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 Form 990-P
Department of the Treasury Internal Revenue Service
For calendar year
G Check all that ap

SCANNED JUL'2 0 2010

Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052

F	or ca	lendar	year 2009,	or tax year begi	nning			, 2009	, and end	ing		, 20
			hat apply.	Initial retur		1	nıtial return	of a former p	oublic cha	rity		Final return
				Amended	return		Addre	ss change		N	lame change	
			Name of for	undation			•				A Employer identif	ication number
ι	Jse th	ne IRS								1		
	lab	el.	SADIE A	ND HARRY DA	VIS I	FOUNDAT	ION INC.				20-	-3515375
•		wise,	Number and	d street (or P O box	number ı	f mail is not d	elivered to stree	t address)	Room/su	ute	B Telephone number (se	e page 10 of the instructions)
	•	int	C/O TAN	TON & CO.,	LLP							
9	or ty	ype. pecific	37 W57T	H STREET 51	H FL	OOR					<u> </u>	L2) 583-1100
		ctions.	City or town	n, state, and ZIP co	de						C if exemption application pending, check here	ation is
											D 1 Foreign organiza	
			NEW YOR	K, NY 10019	1			<u> </u>			2 Foreign organiza	
H	Che	ck type	e of organiza	ation. X Secti	on 501	(c <u>)(3)</u> exer	mpt private t	foundation			85% test, check computation •	here and attach
\perp	<u> </u> s	ection 4	1947(a)(1) no	onexempt charitable				rivate founda			E If private foundation	n status was terminated
ı	Fair	marke	et value of al	ll assets at end	J Acco	ounting me	ethod 🔼 C	ash Acc	crual			o)(1)(A), check here .
			m Part II, co			ther (spec					F If the foundation is	in a 60-month termination
_		▶ \$		34,622.			d) must be or	n cash basis.)	· 		under section 507(b)(1)(B), check here
E	art			enue and Expens		(a) Rev	venue and	(b) Net inve	estment	11	c) Adjusted net	(d) Disbursements for charitable
		mav r	not necessarıl	columns (b), (c), an y equal the amount	s in í	`éxpe	nses per	incon		,,	income	purposes
_		colúm	n (a) (see pa	ge 11 of the instruc	ions))	D.	ooks 					(cash basis only)
	1	Contribu		, etc , received (attach sch								<u> </u>
	2	Check	attach	toungation is not requal Sch. B	 							
	3	Interest	on savings and	d temporary cash inves	stments		114 726	- 1 1	4 726			
	4	Divide	nds and inter	est from securities			114,736	11	4,736.			ATCH 1
	5 a	Gross	rents							-		
				oss)			071 606					
ne	6a b	Net gan	n or (loss) from ales price for al	sale of assets not on	line 10	-1,	271,686					
/en	U	assets of	on line 6a		<u>,856.</u>				0.			-
Revenue	7			ome (from Part IV, I	ıne 2) .			 	· · ·			<u> </u>
_	8	Net sh	ort-term capi	tal gain	5	1	···-					
	9 10 a	Income	e modification ales less returns	RECEIVE	J	 		. <u>.</u>		-		
		and allo	wances · · · ·		10 8							
	Ь	Less C	ost of goods sol	ld - 1 1 2 20) (attach schedule)		\$ 					<u></u>	
			1 1		<u>:</u> }	<u></u>					· <u>-</u>	
	11	Other	ncome (attac	on schedule)	17.	 	156,950	11	.4,736.			
-	12			modernEN		<i>'</i> - بـ	0.] 	, , , , , ,			
	13			ers, directors, trustees,				<u> </u>			-	
es	14			aries and wages								
ŝ	15							<u> </u>			_	
×	16a	Accoun	ees (allacii si	chedule) itach schedule) ^{ATC}	 н 2		4,050	1	1,013.		0.	3,037
ē E	0	Other	ning iees (at	fees (attach schedul	 e) *		68,143	 	· ·			68,143
Operating and Administrative Expenses	17	Interes		rees (altach schedu	<i>□)</i>	<u> </u>			-			, ·
Str	18			e) (see page 14 of the ins	* * * * * * * * * * * * * * * * * * *	1	3,477	1	277.		_	
Ĕ	19	•		h schedule) and de	•							
튐	20	_ '	•	· · · · · · · · · · ·								
٩	21		-	, and meetings					·			
ä	22			ations								
g	23	Other	expenses (att	ach schedule) AT	Н 5		36,283	3	34,379.			1,904
ā	24			d administrative ex								
ğ			-	jh 23			111,953] 3	5,669.		Ο.	73,084
ō	25			grants paid			348,555					348,555
	26		-	rsements. Add lines 2			460,508		5,669.		0.	421,639
_	27		ct line 26 fro									
				xpenses and disburseme	ents	-1,	617,458	<u> </u>				
				ome (if negative, er	•			7	9,067.			
	_			o /if nogative enter	-					_	-0-	

Part	Balance Sheets description column should be for end-of-year	Beginning of year	End of y	/ear
	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1'	Cash - non-interest-bearing	6,646.	31,246.	31,246
2	Savings and temporary cash investments			
3	Accounts receivable			
	Less: allowance for doubtful accounts ▶			
4	Pledges receivable			
- 1	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
"	disqualified persons (attach schedule) (see page 16 of the instructions)			
_	Other notes and loans receivable (attach schedule)	-		
7				
	Less: allowance for doubtful accounts ▶			
sts 8	Inventories for sale or use			
Assets 6 8	Prepaid expenses and deferred charges			···
7	a Investments - U.S. and state government obligations (attach schedule)	0.035.100	0 177 221	7 204 700
	b Investments - corporate stock (attach schedule) $ATCH$ 6 . $oxedsymbol{oxed}$	8,935,188.	8,177,331.	7,304,792
11	Investments - corporate bonds (attach schedule)			
	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
13 14	Investments - other (attach schedule) ATCH 7 Land, buildings, and equipment basis	4,866,744.	3,982,217.	3,898,584
	Less accumulated depreciation (attach schedule)			
15	Other assets (describe			
16	Total assets (to be completed by all filers - see the			
1.0	instructions. Also, see page 1, item I)	13,808,578.	12,190,794.	11,234,622
17	Accounts payable and accrued expenses	326.		
18				
- 1	Grants payable			
Liabilities 02 21 20 21	Deferred revenue			
₹ 20	Loans from officers, directors, trustees, and other disqualified persons			
E 21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe			
		226	1	
23	Total liabilities (add lines 17 through 22)	326.		
	Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
8 24	Unrestricted			
25 26	Temporarily restricted			
E 26	Permanently restricted			
힏	Foundations that do not follow SFAS 117,			
Fund	check here and complete lines 27 through 31. ▶ X		+	
ō 27	Capital stock, trust principal, or current funds			
<u>د</u> 28	Paid-in or capital surplus, or land, bldg, and equipment fund			
Assets 6 6 8 8	Retained earnings, accumulated income, endowment, or other funds	13,808,252.	12,190,794.	
¥ 30	Total net assets or fund balances (see page 17 of the			
Net Set		13,808,252.	12,190,794.	
	Instructions)	20,000,2021		
31		13,808,578.	12,190,794.	
0.004	of the instructions)		12,130,734.	
			agrae with	
	al net assets or fund balances at beginning of year - Part II,		_	12 000 252
	d-of-year figure reported on prior year's return)			13,808,252
2 Ent	er amount from Part I, line 27a		2	-1,617,458
3 Oth	ner increases not included in line 2 (itemize)		3	10 100 70
	d lines 1, 2, and 3		4	12,190,794
	creases not included in line 2 (itemize)	- 	5	
6 Tot	al net assets or fund balances at end of year (line 4 minus lines)	ne 5) - Part II, column (b),	line 30 6	12,190,794

Fo	rm 990-PF (2009)		20-35153	75		Page 3
P	art IV Capital Gains	and Losses for Tax on Inve	estment Income			
	(a) List and	d describe the kind(s) of property sold (e	e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
		rick warehouse; or common stock, 200 s	shs. MLC Co.)	P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
<u>1 a</u>	SEE PART IV SCHE	DULE				
_ <u>t</u>)					
	<u> </u>					
	<u>1</u>					
_e)		 			<u> </u>
	(e) Gross sales price	(f) Deprectation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) mini	
a						
t)					
	1					
е						
\overline{c}	complete only for assets sl	howing gain in column (h) and own	ed by the foundation on 12/31/69	ø	Gains (Col (h) g	ain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col (j), if any		(k), but not less Losses (from co	than -0-) or
_a						
)					
_ c	:					
	1					
_6				ļ <u> </u>		
2	Capital gain net income or	(net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7		_	
				2	-1,	153,795.
3	If gain, also enter in Part I,	or (loss) as defined in sections 12: line 8, column (c) (see pages 13 a	and 17 of the instructions).			
	If (loss), enter -0- in Part I,	ne 8	used Tay on Not Investment Inc	3		
		private foundations subject to the			\	
W If	"Yes," the foundation does	the section 4942 tax on the distrib not qualify under section 4940(e).	Do not complete this part			Yes X No
1	Enter the appropriate amo	ount in each column for each year	see page 18 of the instructions be	efore mak		<u> </u>
c	(a) Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets		(d) Distribution r (col (b) divided by	
_	2008	393,807.	10,675,714.			0.036888
	2007	108,745.	4,114,810.			0.026428
	2006					
	2005	· · · · · · · · · · · · · · · · · · ·				
	2004			_		
_						
2	Total of line 1, column (d)		 	2		0.063316
3	Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the			
	•	dation has been in existence if less		3		0.031658
	•		,			
4	Enter the net value of non	ncharitable-use assets for 2009 from	m Part X, line 5	4	8,	808,476.
-						
5	Multiply line 4 by line 3			5		278,859.
•						
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		6		791.
•						
7	Add lines 5 and 6			7		279,650.
•					-	
8	Enter qualifying distribution	ons from Part XII, line 4		8		421,639.
	If line 8 is equal to or gre Part VI instructions on pag	ons from Part XII, line 4 eater than line 7, check the box in the transfer to the box in the transfer to the box in the transfer to the tran	n Part VI, line 1b, and complete t	hat part	using a 1% ta	x rate. See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	ie ins	truction	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	Date of ruling or determination letter(attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		7	791.
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%			
	of Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 2			
3	Add lines 1 and 2			791.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			0.
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0			791.
6	Credits/Payments			
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 2,098.			
b	Exempt foreign organizations-tax withheld at source			
С	Tax paid with application for extension of time to file (Form 8868) 6c 0 .			
d	Backup withholding erroneously withheld			
7	Total credits and payments Add lines 6a through 6d		2,0	98.
8	Enter any penalty for underpayment of estimated tax. Check here X 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			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<u> </u>	307.
11	Enter the amount of line 10 to be Credited to 2010 estimated tax ▶ 1,307. Refunded ▶ 11			
	t VII-A Statements Regarding Activities			_I
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19		İ	.,
	of the instructions for definition)?	1 b		Х
	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.			l ,
C	Did the foundation file Form 1120-POL for this year?	_1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation ►\$(2) On foundation managers ►\$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed		Ì	
	on foundation managers \$			x
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		
	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			x
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4 a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		^
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	_5_		^
	If "Yes," attach the statement required by General Instruction T.			1
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			X
	conflict with the state law remain in the governing instrument?	6	Х	 ``
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7		
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) \triangleright $\stackrel{NY}{\longrightarrow}$.			
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) of each state as required by General Instruction G? If "No," attach explanation	8b	X	<u> </u>
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 year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			
	27)? If "Yes," complete Part XIV	9	<u> </u>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			l
	names and addresses	10	ı	X

(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)

If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disgualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

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

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

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

Form 990-PF (2009)

Х

Х

Х

2b

3b

Par	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)	<u> </u>	
			· · · · · · · · · · · · · · · · · ·			
ъa	During the year did the foundation pay or incur any amou. (1) Carry on propaganda, or otherwise attempt to influe.		4945(e)\?	Yes X No	.	
	(2) Influence the outcome of any specific public election	_				
	directly or indirectly, any voter registration drive?	•	-	Yes X No	,	
	(3) Provide a grant to an individual for travel, study, or ot				i I	İ
	(4) Provide a grant to an individual for flavor, study, or of	• •				
	section 509(a)(1), (2), or (3), or section 4940(d)(2)?	=		Yes X No	,	
	(5) Provide for any purpose other than religious, charita	· · -				
	• • • •	-		Yes X No		
	purposes, or for the prevention of cruelty to children of				'	
D	If any answer is "Yes" to 5a(1)-(5), did any of the trans				Бь	
	Regulations section 53 4945 or in a current notice regard	*	· · ·		30	
	Organizations relying on a current notice regarding disas					
С	If the answer is "Yes" to question 5a(4), does the found	•		Yes X No		
	because it maintained expenditure responsibility for the g			. Yes X No	'	
	If "Yes," attach the statement required by Regulations sec				1	
6a	Did the foundation, during the year, receive any funds, or	•				
_	on a personal benefit contract?					
Ь	Did the foundation, during the year, pay premiums, direct	ctly or indirectly, on a	personal benefit contra	ot ⁹	6b	
	If "Yes" to 6b, file Form 8870			□ □		
	At any time during the tax year, was the foundation a pa	•	-			
	If yes, did the foundation receive any proceeds or have					
Pai	rt VIII Information About Officers, Directors and Contractors	s, Trustees, Foun	uation managers,	nighty Paid Emplo	byees,	
1	List all officers, directors, trustees, foundation m				uctions).	
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense a other allow	
		devoted to position	-0-)	and deferred compensation		
	ma outroum o		0.	0.1		0
ΑT	TACHMENT 8			<u> </u>		
		1		1		
		1				
					-	
	Compensation of five highest-paid employees (ot	her than those inc	luded on line 1 - se	e page 23 of the inst	ructions).	
			luded on line 1 - se	(d) Contributions to	· · ·	
	Compensation of five highest-paid employees (ot	(b) Title, and average hours per week	luded on line 1 - se	(d) Contributions to	ructions). (e) Expense a other allow	
	Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE."	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		(d) Contributions to	(e) Expense a	
(a	Compensation of five highest-paid employees (ot If none, enter "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to	(e) Expense a	

Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none,	enter "NONE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
NONE	
otal number of others receiving over \$50,000 for professional services	▶ NONE
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 number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see page 23 of the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See page 24 of the instructions	
3 NONE	
Catal Add lines 1 through 2	

Pa	rt X Minimum Investment Return (All domestic foundations must complete this part. Foreign see page 24 of the instructions.)	gn foundatio	ns,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes.		
а	Average monthly fair market value of securities	1a	6,168,329.
b	Average of monthly cash balances	1b	38,524.
С		1c	2,735,762.
d	Total (add lines 1a, b, and c)	1d	8,942,615.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	8,942,615.
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25		
		4	134,139.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	8,808,476.
6	Minimum investment return. Enter 5% of line 5	6	440,424.
_	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privation foundations and certain foreign organizations check here □ and do not complete this privations.	ate operating part)	
1	Minimum investment return from Part X, line 6	1	440,424.
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)]	
С	Add lines 2a and 2b	2c	791.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	439,633.
4	Recoveries of amounts treated as qualitying distributions		
5	Add lines 3 and 4	5	439,633.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	439,633.
Pá	rt XII Qualifying Distributions (see page 25 of the instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes	1	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	421,639.
b	Brogram related investments, total from Part IV R	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	 	
2	purposes	2	0.
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	3a	0.
b	Cash distribution test (attach the required schedule)	3b	0.
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	421,639.
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 (see page 26 of the instructions)	5	791.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	420,848.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating w qualifies for the section 4940(e) reduction of tax in those years.	vhether the fo	undation

Pa	rt XIII Undistributed Income (see page	e 26 of the instruction	ns)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				439,633.
2	Undistributed income, if any, as of the end of 2009			00 645	
а	Enter amount for 2008 only			80,645.	
b	Total for prior years 20 07 ,20 06 ,20 05				
3	Excess distributions carryover, if any, to 2009.				
	From 2004				
b	From 2005				
	From 2006				
	From 2007	I			
е	From 2008				
f	Total of lines 3a through e				
4	Qualifying distributions for 2009 from Part XII, line 4 > \$ 421,639.				
а	Applied to 2008, but not more than line 2a		_	80,645.	
	Applied to undistributed income of prior years (Election				
	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
d	Applied to 2009 distributable amount				340,994.
	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2009				· _ ·
6	(If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b	Prior years' undistributed income. Subtract				
_	line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions				
е	Undistributed income for 2008. Subtract line 4a from line 2a Taxable amount - see page				
	27 of the instructions			-	
f	Undistributed income for 2009 Subtract lines 4d and 5 from line 1 This amount must be				98,639.
7	distributed in 2010				
,	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
8	instructions). Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions).				
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	0.			
10	Analysis of line 9				
	Excess from 2005				
b	Excess from 2006				
C	Excess from 2007				
	Excess from 2008				
е	Excess from 2009 0 .				

	990-PF (2009)				3515375	Page 10
_	rt XIV Private Oper) NOT APPLICABLE
1 a	If the foundation has					
	foundation, and the ruling					2(1/2)
b	Check box to indicate wh		private operating found		n 494	2(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year	(1) 0000	Prior 3 years_	(4) 2006	(e) Total
	justed net income from Part for the minimum investment	(a) 2009	(b) 2008	(c) 2007	(d) 2006	
	return from Part X for each					
	year listed					
Ь	85% of line 2a				 	
С	Qualifying distributions from Part XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct			-		
е	of exempt activities					
	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c				_	
3	Complete 3a, b, or c for the					
а	*Assets* alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying under section					
_	4942(j)(3)(B)(i)					
D	"Endowment" alternative test- enter 2/3 of minimum invest-					
	ment return shown in Part X,					
	line 6 for each year listed	<u></u>				
C	"Support" alternative test - enter (1) Total support other than					
	gross investment income					
	(interest, dividends, rents, payments on securities					
	loans (section 512(a)(5)), or royalties)					
	(2) Support from general					
	public and 5 or more exempt organizations as					
	provided in section 4942 (j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization			<u>-</u>	<u></u>	
	(4) Gross investment income		amandada Abia mant	ante if the forms	lation had 65 00	0 or more in assets
Pa		ary information (C during the year - se			ation had \$5,00	o or more in assets
1	Information Regarding				····	
а	List any managers of	the foundation who h	ave contributed more	than 2% of the tot	al contributions rece	eived by the foundation
	before the close of any	tax year (but only if th	ney have contributed n	nore than \$5,000). (\$	See section 507(d)(2).)
	N/A					
b	List any managers of ownership of a partner					ally large portion of the
	N/A					
2	Information Regarding	g Contribution. Grant	, Gift, Loan, Scholarsh	ip, etc., Programs:		
-		<u>-</u>		*	ritable organizatione	and does not accept
		or funds. If the foun	dation makes gifts, g	rants, etc (see pag		tions) to individuals or
а	The name, address, a	nd telephone number	of the person to whon	applications should l	be addressed:	
b	The form in which app	lications should be sul	omitted and information	on and materials they	y should include:	
	N/A					
C	Any submission deadli	nes:				
	N/A					
d	Any restrictions or lufactors:	mitations on awards,	such as by geogra	phical areas, charit	able fields, kinds o	f institutions, or other
	N/A					
ICA				- · - 		5 000 DE (0000)

3 Grants and Contributions Paid Dur	ing the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
ATTACHMENT 9				
Total			▶ 3a	348,555
b Approved for future payment				
Total			▶ зь	1

nter gross	amounts unless otherwise indicated.		ated business income	Excluded by	section 512, 513, or 514	(e) Related or exempt function income
I Program	service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See page 28 of the instructions)
a		_				
b						
c						
d			<u> </u>			
e						
_	and contracts from government agencies					
	ship dues and assessments		 			
	n savings and temporary cash investments			14	114,736.	
	s and interest from securities		 		114,730.	
	-financed property					
	debt-financed property					
	income or (loss) from personal property					
	restment income					
	oss) from sales of assets other than inventory			18	-1,271,686.	
•	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
	renue: a					
L .						
		_				
_				I		
d						
d						
е	Add columns (b), (d), and (e)				-1,156,950.	
e Subtotal 3 Total. Ad	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e)					-1,156,950
e Subtotal Total. Addee worksh	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 to Relationship of Activities	to verify calc	ulations)	xempt Purp	oses	
e Subtotal Total. Adee worksh	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 in	to verify calco	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Addee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal 3 Total. Added workship 2 art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E	xempt Purp	oses (e) of Part XVI-A cont	ributed importantly t
e Subtotal 3 Total. Added workship art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Addee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E	xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly t
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly t
e Subtotal Total. Addee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly
e Subtotal Total. Adee worksh art XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly t
e 2 Subtotal 3 Total Added Workship Part XVI-	Add columns (b), (d), and (e) d line 12, columns (b), (d), and (e) eet in line 13 instructions on page 28 the Relationship of Activities Explain below how each activities accomplishment of the form	to verify calco	ulations) complishment of E ch income is reporte exempt purposes (xempt Purp ed in column other than b	oses (e) of Part XVI-A cont	ributed importantly t

Pa	rt [‡] XVI	Information Exempt Orga		ansfers To and	Transac	tions a	nd Relatio	nships	With N	lonc	harit	able
1 a	in se	he organization directly ction 501(c) of the Ci izations? fers from the reporting for	or indirectly erode (other than	section 501(c)(3) orga	anızatıons)						Yes	No
a		ash								1a(1)		х
		ther assets								1a(2)		Х
b		transactions:								41.41		X
		ales of assets to a nonch urchases of assets from								1b(1) 1b(2)		X
		ental of facilities, equipm										X
		eimbursement arrangeme								1b(4)		Х
	(5) Lo	oans or loan guarantees										X
		erformance of services of						ı				X
c d		ng of facilities, equipmender answer to any of the	=								fair r	
u		of the goods, other										
	value	in any transaction or	sharing arrange	ment, show in colum	nn (d) th	e value o	of the goods,	other a	assets, or	service	es rec	eived
		T							 			
(a)	line no	(b) Amount involved N/A	(c) Name of no	ncharitable exempt organiza	ation	N/A	iption of transfer	, transacti	ons, and sha	nng arra	ngeme	nts
		N/A				14/21						
												
			_									
					<u>i</u>							
			-						· · · · · -			
2a		foundation directly or	•			ore tax-ex	empt organiza	tions des	scribed in	—	Γ-,	∂ 1
		n 501(c) of the Code (oth		1(c)(3)) or in section 52	77	• • • • •			l	Ye	s <u>L</u>	∐ No
	ii te	s," complete the following (a) Name of organization		(b) Type of organ	nization		(c)	Descripti	on of relations	ship		
									_			
				-								
				-								
\neg	Under	penalties of perjury, I decl	are that I have exam	ined this return, including	accompar	yıng schedu	les and stateme	nts, and t	o the best of	f my k	nowled	ge and
	belief,	it is true, correct and com	olete Declaration of	preparer (other than taxpa	yer or fidu	ciary) is base	ed on all informa	ation of wi	hich prepare	r has ar	ny kno	wledge
	-) Up			6128	12110	VCe	s, dent	· 		
ere	S	gnature of officer or trustee			Τ_	Date	7 1	Title	Droposas!-	Ido-Mi		
Sign Here	(0		.000	COA	Date	,	Check if		Preparer's number (Se	e Signa	áture o	
įį	d irer's Only	Preparer's signature	flullige	in, CPA	6/23	12010	self-employed		page 30 of t P00850		uctions)
·,	Paid Preparer's Use Only	Firm's name (or yours if			LLP		1	<u></u> EN ▶ 1	11-2467			
	₽ ⊃	self-employed), address	37 WEST	57TH STREET	- 5TH	FLOOR						
		and ZIP code	NEW YOR	K, NY		100	19-3411	hone no.	. 212-5	83-1	100	

FORM 990-PF - PART IV

Kınd of P		AL GAINS AND LOSSES FOR TAX ON INVEST Description			P or D	Date acquired	Date sold	
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis		Gain or (loss)	
21,856.	- MANNAIA	SEE SCHEDU	LE ATTACHED YPE: SECURI			D	VARIOUS -269,445.	VARIOUS
		THRU SHELT	ERED GROWTH YPE: OTHER	FUND		Р	-884,350.	
TAL GAIN(L	oss)						-1153795.	
						1		

1 SECURITIES	
FRON	
S AND INTEREST FROM SECURIT	
AND	
DIVIDENDS	
1	
PART I	
990PF,	
FORM	

NET INVESTMENT INCOME	11,999. 102,737.	114,736.
REVENUE AND EXPENSES PER BOOKS	11,999.	114,736.
		TOTAL
DESCRIPTION	INT & DIV THRU SHELTERED GROWTH DIV THRU OPPENHEIMER	

FEES	
ACCOUNTING	
ı	i
Н	I
PART	
990PF,	
FORM	

CHARITABLE PURPOSES_	3,037.	3,037.
ADJUSTED NET INCOME		0
NET INVESTMENT INCOME	1,013.	1,013.
REVENUE AND EXPENSES PER BOOKS	4,050.	4,050.
		TOTALS
DESCRIPTION	TANTON & CO	

က

	11
FEES	
PROFESSIONAL	
OTHER	II
ı	
Н	
PART	
990PF,	
FORM	

ZUNI X	AND	EXPENSES	PER BOOKS	68,143.
			DESCRIPTION	CONSULTING FEES

CHARITABLE	PURPOSES

68,143.

TOTALS

4	
HMENT	
ATTAC	

TAXES
1
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PART
990PF
8
9
FORM (
F

SADIE AND HARRY DAVIS FOUNDATION INC.

NE'T INVESTMENT	INCOME	277.
REVENUE AND EXPENSES	PER BOOKS	3,200.
	DESCRIPTION	FOREIGN TAXES PAID FEDERAL TAXES PAID

3,477.

TOTALS

2

ATTACHMENT

EXPENSES
- OTHER
Н
PART
990PF,
FORM

CHARITABLE	PURPOSES	1,604.	250.	1,904.
NET INVESTMENT	<u>INCOME</u> 22,480.		11,899.	34,379.
REVENUE AND EXPENSES	<u>PER BOOKS</u> 22,480.	1,604.	250. 11,899.	36,283.
	DESCRIPTION INVESTMENT ADVISORY FEES	MISC FDN EXPENSES BANK FEES	STATE FILING FEES DEDUCTIONS REL TO PORTFOLIO	TOTALS

- CORPORATE STOCK

PART II

FORM 990PF,

09-6.4
PM V
3:50:10
6/22/2010
5980
94976S

ENDING <u>FMV</u>	7,304,792.	7,304,792.
ENJING BOOK VALUE	8,177,331.	8,177,331.
BEGINNING BOOK VALUE	8,935,188.	8,935,188.
DESCRIPTION	THRU BROKERAGE ACCOUNTS	TOTALS

3,898,584.

3,982,217.

3,982,217.

4,866,744.

4,866,744.

3,898,584.

ENDING FMV

ENDING BOOK VALUE

NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION CO	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES	•
PATRICIA D. KLINGENSTEIN C/O TANTON & CO., LLP 37 W57TH STREET 5TH FL NEW YORK, NY 10019	DIRECTOR	.0	·	.0	
JOHN KLINGENSTEIN C/O TANTON & CO., LLP 37 W57TH STREET 5TH FL NEW YORK, NY 10019	DIRECTOR	·	.0	Ċ	
THOMAS KLINGENSTEIN 580 WEST END AVENUE APT #3 NEW YORK, NY 10024	DIRECTOR	. 0	.0		
NANCY K. SIMPKINS C/O TANTON & CO., LLP 37 W57TH STREET 5TH FL NEW YORK, NY 10019	DIRECTOR	. 0	.0	.0	
ANDREW D. KLINGENSTEIN C/O TANTON & CO., LLP 37 W57TH STREET 5TH FL NEW YORK, NY 10019	DIRECTOR		.0	.0	

ATTACHMENT 8 (CONT'D)

- LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

SADIE AND HARRY DAVIS FOUNDATION INC.

FORM 990PF,

Er ı	. 0
EXPENSE ACCT AND OTHER ALLOWANCES	
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	.0
COMFENSATION	.0
TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	DIRECTOR
NAME AND ADDRESS	SARAH K. MARTELL C/O TANTON & CO., LLP 37 W57TH STREET 5TH FL NEW YORK, NY 10019

GRAND TOTALS

ω

SADIE AND HARRY DAVIS FOUNDATION INC.

20-3515375

FORM 990PF, PART XV - GRANTS AND CONTRIBUTIONS PAID DURING THE YEAR

RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR

FOUNDATION STATUS OF RECIPIENT

PURPOSE OF GRANT OR CONTRIBUTION

348,555.

AMOUNT

ATTACHMENT 9

SEE SCHEDULE ATTACHED

RECIPIENT NAME AND ADDRESS

SECTION 501(C)(3) NONE

GENERAL PURPOSE OR SPECIFIED PROGRAM

TOTAL CONTRIBUTIONS PAID

348,555

ATTACHMENT 9

PAGE 25

6/22/2010 94976S 5980

SCHEDULE D (Form 1041) '

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

2009

	e of estate or trust		·		Employer identi		n number
	SADIE AND HARRY DAVIS FOUNDAT				20-35153	75	
	E: Form 5227 filers need to complete only Pa		Hold One Ve				
Par		1		ar or Less	(e) Cost or other	basis	(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(see page 4 of instructions)	the	the entire year Subtract (e) from (d)
1a							
		<u>.</u>					
				<u>.</u> . <u>-</u> .			
b	Enter the short-term gain or (loss), if any, f	rom Schedule D	-1, line 1b			1 b	-1,153,795.
2	Short-term capital gain or (loss) from Form	ns 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partners	ships, S corpora	tions, and other	estates or trusts .		3	
4	Short-term capital loss carryover Enter th Carryover Worksheet					4	(
5	Net short-term gain or (loss). Combine lin	es 1a through 4	in column (f).	Enter here and on I	ine 13,	5	-1,153,795.
Par	column (3) on the back	e - Assets Held	More Than Or			3	1,133,733.
T GI	(a) Description of property	(b) Date acquired	(c) Date sold		(e) Cost or other		(f) Gain or (loss) for
	(Example 100 shares 7% preferred of "Z" Co)	(mo , day, yr)	(mo , day, yr)	(d) Sales price	(see page 4 of instructions)		the entire year Subtract (e) from (d)
6a							
			_			·	
				<u> </u>	i		
b	Enter the long-term gain or (loss), if any, fr	om Schedule D-	1, line 6b			6b	
7	Long-term capital gain or (loss) from Form	ns 2439, 4684,	6252, 6781, ar	nd 8824		7	
8	Net long-term gain or (loss) from partners	hips, S corporat	ions, and other	estates or trusts		8	
9	Capital gain distributions					9	
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter the Carryover Worksheet	e amount, if any	, from line 14 c	of the 2008 Capital L	oss	11	(
12	Net long-term gain or (loss). Combine line column (3) on the back	s 6a through 11	ın column (f).	Enter here and on	ine 14a,	12	

For Paperwork Reduction Act Notice, see the Instructions for Form 1041.

Schedule D (Form 1041) 2009

	dule D (Form 1041) 2009 It III Summary of Parts I and II		(1) Benef	iciaries'	(2) Estate	e's	Page 2
. и	Caution: Read the instructions before completing this	part.	(see pa	. 1	or trust's		(3) Total
13	Net short-term gain or (loss)	13					-1,153,795.
14	Net long-term gain or (loss):						
а	Total for year	14a					
	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b					
С	28% rate gain	14c					
	Total net gain or (loss). Combine lines 13 and 14a ▶	15					-1,153,795.
Note to Pa	e: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Fo art V, and do not complete Part IV If line 15, column (3), is a net loss, complete F	rm 990 Part IV	-T, Part I, line and the Capit	4a) If line I Loss Can	s 14a and 15, o	columr eet, as	n (2), are net gains, go necessary
Pai	rt IV Capital Loss Limitation						
16	Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F						
a Note	The loss on line 15, column (3) or b \$3,000 if Form 1041, page of the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page over Worksheet on page 7 of the instructions to figure your capital loss carry	e 1, lır	e 22 (or Forr	n 990-T, lii	ne 34), is a los	6 (s, com	3,000) Splete the Capital Loss
خصه			 				
	Tax Computation Using Maximum Capital Gains Rate n 1041 filers. Complete this part only if both lines 14a and 15 in colu)) are naine	or an am	ount is enter	ad in	Part I or Part II and
there Cause • E • B	e is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mo t ion: Skip this part and complete the worksheet on page 8 of the instru ither line 14b, col. (2) or line 14c, col. (2) is more than zero, or oth Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.	re thai ctions	n zero ıf:				
Forr	n 990-T trusts. Complete this part only if both lines 14a and 15 ar	e gair	s, or qualif	ed divide	nds are incl	uded	in income in Part I
	orm 990-T, and Form 990-T, line 34, is more than zero. Skip this pa	irt and	complete t	he works	sheet on pag	e 8 o	f the instructions if
eitne	er line 14b, col. (2) or line 14c, col. (2) is more than zero.		 				
17	Enter taxable income from Form 1041, line 22 (or Form 990-1, line 3	34) .	17				
18	Enter the smaller of line 14a or 15 in column (2)						
	but not less than zero					1	
19	Enter the estate's or trust's qualified dividends					1	
	from Form 1041, line 2b(2) (or enter the qualified						
20	dividends included in income in Part I of Form 990-T) 19 Add lines 18 and 19 20		\dashv \mid			-	
20 21	If the estate or trust is filing Form 4952, enter the		-				
41	amount from line 4g; otherwise, enter -0-				1		
22	Subtract line 21 from line 20. If zero or less, enter -0-		22				
23	Subtract line 22 from line 17 If zero or less, enter -0-		23				
			·	•			
24	Enter the smaller of the amount on line 17 or \$2,300		24				
25	Is the amount on line 23 equal to or more than the amount on line 24	4?					
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box	(.					
	No. Enter the amount from line 23		25				
26	Subtract line 25 from line 24		26				
27	Are the amounts on lines 22 and 26 the same?						
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or li	ine 22	27	<u> </u>			
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)		28				
29	Subtract line 28 from line 27		29				
30	Multiply line 29 by 15% (.15)				з	0	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rat				—		
	(see the Schedule Ginstructions in the instructions for Form 1041).				II	1	
32	Add lines 30 and 31				[3	2	

Schedule D (Form 1041) 2009

33

G, line 1a (or Form 990-T, line 36)

33 Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041)

34 Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule

<u>DATE</u> <u>ORGANIZATION</u>	PROGRAM NAME	ADDRESS	AMOUNT
2/4/2009 Maine-Dartmouth Family Medicine Residency 2/4/2009 Maine Medical Center Pediatric Clinic	From the First Tooth From the First Tooth	15 East Chestnut Street Augusta, ME 04330 6 East Chestnut Street Augusta. ME 04330	140
2/4/2009 Waterville Pediatrics	From the First Tooth	159 Silver Street Waterville, ME 04901	2,180
2/4/2009 Sebasticook Valley Hospital	From the First Tooth	447 North Main Street Pittsfield, ME	10
2/25/2009 St. Croix Regional Family Health Center	From the First Tooth	136 Mill Street Princeton, ME 04668	09
2/25/2009 Eastport Health Care Inc	From the First Tooth	53 Fremont Street Machias, ME 04654	20
3/11/2009 MaineHealth	From the First Tooth	465 Congress Street Suite 600 Portland, ME 04101-3537	74,261
4/30/2009 Maine Center for Public Health		One Weston Court Suite 109 Augusta, ME 04330	3,450
5/20/2009 MaineHealth	From the First Tooth	465 Congress Street Suite 600 Portland, ME 04101-3537	74,261
8/7/2009 MaineHealth	From the First Tooth	465 Congress Street Suite 600 Portland, ME 04101-3537	74,261
8/27/2009 Caring Resources for Living		1018 North Road North Yarmouth, ME 04097	10,000
8/27/2009 Community Dental Center		93 Main Street 3rd FI Waterville, ME 04901	10,000
8/27/2009 NAMI Maine		1 Bangor Street Augusta, ME 04330	7,500
8/27/2009 Rippling Waters Farm		55 River Road Steep Falls, ME 04085	5,000
8/27/2009 St Mary's Foundation/ St. Mary's Nutrition Center	er	PO Box 7291 Lewiston, ME 04243	2,000
8/27/2009 Adoptive & Foster Families of Maine Inc		294 Center Street Unit 1 Old Town, ME 04468	5,000
8/27/2009 Mid Coast Chapter, American Red Cross		16 Community Way Topsham, ME 04086	2,500
11/16/2009 MaineHealth	From the First Tooth	465 Congress Street Suite 600 Portland, ME 04101-3537	74,261
12/24/2009 Maine Philanthropy Center		314 Forest Avenue Room 321 Portland, ME 04101	009

348,555

Sadie & Harry Davis Foundation Capital Gain Schedule - TAX BASIS 2009

EIN: 20-3515375

<u>shs</u>	Security	Purchase <u>Date</u>	Sales <u>Date</u>	<u>Proceeds</u>	Basıs <u>Tax</u>	Gain/Loss
(590) / (1,460) / (2,200) / (270) E (500) E (1,450) ((3,800) E (1,500) ((330) E (2,650) E (1,000)	Akamai Technologies Amazon Com Avon Products Inc. Avon Products Inc. Becton, Dickinson Becton, Dickinson Covance Inc. Flextronics Intl Ltd Genentech Inc. GlaxoSmithKline PLC Monsanto Co Pharma. Product Dev. Telephone & Data Telephone & Data - Sp	9/5/2007 8/7/2009 10/3/2005 10/3/2005 3/15/2004 3/15/2004 6/29/2007 10/3/2005 10/18/2006 3/15/2004 12/29/2008 6/29/2007 3/15/2004 3/14/2004	8/4/2009 11/10/2009 3/6/2009 8/4/2009 1/22/2009 3/6/2009 8/4/2009 3/6/2009 3/6/2009 8/4/2009 5/15/2009 5/15/2009	195,579.31 75,201 53 22,575.41 71,990.94 19,757 48 31,599.82 81,758.32 21,319.34 142,500.00 21,915.07 23,320.96 56,417.84 30,095.22 27,824.28	(372,490.72) (51,079 01) (39,452 70) (59,449 28) (15,889.50) (29,425.00) (99,672.42) (49,016.59) (127,335.00) (37,499.00) (22,343.87) (101,658.24) (42,995.00)	(176,911 41) 24,122 52 (16,877.29) 12,541.66 3,867 98 2,174 82 (17,914.10) (27,697.25) 15,165.00 (15,583.93) 977.09 (45,240.40) (12,899.78) (15,170.72)
				821,855.52	(1,091,301.33)	(269,445.81)

Sadie & Harry Davis Foundation Capital Gain Schedule - BOOK BASIS 2009

EIN: 20-3515375

<u>shs</u>	Security	Purchase <u>Date</u>	Sales <u>Date</u>	Proceeds	Basis <u>Book</u>	Gain/Loss
(590) (1,460) (2,200) (270) (500) (1,450) (3,800) (1,500) (770) (330) (2,650) (1,000)	Akamai Technologies Amazon Com Avon Products Inc. Avon Products Inc. Becton, Dickinson Becton, Dickinson Covance Inc. Flextronics Intl Ltd Genentech Inc. GiaxoSmithKline PLC Monsanto Co Pharma. Product Dev. Telephone & Data Telephone & Data - Sp	9/5/2007 8/7/2009 10/3/2005 10/3/2005 3/15/2004 3/15/2004 6/29/2007 10/3/2005 10/18/2006 3/15/2004 12/29/2008 6/29/2007 3/15/2004 3/14/2004	8/4/2009 11/10/2009 3/6/2009 8/4/2009 3/6/2009 8/4/2009 3/26/2009 3/6/2009 3/6/2009 5/15/2009 5/15/2009	195,579 31 75,201.53 22,575.41 71,990.94 19,757.48 31,599.82 81,758.32 21,319.34 142,500.00 21,915.07 23,320.96 56,417.84 30,095 22 27,824.28	(397,345.90) (51,079.01) (56,056.70) (84,469.00) (24,302.70) (45,005.00) (121,336.00) (38,627.00) (122,587.50) (34,114.85) (22,343.87) (120,813.50) (45,555.00) (45,555.00)	(201,766.59) 24,122.52 (33,481.29) (12,478.06) (4,545.22) (13,405.18) (39,577.68) (17,307.66) 19,912.50 (12,199.78) 977.09 (64,395.66) (15,459.78) (17,730.72)
(1,000)	тејернопе & Data - эр	3/14/2004	3/13/2009	821,855.52	(1,209,191.03)	(387,335.51)

Form **8868**

Application for Extension of Time To File an

•	l	1
Department of the Treasury	i	
Internal Revenue Service		

Rev April 2009)		Exem	pt Organizatio	n Return		OMB No 1545-1709	
epartment of the temporary		√ ► File	e a separate application fo	or each return.			
	iling for an Automatic 3	-Mon#n Extensio	n. complete only Part	I and check this box		▶ X	
If you are fo	iling for an Additional	Not Automatic) 3	-Month Extension, co	mplete only Part II (on position on a position of a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position on a position a position on a position on a position a position on	page 2 of the previously file	s form)	
Part I Auto	matic 3-Month Exter	n of Time.	Only submit original (no copies needed).			
corporation i	required to file Form 99	90-T and requesti	ng an automatic 6-mor	nth extension - check th	is box and co	omplete	
art I only						▶ 📖	
	orations (including 112 ome tax returns	20-C filers), partr	nerships, REMICs, and	trusts must use Form	7004 to r	equest an extension of	
ne of the ref lectronically i eturns, or a co	turns noted below (6 f (1) you want the addomposite or consolidate	months for a co ditional (not auto ed From 990-T li	orporation required to matic) 3-month extensions stead, you must subn	file Form 990-T) How sion or (2) you file Fori	vever, you oms 990-BL, and signed	extension of time to file cannot file Form 8868 6069, or 8870, group page 2 (Part II) of Form a Nonprofits	
ype or	Name of Exempt Organiz	zation .			. Employ	er identification number	
rint	SADIE AND HA	ARRY DAVIS	FOUNDATION INC.	1	20-3515375		
ile by the	Number, street, and room			CO TANTON &	CO., LLP		
ue date for	37 W 577	th st 5	MEL	/			
ing your lurn See			e For a foreign address, s	ee instructions			
structions	NEW YORK, N	i 10019					
Check type o	f return to be filed (file	a separate appli	cation for each return)				
Form 990)	Form 990-1	「(corporation)		Form 4720		
Form 990	-BL	Form 990-1	「(sec=401(a) or 408(a) tru	st)	Form 5227		
Form 990		Form 990-1	(trust other than above)		Form 6069		
X Form 990	-PF	Form 1041-	-A		Form 8870	•	
	are in the care of $ ightharpoonup Jh$ No $ ightharpoonup 212 583-13$		FAX No	▶ 212 583-110	7		
If this is for	a Group Return, enter t	the organization's	four digit Group Exem			If this is	
	group, check this box. Ns of all members the e		or part of the group, che	eck this box P	and attach	a list with the	
1 I reques	st an automatic 3-m 08/15,201	nonth (6 month $\frac{10}{10}$, to file the	ns for a corporation exempt organization	n required to file F return for the organizat	Form 990-1 tion named	extension of time above. The extension is	
for the or	ganızatıon's return for						
▶ X	catendar year 2009						
P	tax year beginning		, and	d ending		_ ' <u></u>	
2 If this tax	year is for less than 12	2 months, check re	eason Initial retu	urn Final return	Chang	e in accounting period	
=			990-T, 4720, or 6069	, enter the tentative ta	ax, less any	1199	
nonrefundable credits See instructions b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments							
1.1.1.10							
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit							
made Include any prior year overpayment allowed as a credit c Balance Due. Subtract line 3b from line 3a 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 3b \$5.70 / S 3c \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$							
aution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO							
ar navment in	etructione						

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)