Civil War
Maine Coalition for Excellence in Education295 Water Street Suite 5 Augusta, ME 04330	16-1430799	501(c)(3)	25,000				Operating support to advocate for the passage of Prepare Maine legislation
Maine Historic Preservation Commission55 Capitol Street Augusta, ME 04333	01-6000001	State of Maine	10,000				An opportunity to purchase a group of rare historical images of the state of Maine
Maine Historical Society489 Congress Street Portland, ME 04101	01-0211530	501(c)(3)	19,500				Funding to double the number of classes participating in the Local History, Local Schools program
Maine Humanities Council674 Brighton Avenue Portland, ME 041021012	01-0339292	501(c)(3)	6,000				Support for 'Born to Read' trainings in northern and mid-coast Maine
Maine Jazz CampPO Box 150-597 Van Brunt Station Brooklyn, NY 11215	01-0391592	501(c)(3)	7,500				To provide support for faculty salaries
Maine State Ballet348 US Route 1 Falmouth, ME 04105	01-0420070	501(c)(3)	7,500				A production of Swan Lake
Maine State Museum83 State House Station Augusta, ME 04333	01-6000001	State of Maine	10,000				A special exhibit commemorating the 100th anniversary of the Malaga community's eviction from the island
Maine State Music Theatre22 Elm Street Brunswick, ME 04011	01-0355212	501(c)(3)	20,000				New sound equipment to improve and amplify the tone and reach of sound in the theatre
MaineGeneral Medical Center6 East Chestnut Street Augusta, ME 04330	04-3369653	501(c)(3)	50,000				A contribution towards the campaign to build a consolidated hospital campus in Augusta
Many FlagsOne Campus1170 Pleasant Point Road Cushing, ME 04563	27-0586031	501(c)(3)	50,000				Funding to support Phase I of the campus planning This phase will include governance structure, curriculum design and architectural design
Medical Care Development Inc11 Parkwood Drive Augusta, ME 04330	01-6022787	501(c)(3)	15,000				Funding to develop a network of dental care practices to share learnings and efficiencies
Mercy Hospital144 State Street Portland, ME 04101	01-0211534	501(c)(3)	50,000				To purchase safety lifting equipment for obese or incapacitated patients
Mid Coast Hospital123 Medical Center Drive Brunswick, ME 04011	01-0215911	501(c)(3)	40,000				A project to assess the hospitals areas for improvement as part of an effort to become an ACO facility
Midcoast Symphony OrchestraPO Box 86 Brunswick, ME 04011	01-0459493	501(c)(3)	7,500				To underwrite the performance of three professional soloists and a guest conductor
Moosehead Marine Museum IncPO Box 1151 Greenville, ME 04441	01-0356422	501(c)(3)	25,000				A project to haul the steamboat Katahdin out of the water to repair its keel

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Mount Desert Island Biological LaboratoryPO Box 35 Salsbury Cove, ME 04672	01-0202467	501(c)(3)	40,000				A campaign to build the new Kathryn W Davis Center to house year-round scientists conducting bio-medical research
Museum L-A 35 Canal Street Box A7 Lewiston, ME 04240	01-0504257	501(c)(3)	10,000				To develop a program plan for their new location and space
Newcastle Historical SocietyPO Box 482 Newcastle, ME 04553	01-0522226	501(c)(3)	15,000				To finish washing and cataloging the artifacts found at the Bryant-Baker Tavern site
Northeast Historic FilmP O Box 900 Bucksport, ME 04416	22-2823713	501(c)(3)	10,000				To insulate their office space and add new flooring
Norway Landmarks Preservation SocietyPO Box 525 Norway, ME 04368	01-0392792	501(c)(3)	20,000				A three phase campaign to move, stabilize and restore the historic Gingerbread House
One Longfellow Square181 State Street Portland, ME 04101	38-3833355	501(c)(3)	7,500				To work with Learning Works to provide arts education for low-income children
Pen Bay Healthcare Foundation22 White Street Rockland, ME 04841	22-2482325	501(c)(3)	20,000				Funding to partially cover the costs of an administrator for Zing, an anti-obesity program
Penobscot Valley HospitalPO Box 368 7 Transalpine Road Lincoln, ME 044570368	01-0310434	501(c)(3)	20,000				To purchase 23 new beds with features that would help prevent falls and heavy lifting
Poland Historical Society1229 Maine Street Poland, ME 04274	01-0503299	501(c)(3)	15,000				To construct a barn to exhibit and store large historical artifacts
Poland Spring AcademyPO Box 217 Poland, ME 04274	01-0527934	501(c)(3)	10,000				To underwrite the startup costs of the LEAP program which seeks to help students with speech and linguistic skills
Portland Conservatory of Music202 Woodford Street Portland, ME 041035602	01-0495589	501(c)(3)	8,000				A capacity building project to hire development and business practices and institute best practices
Portland Museum of ArtSeven Congress Square Portland, ME 04101	01-0378420	501(c)(3)	10,000				To develop an online resource of standards-based lesson plans using the 'Winslow Homer Illustrations' website
Portland Opera Repertory Theatre PO Box 7733 Portland, ME 04112	01-0496860	501(c)(3)	15,000				Underwriting support for the 2011 production of 'The Daughter of the Regiment '
Portland Symphony OrchestraPO Box 3573 Portland, ME 04104	01-6006058	501(c)(3)	13,450				To purchase orchestra management software
Quoddy Tides FoundationPO Box 161 43 Water Street Eastport, ME 04631	01-6046843	501(c)(3)	50,000				A campaign to purchase the Holmes building and revitalize it as a Creative Works space, and to finish renovations on the Tides building
Readfield Union Meeting House Company158 Thorp Shores Road Readfield, ME 04355	01-0393119	501(c)(3)	20,000				To repair the steeple to prevent further water damage
Rosscare Nursing HomesPO Box 404 885 Union Street Ste 221 Bangor, ME 04402	01-0391038	501(c)(3)	30,000				Support for a LCSW social worker to help the transition of geriatric patients, experiencing mental health issues, to long term care facilities This position would also train and educate primary care physicians and nursing staff
Rufus Porter MuseumPO Box 544 67 North High Street Bridgton, ME 04009	74-3175428	501(c)(3)	6,165				Funding to cover the salaries of two graduate school interns
Sacopee Valley Health CenterPO Box 777 Parsonsfield, ME 04047	01-0347381	501(c)(3)	30,000				To purchase an emergency generator
Sangerville Historical Society PO Box 284 Sangerville, ME 04479	01-0457704	501(c)(3)	12,000				To add a handicap ramp to the front of the building

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Somali Bantu Youth Association of MainePO Box 7149 Lewiston, ME 04243	26-3099485	501(c)(3)	10,000				Funding to provide literacy classes, juvenile justice classes and parenting classes to Somali parents
South Portland Historical Society55 Bug Light Park South Portland, ME 04106	01-6045966	501(c)(3)	12,000				To replace the windows in the cupola, the carpeting on the first floor, and improve the museum entrance
Southern Maine Medical CenterPO Box 626 One Medical Center Dr Biddeford, ME 04005	01-0179500	501(c)(3)	50,000				To purchase eight telemetry-equipped beds and additional monitors for cardiac patients
Spurwink Services899 Riverside Street Portland, ME 04103	01-0319802	501(c)(3)	10,000				To provide support for the Compass Project
Stage East IncPO Box 264 Eastport, ME 04631	22-3192633	501(c)(3)	10,000				A series of video taped dramatic readings aimed at senior citizens and aired on the local access channel
Strawbery Banke Museum IncPO Box 300 Portsmouth, NH 03802	02-0260158	501(c)(3)	10,000				Support for an exhibit that explores the seacoast history through textiles and costumes
Susan L Curtis Foundation1321 Washington Avenue Suite 104 Portland, ME 04103	01-0324705	501(c)(3)	10,000				To provide support for the Leadership Education Program that includes literacy, arts education, and mentoring elements
Telling Room225 Commercial Street Suite 201 Portland, ME 04101	74-3136956	501(c)(3)	10,000				A multi disciplinary project for middle school and high school students
Thomas College180 River Road Waterville, ME 04901	01-0563385	501(c)(3)	30,000				A scholarship program that targets first generation college students and awards them \$1,000 per semester if they return for a second year of college
Town of Skowhegan225 Water Street Skowhegan, ME 04976	01-6000367	Town of Skowhegan	15,000				To install a new sprinkler system on the 2nd Floor of the Opera House
University of Maine at Augusta46 University Drive Augusta, ME 04339	01-6000769	501(c)(3)	10,000				Support for the direct expenses of maintaining the summer aspirations program
University of Maine at FarmingtonMerrill Hall 224 Main Street Farmington, ME 04938	01-6000769	501(c)(3)	40,000				A program to more deeply engage UMF students in the life of the area community
University of New England11 Hills Beach Road Biddeford, ME 040059599	01-0211810	501(c)(3)	75,000				A gift to build academic classrooms on the second floor of the Harold Alfond Athletics Complex
Virginia Project IncPO Box 231800 High Street Bath, ME 04530	04-3364532	501(c)(3)	15,000				Funding for Phase III which includes construction of rigging for the Jane Stevens and beginning construction of the Virginia
Waterville Opera House and Artspace93 Main Street 3rd Floor Waterville, ME 04901	51-0159481	501(c)(3)	15,000				A capital campaign to renovate the Opera House
Willowbrook Museum VillagePO Box 28 Newfield, ME 04056	01-0371194	501(c)(3)	15,000				To repair the barn that houses Willowbrook's sleigh and carriage collection
Yarmouth Historical SocietyPO Box 107 Yarmouth, ME 04096	01-0351334	501(c)(3)	25,000				A campaign to renovate and expand the old water building to turn it into the Yarmouth History Center
York County Community College112 College Drive Wells, ME 04090	01-0416015	501(c)(3)	10,000				A renovation project to convert two classrooms into a chemistry lab
York Hospital15 Hospital Drive York, ME 03909	01-0212444	501(c)(3)	20,000				To establish a telemedicine program with Mass General Hospital for pediatric patients

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

Name of the organization
Davis Family Foundation

Employer identification number
01-0390443

Part I

Questions Regarding Compensation

	Yes	No
<div>1a</div> <div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div> <div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div>		
<div>b</div> <div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain</div>	1b	
<div>2</div> <div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?</div>	2	
<div>3</div> <div>Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply</div> <div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div></div>		
<div>4</div> <div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div>		
<div>a</div> <div>Receive a severance payment or change-of-control payment?</div>	4a	No
<div>b</div> <div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div>	4b	No
<div>c</div> <div>Participate in, or receive payment from, an equity-based compensation arrangement?</div>	4c	No
<div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>		
<div></div> <div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div>		
<div>5</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div>		
<div>a</div> <div>The organization?</div>	5a	No
<div>b</div> <div>Any related organization?</div>	5b	No
<div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>		
<div>6</div> <div>For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div>		
<div>a</div> <div>The organization?</div>	6a	No
<div>b</div> <div>Any related organization?</div>	6b	No
<div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>		
<div>7</div> <div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div>	7	No
<div>8</div> <div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III</div>	8	No
<div>9</div> <div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div>	9	

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

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

[illegible]

Part III **Supplemental Information**

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
Supplemental Information	Part III	Anne Vaillancourt, Executive Director for the Organization, receives compensation from Davis Educational Foundation, an unrelated organization, for services rendered to the filing organization. Anne's unrelated organization compensation was as follows: Salary \$36,315; Benefits \$6,182.

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ****Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.**
▶ **Attach to Form 990 or 990-EZ.**

OMB No 1545-0047

2011**Open to Public
Inspection**Name of the organization
Davis Family Foundation**Employer identification number**

01-0390443

Identifier	Return Reference	Explanation
	Form 990, Part VI, Section A, line 2	Rebekah Buccì and David Buccì have a family relationship
	Form 990, Part VI, Section B, line 11	The executive director and the entire board of trustees review Form 990 prior to the document's filing, and the executive director signs the return
	Form 990, Part VI, Section B, line 12c	Possible conflicts of interest are discussed by the trustees and staff at each regularly scheduled meeting Where a potential conflict does exist, the trustees will disclose to the board and the disclosure will be noted in the minutes If a real conflict exists, the trustee will abstain from voting and this action will be disclosed in the minutes
	Form 990, Part VI, Section C, line 19	The Organization makes its governing documents, conflict of interest policy available to the public upon request The Organization publishes its financial statements in its annual report which is available to the public on its website
Changes in Net Assets or Fund Balances	Form 990, Part XI, line 5	Net unrealized losses on investments -3,110,425
Oversight of Audit	Form 990, Part XI, Line 2c	The audit process has not changed from the prior year
	Schedule A, Part I, Line 11	Per the declaration of the trust, a majority of the trustees shall be appointed by the representative supported organizations The trustees determine the recipients of the Davis Family Foundation grants each year

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
Davis Family Foundation

Employer identification number
01-0390443

Part I

Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II

Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) Maine Medical Center 22 Bramhall Street Portland, ME 04102 01-0238552	Acute Care Hospital	ME	501(c)(3)	Line 3	N/A		No
(2) Portland Maine Symphony Orchestra PO Box 3573 Portland, ME 041043573 01-6006058	Presentation of Symphony Performances	ME	501(c)(3)	Line 7	N/A		No
(3) University of New England 11 Hill Beach Road Biddeford, ME 04005 01-0211810	University	ME	501(c)(3)	Line 2	N/A		No
(4) Portland Museum of Art 7 Congress Square Portland, ME 04101 01-0378420	Educational Museum	ME	501(c)(3)	Line 7	N/A		No

Part III

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V

Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1

During the tax year, did the organization 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 (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

Gift, grant, or capital contribution from related organization(s)

d

Loans or loan guarantees to or for related organization(s)

e

Loans or loan guarantees by related organization(s)

f

Sale of assets to related organization(s)

g

Purchase of assets from related organization(s)

h

Exchange of assets with related organization(s)

i

Lease of facilities, equipment, or other assets to related organization(s)

j

Lease of facilities, equipment, or other assets from related organization(s)

k

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

l

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

m

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

n

Sharing of paid employees with related organization(s)

o

Reimbursement paid to related organization(s) for expenses

p

Reimbursement paid by related organization(s) for expenses

q

Other transfer of cash or property to related organization(s)

r

Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

No

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

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Schedule R (Form 990) 2011

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.

[illegible]

Part VII

Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	
------------	------------------	-------------	--