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## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

For c	alendar	year 2009, or tax yea	r beginning			, and en	ding				
G C	heck all	that apply:	Initial return		Initial return of a fo		· —	· <del></del>	nal return		
		No of foundation	Amended re	eturn	Address chang	je		Name change	A(6) - A(		
	the IRS	Name of foundation	יא אזרע	CWATTC	CHARITABLE			A Employer ider	itification	number	
	abel erwise.	FOUNDATION		PIVATO	CHARTIADUE			04-294	2784		
	orint	Number and street (or P		r if mail is not de	livered to street address)		Room/suite	B Telephone nur			
or	type.	567 BOYLST	ON ST	REET				(617)4		349	
	Specific	City or town, state, ar						C If exemption appl			
Instr	uctions.	BROOKLINE,		02445				D 1. Foreign org	anızatıons	, check here	
H C	heck typ	e of organization:	X Section	n 501(c)(3) ex	empt private foundation			2. Foreign organ check here an	izations me d attach coi	eting the 85% test, mputation	
	Sectio	n 4947(a)(1) nonexem	pt charitable	trust 🔲	Other taxable private founda	tion		E If private found	dation stat	tus was terminate	ed
I Fa	ır marke	t value of all assets at e	end of year	J Accounti	-	Accru	al	under section	507(b)(1)	(A), check here	<b></b>
		t II, col. (c), line 16)		Ot	her (specify)		<del></del>	F If the foundation	on is in a 6	60-month termina	ation
					mn (d) must be on cash b	asis.)		under section	507(b)(1)	(B), check here	<b>&gt;</b> L
Pa	—— т	nalysis of Revenue an	mns (b), (c), an	d (d) may not	(a) Revenue and	(b) Net inv		(c) Adjusted		(d) Disbursei for charitable pi	
<del></del>	ne	ecessarily equal the amount	ts in column (a	a))	expenses per books	incor	ile	income		(cash basis	
		ntributions, gifts, grant			50,000.	<del></del>		N/A	<del></del>	· <del>-</del> -	
1	o Inte	erest on savings and tempo	n is not required to prairy	o attach Sch B	1,653.	1	1,613.			STATEME	NT 2
	o cas	sh investments vidends and interest fro			6,921.		5,186.	<del></del>		STATEME!	
		oss rents	nn securines	•	0,921.		7,100.			DIALEMEI	MI D
		t rental income or (loss)									
_ [	_	t gain or (loss) from sale of	assets not on	line 10	1,138.		-	<del></del>		STATEME	NT 1
Revenue	⊾ Gro	oss sales price for all		,507.							
eve		pital gain net income (from				2	2,138.				
۳	<b>8</b> Ne	t short-term capital gai	ın								
		come modifications	1								
	10a Gro	oss sales less returns d allowances						<u> </u>			
		ss Cost of goods sold	l								
		oss profit or (loss)			120	-	120			CM3 Mm3/73	
		her income			132. 59,844.	1 (	132. 0,069.		_	<u>STATEMEI</u>	NT 4
-		tal. Add lines 1 throug		<del> </del>	39,844.		0.	<u> </u>			0
		mpensation of officers, dire her employee salaries a	·	s, etc	- 0.						
	-	ension plans, employee	•					<del>                                     </del>		<u> </u>	
ses		gal fees	2000								
		counting fees							REC	EIVED	$\neg$
Exper	c Ot	her professional fees									
<u>ĕ</u> .		terest						8	<del>0CT 2</del>	= 2010	0 0
trat	-	xes		'MT 5	222.		222.	0	UCIA	5 2010	9 0
Administrative		preciation and depletio	on								2
튽		ccupancy							GDE	N, UT	-
δ		avel, conferences, and				<del> </del>	·	<del> </del>			
6		inting and publications		MT 6	2,179.		2,179.	-			0
ating a		her expenses Ital operating and adm		MI O	2,113.		4,175				0
<u> </u>		penses. Add lines 13 t			2,401.	•	2,401.				0
ြို		ontributions, gifts, grant			71,735.		<del></del>			71	,735
2		tal expenses and disb									
٥		ld lines 24 and 25			74,136.		2,401.			71	,735
do		ibtract line 26 from line	12:		-						
ט	a Ex	cess of revenue over expen	ises and disbu	rsements	-14,292.						
ļ	b Ne	et investment income (	if negative, ent	ter -0-)			7,668.				
,	C Ad	ljusted net income (if n	egative, enter	-0-)				N/A		Form <b>990-P</b>	

FOUNDATION

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Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of year			
	arı	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1	Cash - non-interest-bearing	22,646.	21,584.	21,584.		
	2	Savings and temporary cash investments					
	3	Accounts receivable ►					
		Less: allowance for doubtful accounts ▶					
	4	Piedges receivable ▶			•		
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other					
		disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts ▶					
ş	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
ä	10a	Investments - U.S. and state government obligations					
	Ь	Investments - corporate stock STMT 7	250,668.	237,438.	284,149.		
	C	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment basis					
		Less accumulated depreciation					
	12	Investments - mortgage loans					
	13	Investments - other STMT 8	5,597.	5,597.	2,585.		
	14	Land, buildings, and equipment: basis ▶					
		Less accumulated depreciation					
	15	Other assets (describe			<del> </del>		
_	16	Total assets (to be completed by all filers)	278,911.	264,619.	308,318.		
	17	Accounts payable and accrued expenses					
	18	Grants payable					
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons	-				
ī.	21	Mortgages and other notes payable					
_	22	Other liabilities (describe )					
			0	0			
	23_		0.	0.			
		Foundations that follow SFAS 117, check here					
S		and complete lines 24 through 26 and lines 30 and 31.					
ĕ	24	Unrestricted Temporarily restricted					
<u>a</u>	25	Temporarily restricted  Permanently restricted					
Ā	26	Foundations that do not follow SFAS 117, check here	-				
Ē		and complete lines 27 through 31.					
þ	27	Capital stock, trust principal, or current funds	10.	10.			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.			
Ass	29	Retained earnings, accumulated income, endowment, or other funds	278,901.	264,609.			
Net Assets or Fund Balance	30	Total net assets or fund balances	278,911.	264,619.			
~			•				
	31	Total liabilities and net assets/fund balances	278,911.	264,619.			
F	art	III Analysis of Changes in Net Assets or Fund B	alances				
=		I net assets or fund balances at beginning of year - Part II, column (a), line	30				
'		st agree with end-of-year figure reported on prior year's return)	~~	1	278,911.		
2	•	r amount from Part I, line 27a		2	-14,292.		
3		er increases not included in line 2 (itemize)		3	0.		
4		lines 1, 2, and 3		4	264,619.		
5		reases not included in line 2 (itemize)		5	0.		
6		l net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	264,619.		
					Form <b>990-PF</b> (2009)		

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	and Losses for Tax on In	vestment	Income						2701 1290
	ribe the kind(s) of property sold (e.g. arehouse; or common stock, 200 shs			( <b>b)</b> H	low ac - Purcl - Dona	quired hase ation	(c) Date : (mo., d		(d) Date sold (mo., day, yr.)
	MORGAN STANLEY SMITHBARNEY-PUBLICLY TRADED				D.T	OTTO	TAN TOTAL		
b SECURITIES	ONTOLINA DATES DITTO	T T OT 37 /	IID A DED	<del> </del>		P	<u>VARI</u>	008	VARIOUS
	SMITHBARNEY-PUB	PICPI.	PRADED	1			TABT	OTTC	VADTOUC
d SECURITIES e CAPITAL GAINS	DIVIDENDS					P	VARI	005	VARIOUS
	(f) Depreciation allowed	(a) Cos	t or other basis	-			(b) G	aın or (loss	1
(e) Gross sales price	(or allowable)		xpense of sale					(f) minus	
b 6,546.			5,78	9.					757.
C						_			
d 59,957.			<u>58,58</u>	0.					1,377.
e 4.	l ng gain in column (h) and owned by t	the foundation	on 12/31/60	-			Coino (C	(a) (b) asia	4.
Complete only for assets shown								ol. (h) gain not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any	_				(from col. (	
<u>a</u>									757.
C			<u></u>						
d									1,377.
e									4.
2 Capital gain net income or (net ca	If gain, also enter apital loss) If (loss), enter -0-			}	2				2,138.
	ss) as defined in sections 1222(5) an								
If gain, also enter in Part I, line 8,		u (0).		] [					
If (loss), enter -0- in Part I, line 8			<del>-</del>	<u> 11</u>	3			<u> N/A</u>	<u> </u>
	Inder Section 4940(e) for					nent inc	ome		
(For optional use by domestic private	e foundations subject to the section 4	1940(a) tax on	net investment in	come	:-)				
If section 4940(d)(2) applies, leave t	his part blank.								
Mas the foundation liable for the and	tion 4942 tax on the distributable am	ount of any ve	or in the base no	nod2					Yes X No
	lify under section 4940(e). Do not co			iou,					L 162 LALINU
	each column for each year; see instri			es.					<del>_</del>
(a) Base period years Calendar year (or tax year beginn	(b) Adjusted qualifying dist	tributions	Net value of no	(c) inchar	ıtable-	use assets			(d) bution ratio vided by col. (c))
2008		8,039.			32	4,313		(	.363966
2007		0,541.				6,158			.217564
2006	6	0,773.			39	1,449	•		.155251
2005		9,147.				8,734			.137001
2004	4	<u>6,935.</u>			33	<u>5,451</u>			<u>.139916</u>
2 Total of line 1, column (d)							2		1.013698
	5-year base period - divide the total o	on line 2 by 5,	or by the number	of yea	ars				
the foundation has been in existe	ence if less than 5 years						3		.202740
4 Enter the net value of noncharitable-use assets for 2009 from Part X, line 5					4		267,804.		
5 Multiply line 4 by line 3					5		54,295.		
6 Enter 1% of net investment income (1% of Part I, line 27b)					6		77.		
7 Add lines 5 and 6							7		54,372.
8 Enter qualifying distributions from	m Part XII, line 4						8		71,735.
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, check the box in Part VI, line	1b, and comp	lete that part usin	ıg a 1%	% tax r	rate.			

EDWARD & NANCY STAVIS CHARITABLE Form 990-PF (2009) 04-2942784 FOUNDATION Part VI | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions 1a Exempt operating foundations described in section 4940(d)(2), check here \( \bigstyle \) and enter "N/A" on line 1. (attach copy of letter if necessary-see instructions) Date of ruling or determination letter: 77. b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1% of Part I, line 27b c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b) Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 3 3 Add lines 1 and 2 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-6 Credits/Payments: 1,304. a 2009 estimated tax payments and 2008 overpayment credited to 2009 b Exempt foreign organizations - tax withheld at source 6b c Tax paid with application for extension of time to file (Form 8868) 6c 6d d Backup withholding erroneously withheld 1,304. 7 Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here \_\_\_\_\_ if Form 2220 is attached 8 9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 1,227. 10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10 1,227. Refunded 0. 11 Enter the amount of line 10 to be: Credited to 2010 estimated tax Part VII-A Statements Regarding Activities Yes No 1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in 1a X any political campaign? X b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities. Х 1c c Did the foundation file Form 1120-POL for this year? d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: 0 . (2) On foundation managers. ► \$ 0. (1) On the foundation. > \$ e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation 0. X 2 2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes." attach a detailed description of the activities. 3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or X bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes 3 X 4a Did the foundation have unrelated business gross income of \$1,000 or more during the year? 4a N/A 4b b If "Yes," has it filed a tax return on Form 990-T for this year? Х 5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? 5 If "Yes." attach the statement required by General Instruction T 6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law X 6 remain in the governing instrument? X 7

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X

8b

10

7 Did the foundation have at least \$5,000 in assets at any time during the year?

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

of each state as required by General Instruction G? If "No," attach explanation

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)

year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV

10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses

9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar

If "Yes," complete Part II, col. (c), and Part XV.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2009)

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

923541

during the year?

Yes X No

N/A

3b

4a

4b X Form **990-PF** (2009)

X

EDWARD & NANCY STAVIS CH	ARITABLE				
Form 990-PF (2009) FOUNDATION	- 4700 14 5 7		<u>04-29427</u>	84	Page 6
Part VII-B   Statements Regarding Activities for Which	Form 4/20 May Be I	Required (contin	ued)	1	
5a During the year did the foundation pay or incur any amount to:					1
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Ye	s X No		
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire				
any voter registration drive?			s X No	ŀ	
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Ye	s X No	1	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			- 1	- 1
509(a)(1), (2), or (3), or section 4940(d)(2)?		Y€	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or t	for		ļ	
the prevention of cruelty to children or animals?			s X No		1
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described	in Regulations			
section 53.4945 or in a current notice regarding disaster assistance (see instru		J	N/A	5b	ĺ
Organizations relying on a current notice regarding disaster assistance check h	· ·		▶ □ □		$\top$
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		ined			1
expenditure responsibility for the grant?		ī/A □ Y€	s No		
If "Yes," attach the statement required by Regulations section 53.494		.,		}	1
6a Did the foundation, during the year, receive any funds, directly or indirectly, to					
	pay premiums on		s X No		İ
a personal benefit contract?	-a-const honofit contract?	Te	S LAL NU	er	- V
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?		-	6b	<u> </u>
If "Yes" to 6b, file Form 8870.			[ <del>-</del>	}	- 1
7a At any time during the tax year, was the foundation a party to a prohibited tax		Ye	s X No	+	
b If yes, did the foundation receive any proceeds or have any net income attribut				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	inagers, Higniy	/		
1 List all officers, directors, trustees, foundation managers and their	γ	(c) Compensation	(d) Contributions to	(0)	Evnanca
(a) Name and address	(b) Title, and average hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco	Expense unt, other
	to position	enter -0-)	compensation	allo	wances
EDWARD STAVIS	TRUSTEE	•			
567 BOYLSTON STREET		_	_	Į	
BROOKLINE, MA 02445	1.00	0.	0,	ļ	<u> </u>
NANCY STAVIS	TRUSTEE				
567 BOYLSTON STREET					
BROOKLINE, MA 02445	1.00	0.	0.		<u> </u>
	1				
	1				
	7			-	
2 Compensation of five highest-paid employees (other than those in	cluded on line 1). If none,	enter "NONE."			
( ) No see and add one of each area to see a fine of 000	(b) Title, and average hours per week		(d) Contributions to employee benefit plans and deferred	(e)	Expense
(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	and deferred compensation	acco	Expense unt, other wances
NONE					
110110	1			l	
		<del>1</del>		1	
	1				
	<del> </del>				
	1				
	-				
	+				
				<del>                                     </del>	
	1				
	1	1		i	

Total number of other employees paid over \$50,000

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)	Indation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none,		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE	<u> </u>	
	<del></del>	
	<del> </del>	
	<del> </del>	<del></del>
<del></del>		li li
		<del></del>
Total number of others receiving over \$50,000 for professional services		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant	statistical information such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research paper	s produced, etc.	
1N/A		
2		
3		<del></del>
4		
Port IV P C		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax years.	ear on lines 1 and 2	Amount
	at off fines 1 and 2.	Anoght
1N/A		
2		
		··
All other program-related investments. See instructions.		<del></del> -

Total. Add lines 1 through 3

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	TOURDATION	<u> </u>	<u> </u>
P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	249,767. 22,115.
b	Average of monthly cash balances	1b	22,115.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	271,882.
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	271,882.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,078.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	267,804.
6	Minimum investment return. Enter 5% of line 5	6	<u> 13,390.</u>
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	13,390.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	1	
C	Add lines 2a and 2b	2c	<u>77.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,313.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	13,313.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	13,313.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		71 725
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	71,735.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	74 725
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	71,735.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	_	
	income. Enter 1% of Part I, line 27b	5	77.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	71,658.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation	qualities for th	ie section

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4940(e) reduction of tax in those years.

FOUNDATION Part XIII Undistributed Income (see instructions)

	<u></u>	<del></del>		
	(a) Corpus	(b) Years prior to 2008	(c) 2008	( <b>d)</b> 2009
1 Distributable amount for 2009 from Part XI, line 7				13,313.
2 Undistributed income, if any, as of the end of 2009				10/0200
a Enter amount for 2008 only			0.	
<b>b</b> Total for prior years:			· · · · · · · · · · · · · · · · · · ·	
y rotal for prior yours.		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004 30, 233.				
b From 2005 32,773.				
c From 2006 43,031.				
d From 2007 70,495.				
e From 2008 103,005.				
f Total of lines 3a through e	279,537.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ▶\$ 71,735.				
a Applied to 2008, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount				13,313.
e Remaining amount distributed out of corpus	58,422.			
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	337,959.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		,		
amount - see instructions		_ 0 .		
e Undistributed income for 2008. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2009. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		10.12	
8 Excess distributions carryover from 2004				
not applied on line 5 or line 7	30,233.	<del></del>		<del></del>
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	307,726.	<u> </u>		<del></del> -
10 Analysis of line 9:				
a Excess from 2005 32,773.				
<b>b</b> Excess from 2006 43,031.				
c Excess from 2007 70, 495.				
d Excess from 2008 103,005.				
e Excess from 2009 58,422.			<u></u>	Form <b>990-PF</b> (2009)
				- COTTO 1-15 - 17 / 17 / 17 / 17 / 17 / 17 / 17 / 17

FOUNDATION

04-2942784 Page 11

Part XV Supplementary Information				
3 Grants and Contributions Paid During the Ye	ar or Approved for Future I	Payment	· <del></del>	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient		
a Paid during the year				
				ı
SEE STATEMENT 9				
Total		<del></del>	<b>▶</b> 3a	71,735
<b>b</b> Approved for future payment				
NONE				
		<u> </u>	<b>▶</b> 3b	0
Total 923611 02-02-10	<del></del>		<u> </u>	orm <b>990-PF</b> (2009)

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated.	Unrelated	business income	Excluded b	y section 512, 513, or 514	
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income
a	0000				
b					
C					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments		···			
3 Interest on savings and temporary cash			1 1	İ	
investments			14	1,653.	
4 Dividends and interest from securities			14	6,921.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal					
property			<del>                                     </del>		
7 Other investment income			14	132.	
8 Gain or (loss) from sales of assets other				4 400	
than inventory		<del></del>	18	1,138.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:			1		
a	1 1				
b			+ + -		<del>-</del>
c		<del></del>	<del>                                     </del>		
d			++	<del></del>	<del>-</del>
e		0		9,844.	0.
13 Total Add line 12, columns (b), (d), and (e)	<u> </u>		•1	13	
(See worksheet in line 13 instructions to verify calculation	s )				<u> </u>
Part XVI-B Relationship of Activitie		mplishment of F	Exempt P	urposes	
	··				
Line No. Explain below how each activity for which the foundation's exempt purposes (other			-A contributed	importantly to the accomp	Dishment of
the foundation's exempt purposes (other	than by providing full	as for saon purposos).			<del>-</del>
		- Javan			<del>-</del>
·					
				<del></del>	
				<del></del>	
		<u> </u>			
		<del></del>			

923621 02-02-10

			ATION			42784		ge 13
Par	t XV	II Information Re Exempt Organ		and Transactions an	d Relationships With Nonc	haritable	•	
1	Did the	organization directly or indi	rectly engage in any of the follow	ving with any other organization	described in section 501(c) of		Yes	No
			c)(3) organizations) or in section		ations?			
		• •	lation to a noncharitable exempt	organization of:			] ,	
	(1) Ca					1a(1)		X
		ther assets transactions:				1a(2)		X
		ales of assets to a noncharita	able exempt organization			1b(1)	]	X.
			oncharitable exempt organization			1b(2)		X
	(3) Re	ental of facilities, equipment,	or other assets			1b(3)		X
	(4) Re	eimbursement arrangements	3			1b(4)		X
		oans or loan guarantees				1b(5)		X
			embership or fundraising solicita			1b(6)		X
			ailing lists, other assets, or paid of the following so		ys show the fair market value of the good		L	
		•	• •		in any transaction or sharing arrangemen	-	,	
			other assets, or services receive			,		
(a) Lir	on er	(b) Amount involved	(c) Name of noncharita	ble exempt organization	(d) Description of transfers, transactions,	and sharing an	rangeme	nts
		<u> </u>	N/A					
				<del></del> ,				
			<u> </u>	<del> </del>				
	-							
	-	<del></del>						
		<del></del>						
		<del></del>						
	-	<del>_</del>						
		<del></del>						
	İ							
			ctly affiliated with, or related to, o		tions described			_
		• • • • • • • • • • • • • • • • • • • •	er than section 501(c)(3)) or in s	ection 527?		Yes	LX.	No
_ <u>b</u> _	If "Yes	complete the following sch		(b) Type of organization	(c) Description of relati	onshin		
	_	N/A	gameation	(b) Type of organization	(b) Bosonphon of Toluti	ОПОПІР		
			<del></del>					
		<del></del>			<del></del>			
			have examined this return, including a ler than taxpayer or fiduciary) is based		its, and to the best of my knowledge and belief, as any knowledge	it is true, corre	ict,	
		Edw	Strin	1101510	Creater			
<u>a</u>	Sig	nature of officer or trustee		Date	Title	<del></del>		
Ĭ		Preparer's	111	Da	Check if Pre	parer's identify	ying num	ber
Sign Here		signature /	MM DI	<u> </u>	self- employed ► □	00316	66(	
Paic	e a	Firm's name (or yours CBIZ			EIN ►			\
	ar S		MASSACHUSETTS				^	^
		address, and ZIP code CAME	BRIDGE, MA 0213	<u> </u>	Phone no. 617	7 – 7 6 1 – Form <b>990</b>		
						FORM 990		2009)

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

## **Schedule of Contributors**

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

EDWARD & NANCY STAVIS CHARITABLE

OMB No 1545-0047

2009

Employer identification number

I	FOUNDATION	04-2942784					
Organization type (checl	k one):						
Filers of:	Section:						
Form 990 or 990-EZ	501(c)( ) (enter number) organization						
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation						
	527 political organization						
Form 990-PF	X 501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
, ,	on is covered by the <b>General Rule</b> or a <b>Special Rule.</b> I (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	l Rule. See instructions					
General Rule							
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (implete Parts I and II.	n money or property) from any one					
Special Rules							
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
aggregate cont	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
contributions fo If this box is ch purpose. Do no	For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
but it must answer "No"	on that is not covered by the General Rule and/or the Special Rules does not file Schedi on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on li e filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)						

923451 02-01-10

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions

	4	4	
Page	L of	of Part I	

Name of organization

EDWARD & NANCY STAVIS CHARITABLE

FOUNDATION

04-2942784

Employer identification number

Part I	Contributors	(see instructions)
--------	--------------	--------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EDWARD STAVIS  567 BOYLSTON STREET  BOSTON, MA 02445	\$50,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution )
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

FORM 990	)-PF	G	AIN OR (LO	OSS) FR	OM SALE	OF .	ASSETS		STATEME	NT 1
DESCRIPT	(A) FION OF	PROPERTY					MANNER CQUIRED	DATI ACQUII		E SOLD
MORGAN S		SMITHBAR	NEY-PUBLI	CLY TRA	DED	PU	RCHASED	VARIO	JS VAI	RIOUS
	GR	B) OSS PRICE	(C) COST OI OTHER BAS		(D) EXPENSE SALE		(E) DEPRE		(F) GAIN OR 1	Loss
		6,546.	5	,789.		0.		0.		757.
DESCRIPT	(A) FION OF	PROPERTY					MANNER CQUIRED	DATI ACQUII		E SOLD
MORGAN S		SMITHBAR	NEY-PUBLI	CLY TRA	DED	PU	RCHASED	VARIO	JS VAI	RIOUS
	GR	B) OSS PRICE	(C) COST OF OTHER BAS		(D) EXPENSE SALE		(E) DEPRE		(F) GAIN OR 1	Loss
		59,957.	59	,580.		0.		0.		377.
CAPITAL	GAINS I	DIVIDENDS	FROM PAR	T IV						4.
TOTAL TO	O FORM	990-PF, P	ART I, LI	NE 6A				_	:	1,138.
FORM 990	0-PF I	NTEREST C	N SAVINGS	AND TE	MPORARY	CAS	H INVEST	MENTS	STATEME	NT 2
SOURCE									AMOUI	1T
MORGAN S	STANLEY	SMITHBAR	NEY-INTER	rem				-		1,653.
				E91						

FORM 990-PF DIVI	IDENDS A	ND INTER	EST FROM	SEC	JRITIES	STATEMENT	3
SOURCE		GROSS	AMOUNT		PITAL GAINS DIVIDENDS	COLUMN (A AMOUNT	)
MORGAN STANLEY SMITHBARNEY-DIVIDENDS MORGAN STANLEY			6,190.		4.	6,1	86.
SMITHBARNEY-NONDIVIDEND DISTRIBUTIONS			735.		0.	7	35.
TOTAL TO FM 990-PF, PART	I, LN 4		6,925.		4.	6,9	21.
FORM 990-PF		OTHER I	NCOME			STATEMENT	4
DESCRIPTION			(A) REVENUE PER BOOK		(B) NET INVEST- MENT INCOME	ADJUSTE	
ALLIANCE BERNSTEIN HLDG I	LР			132.	132	•	
TOTAL TO FORM 990-PF, PAR	RT I, LI	NE 11		132.	132	•	•
FORM 990-PF		TAX	ES			STATEMENT	5
DESCRIPTION		(A) PENSES R BOOKS	NET INV	EST-	(C) ADJUSTED NET INCOM		
FOREIGN TAXES		222.		222	•		0.
TO FORM 990-PF, PG 1, LN	18	222.		222	•		0.

6,990.

FORM 990-PF	OTHER E	XPENSES	<del></del>	STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE
MANAGEMENT FEES	2,179.	2,179	•	0.
TO FORM 990-PF, PG 1, LN 23	2,179.	2,179	•	0.
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 7
DESCRIPTION		В	OOK VALUE	FAIR MARKET VALUE
3M CO IBM: AQUA AMER INC AT&T INC AUTOMATIC DATA PROCESSING BANK OF AMERICA BARCLAYS BRISTOL MYERS SQUIBB CO CISCO SYSTEMS 9INC CLOROX CO DOMINION RESOURCES EATON VANCE RISK MANAGED DIV INCOME FD ECOLAB INC EXXON MOBIL CORP FRANCE TELECOM SA SPON ADR GENERAL ELECTRIC CO ISHARES MSCI EMERGING MARKET LASALLE BNK MIDWEST NAT'L AS MCDONALDS CORP MICROSOFT CORP OCCIDENTAL PETROLEUM CORP - POWERSHARES EXCHANGE-TRADED ACHIEVERS PORT PROCTOR & GAMBLE CO ROYAL DUTCH SHELL PLC ADR SLM CORP MEDIUM TERM NOTE SOUTHERN COPPER CORP DEL SPDR INDEX SHS FDS DJ EURO S TECO ENERGY INC VODAFONE GROUP PLC SPONS ADR COOPER INDUSTRIES	S INDEX FD SN CD DTD 1/ DEL FD TR INTL D	18/06	0. 8,295. 9,030. 7,503. 7,374. 9,463. 7,077. 9,413. 7,901. 9,442. 5,368. 8,666. 2,197. 3,317. 24,750. 4,560. 7,644. 0. 10,579. 17,386. 6,170. 7,288. 8,532. 6,266. 9,301.	0. 9,153. 8,440. 5,606. 7,750. 3,027. 3,168. 8,585. 7,182. 9,150. 5,838. 7,497. 7,579. 6,310. 953. 3,735. 25,688. 9,356. 9,144. 0. 9,081. 47,898. 6,011. 0,953. 3,735. 25,688. 9,144. 0. 9,873. 6,378. 0,977. 10,660.

6,036.

**EOG RESOURCES** 

EDWARD & NANCY STAVIS CHARITABLE FOUNDAT	DUNDAT		04-2942784	
MONSANTO CO PRAXAIR INC WEYERHAUSER CO VERIZON COMM BAIS ADJUSTMENT TOTAL TO FORM 990-PF, PART II, LINE 1			5,792. 7,064. 5,279. 8,681. -18,815.	5,722. 8,031. 7,628. 9,939. 0.
		LOB	237,438.	284,149.
FORM 990-PF	OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION		VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ALLIANCE BERNSTEIN HOLDING		COST	5,597.	2,585.
TOTAL TO FORM 990-PF. PART II.	T.TNE 1	। ३	5,597.	2,585.

FORM 990-PF G	RANTS AND CONTRIBUTIONS PAID DURING THE YEAR	STAT	EMENT 9
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
ALL NEWTON MUSIC SCHOOL	NONE UNRESTRICTED	501(C)(3)	100.
BEAVER COUNTRY DAY SCHOOL	NONE UNRESTRICTED	501(C)(3)	5,000.
BOSTON CENTER FOR THE ARTS	NONE UNRESTRICTED	501(C)(3)	100.
BOSTON SYMPHONY ORCHESTRA	NONE UNRESTRICTED	501(C)(3)	500.
BOSTON THEATRE SCENE COM	NONE UNRESTRICTED	501(C)(3)	100.
BRANDEIS UNIVERSITY	NONE UNRESTRICTED	501(C)(3)	50,000.
BROWN ALUMNI MAGAZINE	NONE UNRESTRICTED	501(C)(3)	52.
CAPE COD CENTER FOR THE ART	'S NONE UNRESTRICTED	501(C)(3)	100.

EDWARD & NANCY STAVIS CHARITABI	E FOUNDAT		04-2942784
CAPE COD CHAMBER MUSIC FESTIVAL	NONE UNRESTRICTED	501(C)(3)	300.
CAPE COD OPERA	NONE UNRESTRICTED	501(C)(3)	100.
CCFA	NONE UNRESTRICTED	501(C)(3)	100.
CELEBRITY SERIES OF BOSTON	NONE UNRESTRICTED	501(C)(3)	2,790.
FLORIDA GRAND OPERA	NONE UNRESTRICTED	501(C)(3)	2,250.
MIAMI HISPANIC BALLET	NONE UNRESTRICTED	501(C)(3)	100.
MUSEUM OF FINE ARTS BOSTON	NONE UNRESTRICTED	501(C)(3)	2,500.
NEW REPERTORY THEATRE	NONE UNRESTRICTED	501(C)(3)	500.
NEW WORLD SYMPHONY	NONE UNRESTRICTED	501(C)(3)	500.
SPEAK EASY STAGE CO	NONE UNRESTRICTED	501(C)(3)	250.

EDWARD & NANCY STAVIS CHARITABI	LE FOUNDAT	0	4-2942784
OPERA BOSTON	NONE UNRESTRICTED	501(C)(3)	100.
LEUKEMIA & LYMPHOMA	NONE UNRESTRICTED	501(C)(3)	100.
THE WELLNESS COMMUNITY	NONE UNRESTRICTED	501(C)(3)	100.
OSTOMY ASSOC OF GREATER BOSTON	NONE UNRESTRICTED	501(C)(3)	75.
NEWBURY COLLEGE	NONE UNRESTRICTED	501(C)(3)	100.
ASSOCIATION CENTER FOR THE ARTS	NONE UNRESTRICTED	501(C)(3)	300.
JUDY HOPE BETH ISRAEL DEACONESS	NONE UNRESTRICTED	501(C)(3)	100.
GREATER MIAMI JEWISH FEDERATION	NONE UNRESTRICTED	501(C)(3)	18.
ADRIENNE ARSHT CENTER	NONE UNRESTRICTED	501(C)(3)	200.
TEREZIN CHAMBER MUSIC	NONE UNRESTRICTED	501(C)(3)	50.

EDWARD & NANCY STAVIS CHARITAE	LE FOUNDAT	(	04-2942784
PHYLLIS JEN MEMORIAL FUND	NONE UNRESTRICTED	501(C)(3)	100.
HEBREW SENIOR LIFE	NONE UNRESTRICTED	501(C)(3)	100.
GORDON SCHOOL DISTRICT-HARVARD	NONE UNRESTRICTED	501(C)(3)	100.
NEWTON SYMPHONY ORCH	NONE UNRESTRICTED	501(C)(3)	250.
BETH ISRAEL DEACONESS MEDICAL CTR	NONE UNRESTRICTED	501(C)(3)	500.
BRIGHAM & WOMENS HOSPITAL	NONE UNRESTRICTED	501(C)(3)	1,000.
HUNTINGTON THEATRE	NONE UNRESTRICTED	501(C)(3)	100.
BROWN UNIVERSITY	NONE UNRESTRICTED	501(C)(3)	1,000.
BLESSED JOHN XXIII NATION	NONE UNRESTRICTED	501(C)(3)	100.
MOUNTAIN LYM PHYNOBUTRO	NONE UNRESTRICTED	501(C)(3)	2,000.
TOTAL TO FORM 990-PF, PART XV, I	JINE 3A		71,735.

Form 8868 (Rev. 4-2009)			Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	ox .		<b>■</b> X
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form 8	3868.	
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no co	opies r	eeded).	
Name of Exempt Organization  Type or Provided Control of Control o	Empl	oyer identification	n number
EDWARD & NANCI STAVIS CHARITADLE			
FOUNDATION FOUNDATION	0	<u>4-2942784</u>	
File by the extended Number, street, and room or suite no. If a P.O. box, see instructions.    Number	For IF	RS use only	
City, town or post office, state, and ZIP code. For a foreign address, see instructions.  BROOKLINE, MA 02445	_		
Check type of return to be filed (File a separate application for each return)  Form 990  Form 990-EZ  Form 990-T (sec. 401(a) or 408(a) trust)  Form 1041-A  Form 990-BL  Form 990-PF  Form 990-T (trust other than above)  Form 4720		rm 5227 rm 6069	Form 8870
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868.	
EDWARD & NANCY STAVIS  • The books are in the care of ▶ 567 BOYLSTON STREET - BROOKLINE, MA 024 Telephone No. ▶ 617-482-6349  • If the organization does not have an office or place of business in the United States, check this box  • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If the local lifeties is for part of the group, check this box ▶ and attach a list with the names and EINs of all lifeties an additional 3-month extension of time until NOVEMBER 15, 2010.  • For calendar year 2009, or other tax year beginning and ending and ending first this tax year is for less than 12 months, check reason: Initial return Final return  • State in detail why you need the extension SEE STATEMENT 2	is is fo		is for.
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid	<u> </u>		
previously with Form 8868.	8b	\$	1,304.
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$	0.
Signature and Verification			
Under penalties of penury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and domplete, and that I am authorized to prepare this form.  Signature	best o	- Stely	(Rev. 4-2009)
		1011110000	111041 7-5003)

FORM 8688

EXPLANATION FOR EXTENSION

STATEMENT

#### EXPLANATION

ADDITIONAL TIME IS NEEDED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN