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990-PF

Return of Private Foundation

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

▶ Do not enter Social Security numbers on this form as it may be made public

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. -Open-to-Public-Inspection-

| | | lendar year 2013 or tax year beginning | 0! | 5/01 , 2013 , | and end | ling | | 04/30, 2014 |
|----------|--------|--|---|---------------------------------------|-----------|--|---|--|
| | | of foundation | | | | | A Employer identif | ication number |
| _ | | RLES A. & MARNA DAVIS FOUNDA | | · · · · · · · · · · · · · · · · · · · | | | 13-343792 | :4 |
| | | er and street (or PO box number if mail is not delivered | d to street address) | | Room/su | ıte | B Telephone numb | er (see instructions) |
| | | BCRS ASSOCIATES, LLC | | | | | (21 | 2) 440-0800 |
| _ | | WATER STREET | | | 9TH F | rL | | |
| | City o | r town, state or province, country, and ZIP or foreign po | stal code | | | | _ | |
| | | | | | | | C If exemption application pending check here | ation is |
| _ | | YORK, NY 10005 | | | | | | |
| G | Che | eck all that apply: Initial return | | of a former p | ublic cha | irity | D 1 Foreign organiza | tions, check here . ► |
| | | Final return | Amended re | | | | 2 Foreign organiza 85% test, check it | |
| _ | | Address change | Name chang | | | | computation . | |
| Н | - 1 | ck type of organization: X Section 501(| | | | | E If private foundation | n status was terminated |
| | | Section 4947(a)(1) nonexempt charitable trust | Other taxable pr | | | | under section 507(b |)(1)(A), check here |
| ' | | | unting method. X C | | ruai | | | in a 60-month termination |
| | | of year (from Part II, col (c), line | ther (specify) column (d) must be or | | | | under section 507(b |)(1)(B), check here . > |
| | | Analysis of Revenue and Expenses (The | | Casii basis) | | ┰╌┸ | | (d) Disbursements |
| لاء | CIII. | total of amounts in columns (b), (c), and (d) | (a) Revenue and expenses per | (b) Net inve | | (c |) Adjusted net | for charitable |
| | | may not necessarily equal the amounts in column (a) (see instructions)) | books | incom | ie | | income N/A | purposes (cash basis only) |
| | 1 | · · · · · · · · · · · · · · · · · · · | 530,000. | | | <u> </u> | N/A | (Casii pasis Offiy) |
| | 2 | Contributions, gifts grants, etc., received (attach schedule) if the foundation is not required to | | | | | | |
| | 3 | Interest on savings and temporary cash investments | 137. | | 137. | | | ATCH 1 |
| | 4 | Dividends and interest from securities | 132,761. | 13 | 2,761. | | - | ATCH 2 |
| | | Gross rents | | | | | | |
| | | Net rental income or (loss) | | | | | | |
| <u>o</u> | | Net gain or (loss) from sale of assets not on line 10 | -9,344. | | | | | ¥ |
| Pun | | Gross sales price for all 9,340. | | | | | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) . | | | 0. | | | , |
| Œ | 8 | Net short-term capital gain | | | | | | |
| | 9 | Income modifications · · · · · · · · · · | ····· | | | | | |
| | 10 a | Gross sales less returns and allowances · · · · | | | | | | |
| | | Less Cost of goods sold . | | | | | | 1 |
| | | Gross profit or (loss) (attach schedule) | | | <u> </u> | -0 | EIVED _ | |
| | | Other income (attach schedule) | 653,554. | 12 | 2,898. | | 10 | <u>) </u> |
| _ | 12 | Total Add lines 1 through 11 | 033,334. | | | | 0 201/1 1 | 0) |
| | 13 | Compensation of officers, directors, trustees, etc | | | 3/ 1 | EC | 1 8 2014 j | 7. |
| es | 14 | Other employee salaries and wages | | | | | | <u>Z</u> |
| penses | 15 | Pension plans, employee benefits | | | - | W | EN, UT | |
| | | Legal fees (attach schedule) | 4,600. | | 2,-300- | ₩ 1,10 | · head of the | 2,300 |
| Ve I | | Accounting fees (attach schedule)ATCH 3 Other professional fees (attach schedule) | 2,0001 | | ., | | | 2,000 |
| ati | 17 | Interest | | | | | | |
| ist | 18 | Taxes (attach schedule) (see instructions) ATCH 4 | 2,500. | | | l | | |
| 틢 | 19 | Depreciation (attach schedule) and depletion | | | | | | |
| þ | 20 | Occupancy | | | . : | | | 77 |
| ē | 21 | Travel, conferences, and meetings | | | | | · ·- ·· · | |
| ā | 22 | Printing and publications | | | | | | |
| 릙 | 23 | Other expenses (attach schedule) ATCH 5 | 521. | | 131. | | | 390. |
| = 1 | 24 | Total operating and administrative expenses | | | | | | |
| 핅 | | Add lines 13 through 23 | 7,621. | | 2,431. | | 4 | 2,690. |
| | 25 | Contributions, gifts, grants paid | 485,534. | | | | | 485,534 |
| ┪ | 26 | Total expenses and disbursements Add lines 24 and 25 | 493,155. | | 2,431. | | C | 488,224 |
| | 27 | Subtract line 26 from line 12 | 4.0.00 | | | | | |
| | | Excess of revenue over expenses and disbursements | 160,399. | 10 | 0 467 | | | |
| | | Net investment income (if negative, enter -0-) | | 13 | 0,467. | | | |
| ┙ | С | Adjusted net income (if negative, enter -0-) | | | | | C | 1 |

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| | ori ii | Polones Chasta | Attached schedules and amounts in the | Beginning of year | End | of year |
|--------------------|--------|---|---|------------------------------|---------------------------------------|-----------------------|
| | art II | Balance Sneets | description column should be for end-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash - non-interest-bear: | ng | 242,068. | 25 | 1 |
| | 2 | | cash investments | 442,643. | 854,559 | . 854,559 |
| | 3 | Accounts receivable ▶_ | | | | |
| | | Less allowance for doul | btful accounts ► | | | |
| | 4 | Pledges receivable ▶_ | | | | |
| | | Less allowance for doul | btful accounts ▶ | | | |
| | 5 | | | | | |
| | 6 | | officers, directors, trustees, and other | | | |
| | | disqualified persons (att | ach schedule) (see instructions) | | | |
| | 7 | | eceivable (attach schedule) 🕨 | | <u></u> | |
| | | | btful accounts > | | | |
| ţ | 8 | | e | | | - |
| Assets | 9 | Prepaid expenses and de | eferred charges | | - | |
| Ä | 10 a | | e government obligations (attach schedule) | | | |
| | ь | Investments - corporate | stock (attach schedule) ATCH 6 | 902,176. | 902,176 | 3,447,660 |
| | | | bonds (attach schedule) | | · | |
| | 11 | Investments - land, buildings and equipment basis Less accumulated deprecia | s, > | | | ~ |
| | 12 | (attach schedule) | loans | | ···· | |
| | 13 | Investments - other (atta Land, buildings, and | ch schedule) | | | |
| | | equipment basis Less accumulated deprecia | tion | | - | |
| | 15 | (attach schedule) | ATCH 7 | 9,475. | NONE | NONE |
| | | | completed by all filers - see the | 371.31 | NONE | HONE |
| | | • | age 1, item I) | 1,596,362. | 1,756,760 | 4,302,244. |
| _ | | | ccrued expenses | 2,000,002. | 27.007.00 | 1/002/211 |
| | | | | | | 1 (1 |
| G | | | | | | + |
| tie | 1 | | | | | 1 |
| ΙĘ | | | rs, trustees, and other disqualified persons | | | , |
| Liabilities | | | tes payable (attach schedule) | ···- | | , ! |
| | 22 | Other habilities (describe | • ▶) | · · · | | ' |
| | 23 | Total liabilities (add line | s 17 through 22) | o | (| |
| _ | | | ow SFAS 117, check here . ▶ | | · · · · · · · · · · · · · · · · · · · | 1 |
| Balances | | and complete lines 2 | 24 through 26 and lines 30 and 31. | | | ; |
| ä | | | | | | - |
| Bal | | | | | | _ |
| | 26 | Permanently restricted - | | | | 4 |
| Net Assets or Fund | | Foundations that do check here and comp | not follow SFAS 117, ▶ X plete lines 27 through 31. | | | |
| 5 | 27 | Capital stock, trust princ | pal, or current funds | 1,596,362. | 1,756,760 | |
| Se | 28 | Paid-in or capital surplus, or | land, bldg, and equipment fund | | | |
| ¥ | 29 | • | lated income, endowment, or other funds | | | _ |
| 흴 | 30 | Total net assets or fund | balances (see instructions) | 1,596,362. | 1,756,760 | |
| | 31 | | net assets/fund balances (see | | | |
| ┙ | | instructions) | | 1,596,362. | 1,756,760 | |
| | | | nges in Net Assets or Fund I | | | |
| 1 | | | alances at beginning of year - Part | II, column (a), line 30 (r | nust agree with | |
| | | | | | 1 | 1,596,362. |
| 2 | Ente | er amount from Part I, | line 27a | | 2 | 160,399. |
| 3 | Othe | er increases not includ | led in line 2 (itemize) ► ATCH 8 | | _3 | -1. |
| 4 | Add | lines 1, 2, and 3 | | | 4 | 1,756,760. |
| 5 | Dec | reases not included in | line 2 (itemize) ► | | | |
| 6 | Tota | I net assets or fund ba | alances at end of year (line 4 minus | line 5) - Part II, column (b | o), line 30 6 | 1,756,760. |

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Page 3

| (a) List | and describe the kind(s) of property sold | (e g , real estate, | (b) How acquired P - Purchase | (c) Date acquired | (d) Date sold (mo , day, yr) | | | | |
|--|--|--|-------------------------------------|---|--|--|--|--|--|
| | 2-story brick warehouse, or common stock, 200 shs MLC Co) SEE PART IV SCHEDULE | | | | | | | | |
| 1a SEE PART IV SC | HEDULE | | ļ | | | | | | |
| <u>b</u> | | | - | | | | | | |
| <u>c</u> | | | | | | | | | |
| d | | | | | | | | | |
| <u>e</u> | | | | L | | | | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | (g) Cost or other basis plus expense of sale | | (h) Gain or (lo (e) plus (f) mini | | | | | |
| <u>a</u> | | | | | | | | | |
| <u>b</u> | | | | | | | | | |
| <u>c</u> | | | | | | | | | |
| <u>d</u> | | | | | | | | | |
| <u>e</u> | <u> </u> | | | | | | | | |
| Complete only for asse | ets showing gain in column (h) and owne | | | Gains (Col (h) g | | | | | |
| (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 | col | (k), but not less t Losses (from co | | | | | |
| a | | | | | | | | | |
| b | | | | | | | | | |
| С | | | | | | | | | |
| _d | | | | | | | | | |
| e | | | | | | | | | |
| 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 | | -9,344. | | | | |
| 3 Net short-term capital a | aın or (loss) as defined ın sections 12 | | | | · | | | | |
| | Part I, line 8, column (c) (see inst | | | | | | | | |
| | | | 3 | | 0 | | | | |
| | n Under Section 4940(e) for Re | | ncome | | | | | | |
| | or the section 4942 tax on the distrib | | ase perio | ٦٥ <u> </u> | Yes X No | | | | |
| | es not qualify under section 4940(e) | | | | | | | | |
| (a) | mount in each column for each year | | any entr | | | | | | |
| Base period years Calendar year (or tax year beginning in | | (c) Net value of noncharitable-use assets | | (d) Distribution ra (col (b) divided by | itio col (c)) | | | | |
| 2012 | 549,569. | 3,931,036. | | | 0.139803 | | | | |
| 2011 | 669,356. | 3,737,108. | | · · · · · · · · · · · · · · · · · · · | 0.179111 | | | | |
| 2010 | 397,336. | 3,406,396. | | | 0.116644 | | | | |
| 2009 | 460,742. | 2,841,008. | | | | | | | |
| 2008 | 326,270. | 2,601,726. | | | 0.162176 | | | | |
| 2 Total of line 1, column | | <u> </u> | | | | | | | |
| | , , | | 2 | | 0.162176 | | | | |
| number of years the for | io for the 5-year base period - divide | e the total on line 2 by 5, or by the | 2 | | 0.162176 0.125405 | | | | |
| number of years the to | , , | e the total on line 2 by 5, or by the | 2 3 | | 0.162176 0.125405 | | | | |
| | no for the 5-year base period - divide undation has been in existence if less | e the total on line 2 by 5, or by the s than 5 years | | | 0.162176 0.125405 0.723139 | | | | |
| | io for the 5-year base period - divide | e the total on line 2 by 5, or by the s than 5 years | | | 0.162176 0.125405 0.723139 | | | | |
| | no for the 5-year base period - divide undation has been in existence if less | e the total on line 2 by 5, or by the s than 5 years | 3 | | 0.162176 0.125405 0.723139 0.144628 | | | | |
| 4 Enter the net value of r | no for the 5-year base period - divide undation has been in existence if less noncharitable-use assets for 2013 fro | e the total on line 2 by 5, or by the s than 5 years | 3 | 4, | 0.162176 0.125405 0.723139 0.144628 | | | | |
| 4 Enter the net value of r 5 Multiply line 4 by line 3 | no for the 5-year base period - divide undation has been in existence if less ioncharitable-use assets for 2013 fro | e the total on line 2 by 5, or by the s than 5 years | 3 4 | 4, | 0.162176 0.125405 0.723139 0.144628 349,515. | | | | |
| 4 Enter the net value of r5 Multiply line 4 by line 3 | no for the 5-year base period - divide undation has been in existence if less ioncharitable-use assets for 2013 fro | e the total on line 2 by 5, or by the s than 5 years | 3 4 | 4, | 0.162176 0.125405 0.723139 0.144628 349,515. | | | | |
| 4 Enter the net value of r5 Multiply line 4 by line 3 | no for the 5-year base period - divide undation has been in existence if less noncharitable-use assets for 2013 fro | e the total on line 2 by 5, or by the s than 5 years | 3 4 5 | 4, | 0.162176 0.125405 0.723139 0.144628 349,515. 629,062. | | | | |
| 4 Enter the net value of r5 Multiply line 4 by line 36 Enter 1% of net investr | no for the 5-year base period - divide undation has been in existence if less concharitable-use assets for 2013 fro | e the total on line 2 by 5, or by the s than 5 years | 3 4 5 | 4, | 0.162176 0.125405 0.723139 0.144628 349,515. 629,062. | | | | |
| 4 Enter the net value of r 5 Multiply line 4 by line 3 6 Enter 1% of net investor 7 Add lines 5 and 6 | no for the 5-year base period - divide undation has been in existence if less noncharitable-use assets for 2013 from the companion of Part I, line 27b). | e the total on line 2 by 5, or by the s than 5 years | 3 4 5 | 4, | 0.162176 0.125405 0.723139 0.144628 349,515. 629,062. 1,305. | | | | |
| 4 Enter the net value of n 5 Multiply line 4 by line 3 6 Enter 1% of net investor 7 Add lines 5 and 6 | no for the 5-year base period - divide undation has been in existence if less concharitable-use assets for 2013 fro | e the total on line 2 by 5, or by the sthan 5 years m Part X, line 5 | 3 4 5 6 7 | 4, | 0.162176 0.125405 0.723139 0.144628 349,515. 629,062. 1,305. | | | | |

1 1

| Pai | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see | nstrı | ction | s) |
|-----------|--|-------|--------------|-------------|
| 1 a | Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1) | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instructions) | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | 2, | 609. |
| | here 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 | | 2, | 609. |
| 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 | | 2, | 609. |
| 6 | Credits/Payments | | | |
| а | 2013 estimated tax payments and 2012 overpayment credited to 2013 6a 283. | | | |
| b | Exempt foreign organizations - tax withheld at source | | | |
| С | Tax paid with application for extension of time to file (Form 8868) 6c 3,500. | | | |
| d | Backup withholding erroneously withheld | - | ٠, | 702 |
| 7 | Total credits and payments Add lines 6a through 6d | | ٥, | 783. |
| 8 | 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 . | 174. |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid. | | 1,. | 1/4. |
| 11 Dat | Enter the amount of line 10 to be Credited to 2014 estimated tax ▶ 1,174 . Refunded ▶ 11 t VII-A Statements Regarding Activities | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate | | Yes | No |
| , , | or intervene in any political campaign? | 1a | 162 | No X |
| ь | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see Instructions for the | Ia | | |
| b | | 1b | | X |
| | definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or | 10 | | |
| | distributed by the foundation in connection with the activities | | | * |
| С | 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 \$ | | | ١. ٧ |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on | | | |
| | foundation managers ▶\$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | • | x |
| | 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 bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | 3 | | Ϋ́ |
| 4 a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | Х |
| 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 | | X |
| | 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 remain in the governing instrument? | 6 | _ <u>X</u> _ | |
| 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 | X | <u> </u> |
| 8a | Enter the states to which the foundation reports or with which it is registered (see instructions) | | | |
| 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 | Х | <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 2013 or the taxable year beginning in 2013 (see instructions for Part XIV)? If "Yes," complete | | | |
| | Part XIV | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and | | | |
| | addresses | 10 | | X |
| | | - 07 | O DE | |

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

b If "Yes," did it have excess business holdings in 2013 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, Form 4720, to determine if the

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

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2013?

Form 990-PF (2013)

N/A

Х

X No

12

13

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

Form 990-PF (2013) Page 7 Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) Five highest-paid independent contractors for professional services (see 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 Total number of others receiving over \$50,000 for professional services. 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 Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc PLEASE NOTE, THE FOUNDATION IS NOT INVOLVED IN ANY DIRECT CHARITABLE ACTIVITIES. ITS PRIMARY PURPOSE IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS EXEMPT UNDER INTERNAL NONE 2 REVENUE CODE SECTION 501(C)(3). Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 NONE 2 N/A All other program-related investments. See instructions

Form 990-PF (2013)

| Par | Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.) | ign fou | ndations, |
|--------|--|----------|----------------------------|
| 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 | 3,624,817. |
| b | Average of monthly cash balances | 1b | 790,930. |
| С | Fair market value of all other assets (see instructions) | 1c | 4. |
| d | Total (add lines 1a, b, and c) Reduction claimed for blockage or other factors reported on lines 1a and | 1d | 4,415,751. |
| 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 | |
| 3 | Subtract line 2 from line 1d Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | 3 | 4,415,751. |
| 4 | Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see | | |
| | instructions) | 4 | 66,236. |
| 5 | Instructions) Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 4,349,515. |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 217,476. |
| Par | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating four and certain foreign organizations check here ► and do not complete this part) | ndations | , |
| 1 | Minimum investment return from Part X, line 6 | 1 | 217,476. |
| 2 a | Tax on investment income for 2013 from Part VI, line 5 | | |
| b | Income tax for 2013 (This does not include the tax from Part VI) 2b | 1 | |
| С | Add lines 2a and 2b | 2c | 2,609. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 214,867. |
| 4 | Recoveries of amounts treated as qualifying distributions | | |
| 5 | Add lines 3 and 4 | 5 | 214,867. |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Deduction from distributable amount (see instructions) Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, | | |
| | line 1 | 7 | 214,867. |
| Pari | XII Qualifying Distributions (see instructions) | | |
| 1 | | T 1 | |
| ı a | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc total from Part I, column (d), line 26. | | 488,224. |
| b | Decrease related in restricted to the Death IV D | 1a | 400,224. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., | ID | |
| 2 | | | |
| 3 | purposes Amounts set aside for specific charitable projects that satisfy the | 2 | |
| _ | | | |
| a b | Suitability test (prior IRS approval required) | 3a | - |
| 4 | Cash distribution test (attach the required schedule) | 3b | 488,224. |
| 5 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4. | | 400,224. |
| J | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | 1 1 | 0 |
| c | Enter 1% of Part I, line 27b (see instructions) | 5 6 | 400 204 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 0 | 488,224. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years | alculat | ing whether the foundation |

Form **990-PF** (2013)

Form 990-PF (2013) Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) Years prior to 2012 2012 2013 Distributable amount for 2013 from Part XI, 214,867. Undistributed income, if any, as of the end of 2013 a Enter amount for 2012 only NONE Total for prior years 20_____,20_____,20____ NONE Excess distributions carryover, if any, to 2013 198,846 a From 2008 321,324. From 2009 229,668 c From 2010 **d** From 2011 485,129. 355,650. e From 2012 1,590,617 f Total of lines 3a through e Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 488,224. a Applied to 2012, but not more than line 2a . . . b Applied to undistributed income of prior years (Election required - see instructions)..... c Treated as distributions out of corpus (Election 214,867. d Applied to 2013 distributable amount 273,357 Remaining amount distributed out of corpus ... Excess distributions carryover applied to 2013 (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: 1,863,974 Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b 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 d Subtract line 6c from line 6b Taxable amount - see instructions . . Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount - see NONE f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 NONE Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not 198,846 applied on line 5 or line 7 (see instructions) . . . Excess distributions carryover to 2014. 1,665,128 Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 321,324 a Excess from 2009 . . . 229,668. b Excess from 2010 . . . 485,129. c Excess from 2011 . . . 355,650. d Excess from 2012 . . . 273,357. e Excess from 2013 . . .

factors

Page **11**

| Part XV Supplementary Information | (continued) | rayad far l | Euturo Poumont | |
|---|---|---------------------|----------------------------------|----------|
| 3 Grants and Contributions Paid Dur | Ing the Year or Appl | Foundation | -uture Payment | T |
| Recipient | show any relationship to any foundation manager | status of | Purpose of grant or contribution | Amount |
| Name and address (nome or business) | or substantial contributor | recipient | | |
| Recipient Name and address (home or business) a Paid during the year SEE LIST ATTACHED | any foundation manager or substantial contributor | status of recupient | contribution | 485,534 |
| Total | | | ▶ 3a | 485,534. |
| b Approved for future payment | | T | | - |
| | | | | |
| Total | | <u> </u> | ▶ 3b | |

Page 12

| Part XVI-A | Analysis of Income-Produ | cing Activ | vities | | | |
|-------------------|---|----------------------|---------------------------------------|-----------------------|--|---------------------------------------|
| Enter gross amo | iunts unless otherwise indicated | | ated business income | | y section 512, 513, or 514 | (e) Related or exempt |
| 1 Program serv | nce revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| е | | | | | | |
| f | | | | | | |
| - | contracts from government agencies | | | | | |
| 2 Membership | dues and assessments | | | | | |
| | ings and temporary cash investments | | | 14 | 137. | |
| | d interest from securities | | | 14 | 132,761. | |
| | come or (loss) from real estate | | | | | |
| a Debt-fina | nced property | | | | | |
| b Not debt- | financed property | | | | | |
| | me or (loss) from personal property . | | | | | |
| 7 Other investi | ment income | | | | | |
| 8 Gain or (loss) | from sales of assets other than inventory | | | | | |
| 9 Net income of | or (loss) from special events | | | | | |
| 10 Gross profit | or (loss) from sales of inventory | | | | | |
| 11 Other revenu | e a | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| е | | <u> </u> | | | | |
| | Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events Gross profit or (loss) from sales of inventory Other revenue a | | | | | |
| 13 Total. Add lin | ie 12, columns (b), (d), and (e) | | | | 13 | 132,898. |
| | | | | | | |
| | | | | | | |
| Line No. | xplain below how each activit | y for which | n income is reported | ın column (e | e) of Part XVI-A contribu | ited importantly to the |
| ▼ a | ccomplishment of the foundation | on's exemp | t purposes (other than | n by providing | funds for such purposes | s) (See instructions) |
| N/A | | | · . | | | · · · · · · · · · · · · · · · · · · · |
| 19/7 | | | | - | | |
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| Form 99 | 0-PF (2 | | | | | DAVIS FO | | | | 13-343 | | Pa | age 13 |
|----------|-------------------|--|---------------------------------------|--------------|-------------------------|---------------------|--|-------------------|--------------|--------------------|---------------|-------------|---------|
| Part | XVII | Information R Exempt Organ | | ansfe | rs To an | d Transac | tions an | d Relation | nships | With Non | chari | table | e |
| o Ir | n sect organiz | e organization direct ion 501(c) of the Co zations? ers from the reportin | ode (other than | section | n 501(c)(3 | 3) organizatıo | ns) or in s | section 527, | | | | Yes | No |
| | | sh | | | | | | | | | 1a(1) | | х |
| (: | 2) Oth | ner assets | · · · · · · · · · · · · · · · · · · · | | | | | | | | 1a(2) | | X |
| | | transactions: | | | | | | | | | | | |
| (| 1) Sal | les of assets to a no | ncharitable exe | empt org | ganization | | | | | | 1b(1) | | Х |
| (: | 2) Pu | rchases of assets fro | om a noncharit | able exe | empt orgai | nization | | | | | 1b(2) | | Х |
| (; | 3) Re | ntal of facilities, equi | pment, or other | r assets | | | | | | | 1b(3) | | X |
| (4 | 4) Rei | imbursement arrange | ements | | | | | | | | 1b(4) | | X |
| (: | 5) LO | ans or loan guarantee | 35 | hin or fi | | | • • • • • | • • • • • • | | | 1b(5) | | X |
| c S | Sharin | rformance of service g of facilities, equipn | nent mailing lie | nip oi n | unuraising er assets | or naid emplo | | • • • • • • | | • • • • • • | 1b(6) | | X |
| d If | the | answer to any of th | e above is "Y | es." cor | nplete the | e following s | chedule | Column (b) | should | alwavs shov | | l fair m | |
| V | alue d | of the goods, other | assets, or serv | rices giv | en by the | e reporting for | oundation. | If the found | dation i | eceived less | than | fair m | ıarket |
| | | n any transaction or | | | | | | | | | | | |
| (a) Line | no | (b) Amount involved | (c) Name of | noncharit | able exempt | organization | (d) Des | cription of trans | sfers, trans | sactions, and sha | ring arra | ngeme | nts |
| | | | N/A | | | | <u>.</u> | | | | | | |
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| đ | escrib | foundation directly oped in section 501(c) are complete the follow | of the Code (o | ther tha | an section | 501(c)(3)) o | | | | | Ye | s X |] No |
| | | (a) Name of organization | | | | of organization | | | (c) Descr | ption of relations | ship | | |
| | | | | N/A | | | | | | | | | |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| | Under | penalties of perjury. I decla | ire that have exam | ined this r | return, includir | ng accompanying | schedules and | statements, and | 10 the he | st of my knowledg | ie and h | elref. it | is true |
| Cian | correc | penalties of perjury, I decla i, and complete Declaration of | prepare (other than t | taxpayer) is | based on all ii | nformation of which | preparer has a | any knowledge | | , | ,5 4 | o, 11 | |
| Sign |) | Mas M | Han | 2 | 12/1 | 1114 | TRUS | TEE | | | discus: | | |
| Here | Sign | ature of officer or trustee | | | Date | | Title | | | (see instruction | · 📆 | 7 ~ | No |
| | <u> </u> | Print/Type preparer's nar | | Dr- | - | aturo. | | I Date | | <u> </u> | TIL! | | |
| Paid | | JOHN D COOK | ne . | Fre | parer's signa | 1016 | | 12/8/ | اید | " | PTIN P014: | 5010 | 12 |
| Prepa | rer | | RS ASSOCIA | ATES. | LLC | // | | 1 0 11 | Firm's E | | | | |
| | | | | , | | -+ | | | 1 111115 | 2 | | - • | |

Form 990-PF (2013)

212-440-0800

Phone no

10005

Use Only Firm's address ▶ 77 WATER STREET, 9TH FLOOR NEW YORK, NY

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www irs gov/form990

OMB No 1545-0047

2013

Employer identification number

CHARLES A. & MARNA DAVIS FOUNDATION 13-3437924 Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Parts I and II 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, total 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 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 total 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 General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Name of organization CHARLES A. & MARNA DAVIS FOUNDATION

Employer identification number 13-3437924

| (a) | (b) | (c) | (d) |
|------------|---|----------------------------|---|
| No. | Name, address, and ZIP + 4 | Total contributions | Type of contribution |
| 1_ | CHARLES A. DAVIS CHARITABLE LEAD ANNUITY TRUST; C/O BCRS, 77 WATER STREET-9TH FL NEW YORK, NY 10005 | \$530,000. | Person X Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| - | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |

Employer identification number

13-3437924

| Part II | Noncash Property (see instructions). Use duplicate copies of Pa | art II if additional space is nee | eded |
|---------------------------|---|--|----------------------|
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
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| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
| | | \$ | |

Employer identification number 13-3437924

| -Fairt-III- | that total more than \$1,000 for the y | , marvidual contrib ,ear. Complete colu | mns (a) through | (e) and the following line entry |
|---------------------------|---|--|-----------------|---|
| | For organizations completing Part III, contributions of \$1,000 or less for the | e year. (Enter this in | formation once. | s, charitable, etc , . See instructions) ► \$ |
| (a) No | Use duplicate copies of Part III if addit | ionai space is neede | 2 0 | - |
| from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | | | | - |
| | | | · | |
| | | (e) Transf | er of gift | |
| | Transferee's name, address, ar | ., | • | tionship of transferor to transferee |
| | Transferee S manne, address, at | | neia | tionship of transferor to transferee |
| | | | | |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
| | | | | |
| - | | | | |
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| | | (e) Transf | er of gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Rela | tionship of transferor to transferee |
| | | | | |
| | | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
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| | | (e) Transf | er of gift | |
| | Transferee's name, address, ar | nd ZIP + 4 | Rela | tionship of transferor to transferee |
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| (a) No from Part I | (b) Purpose of gift | (c) Use | of gift | (d) Description of how gift is held |
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| | | | | |
| | | (e) Transf | er of gift | |
| | Transferee's name, address, an | nd ZIP + 4 | Rela | tionship of transferor to transferee |
| | | | | |
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CHARLES A. & MARNA DAVIS FOUNDATION 13-3437924
FORM 990-PF - PART IV
CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

| Kind of Property | | Description | | | | | Date | Date sold | |
|------------------|--------------|---------------------|-------------|--------------------|-----------|---------|----------------------|-----------|--|
| Gross sale | Depreciation | Coat or | FMV | | Excess of | or D | acquired | | |
| price less | allowed/ | Cost or other | as of | Adj basis as of | FMV over | | Gain or (loss) | | |
| expenses of sale | allowable | basis | 12/31/69 | 12/31/69 | adı basıs | 1 | (loss) | | |
| | | LTCG THRU MN 9,682. | MC CAP TECH | PROG II FU | ND LP | | -9,682. | | |
| | | DISPOSITION 9,002. | OF MMC CAP | C&I PROF F | UND LP | | VAR -9,002. | VAR | |
| 9,340. | | DISPOSITION | OF MMC CAP | TECH PROG | II FUND | | VAR 9,340. | VAR | |
| TOTAL GAIN(I | oss) | | | | | | -9,344. | | |
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THE CHARLES A. AND MARNA DAVIS FOUNDATION

EIN: 13-3437924

SUPPLEMENTARY STATEMENT

PART: XV

LINE: 2

SUPPLEMENTAL INFORMATION

THE ORGANIZATION'S PRIMARY ACTIVITY IS TO SUPPORT, BY CONTRIBUTIONS, OTHER ORGANIZATIONS QUALIFYING FOR EXEMPTION UNDER SECTION 501(c)(3) OF THE INTERNAL REVENUE CODE. THE TRUSTEES CHOOSE THESE ORGANIZATIONS BASED UPON THEIR KNOWLEDGE OF THE ORGANIZATIONS' ACTIVITIES NO CONTRIBUTIONS, GRANTS, GIFTS, LOANS OR SCHOLARSHIPS ARE MADE TO INDIVIDUALS. THE ORGANIZATION DOES NOT PRESENTLY RECEIVE APPLICATIONS OR CONDUCT PROGRAMS FOR DONATIONS IN ITS ACTIVITIES.

| | 11 |
|-------------------|----|
| INVESTMENTS | |
| CASH | |
| ON TEMPORARY CASH | |
| NO | |
| INTEREST | |
| 1 | |
| Н | |
| PART | |
| 990PF, | |
| FORM | |

| ADJUSTED NET INCOME | | |
|---|-----------------------------|-------|
| NET INVESTMENT INCOME | 137. | 137. |
| REVENUE AND EXPENSES PER BOOKS | 137. | 137. |
| | | TOTAL |
| DESCRIPTION | NTEREST THRU MORGAN STANLEY | |

| SECURITIES |
|-------------|
| FROM |
| INTEREST |
| AND |
| - DIVIDENDS |
| PART I |
| 990PF, |
| FORM |

| ADJUSTED NET INCOME | | |
|---|-------------------------------|----------|
| NET INVESTMENT INCOME | 132,761. | 132,761. |
| REVENUE AND EXPENSES PER BOOKS | 132,761. | 132,761. |
| | | TOTAL |
| DESCRIPTION | DIVIDENDS THRU MORGAN STANLEY | |

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| 90PF, PART I |
| 90PF, PART I |
| OPF. PART I |
| 90PF, PART I |
| RM 990PF, PART T |
| 90PF, PART I |

| CHARITABLE PURPOSES | 2,300. | 2,300. |
|---|----------------------|--------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | 2,300. | 2,300. |
| REVENUE AND EXPENSES PER BOOKS | 4,600. | 4,600. |
| | | TOTALS |
| DESCRIPTION | BCRS ASSOCIATES, LLC | |

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| CHARITABLE PURPOSES | | |
|---|-------------------------------|--------|
| ADJUSTED NET INCOME | | |
| NET INVESTMENT INCOME | | |
| REVENUE AND EXPENSES PER BOOKS | 2,500. | 2,500. |
| DESCRIPTION | FED'L TAX-EXT PMT FYE 4/30/13 | TOTALS |

FORM 990PF, PART I - OTHER EXPENSES

| CHARITABLE | PURPOSES 250. | 390. |
|----------------------------|---|--------|
| ADJUSTED NET | INCOME | |
| NET INVESTMENT | | 131. |
| REVENUE AND EXPENSES | PER BOOKS 250. 140. 125. 6. | 521. |
| | DESCRIPTION NEW YORK STATE FILING FEE PUBLICATION NOTICE FEE PORT DED'S THRU: -MMC CAP C&I PROFESSIONAL FD -MMC CAP TECH PROF FUND II | TOTALS |

PART II - CORPORATE STOCK FORM 990PF,

ENDING FMV ENDING BOOK VALUE 902,176. BEGINNING BOOK VALUE SEE LONG POSITION ATTACHED DESCRIPTION

902,176.

902,176.

902,176.

TOTALS

3,447,660. 3,447,660.

- OTHER ASSETS PART II FORM 990PF,

DESCRIPTION

BEGINNING BOOK VALUE

MMC CAP C&I PROFESSIONAL FD LP MMC CAP TECH PROFESSIONALS FD

9,127. 348.

TOTALS

9,475.

ATTACHMENT

13-3437924

| CHADIES | Δ | ۲. | MADNIA | DAVIC | FOUNDATTO | M |
|---------|----|----|--------|-------|------------|-------|
| LHARLES | Α. | ~ | MARNA | DAVIS | FUUNIJALIU | · IVI |

13-3437924

| ATTACHMENT | 8 | |
|------------|---|--|
| | | |
| | | |

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION AMOUNT

ROUNDING -1.

TOTAL -1.

| FOUNDATION |
|------------|
| DAVIS |
| MARNA |
| w |
| Ä |
| CHARLES |

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

| TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION TRUSTEE/PART-TIME |
|--|
| TRUSTEE/PART-TIME |
| GRAND TOTALS |

FORM 990PF, PART XV - INFORMATION REGARDING FOUNDATION MANAGERS

CHARLES A. DAVIS; C/O BCRS ASSOCIATES, LLC 77 WATER STREET, 9TH FL., NEW YORK, NY 10005

SCHEDULE D (Form 1041)

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T.

▶ Use Form 8949 to list your transactions for lines 1b, 2, 3, 8b, 9 and 10

Employer identification number

Department of the Treasury Internal Revenue Service Name of estate or trust

▶ Information about Schedule D and its separate instructions is at www.irs.gov/form1041

OMB No 1545-0092

CHARLES A. & MARNA DAVIS FOUNDATION 13-3437924 Note: Form 5227 filers need to complete only Parts I and II Short-Term Capital Gains and Losses - Assets Held One Year or Less See instructions for how to figure the amounts to enter on (h) Gain or (loss) (g) the lines below (d) Proceeds Adjustments (e) Cost Subtract column (e) to gain or loss from Form(s) 8949, Part I, line 2, column (g) from column (d) and This form may be easier to complete if you round off cents combine the result with column (g) (sales price) (or other basis) to whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 5 Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts 5 Short-term capital loss carryover Enter the amount, if any, from line 9 of the 2012 Capital Loss 6 Net short-term capital gain or (loss). Combine lines 1a through 6 in column (h) Enter here and on Long-Term Capital Gains and Losses - Assets Held More Than One Year See instructions for how to figure the amounts to enter on (h) Gain or (loss) (q) Adjustments to gain or loss from Subtract column (e) from column (d) and the lines below Proceeds This form may be easier to complete if you round off cents Form(s) 8949, Part II, line 2, column (g) (sales price) combine the result with (or other basis) to whole dollars column (g) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b 8b Totals for all transactions reported on Form(s) 8949 9,682. -9,682. Totals for all transactions reported on Form(s) 8949 Totals for all transactions reported on Form(s) 8949 9,340. 9,002. 338. 11 Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 11 12 Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts. 12 13 13 14 Long-term capital loss carryover Enter the amount, if any, from line 14 of the 2012 Capital Loss 15 Net long-term capital gain or (loss). Combine lines 8a through 15 in column (h). Enter here and on

| Schedule I | D (Form 1041) 2013 | | | | Page 2 |
|----------------------------|--|----------|----------------------------|---------------------|----------------------------|
| Part III | Summary of Parts I and II | | (1) Beneficiaries' | (2) Estate's | (0) Takal |
| | Caution: Read the instructions before completing this pa | art | (see instr) | or trust's | (3) Total |
| 17 Net | t short-term gain or (loss) | 17 | | | |
| 18 Net | t long-term gain or (loss): | | | | |
| a Tot | tal for year | 18a | | | -9,344. |
| b Uni | recaptured section 1250 gain (see line 18 of the wrksht) | 18b | | | |
| c 289 | % rate gain | 18c | | | |
| | tal net gain or (loss). Combine lines 17 and 18a | 19 | | | -9,344. |
| Note: # | line 19, column (3), is a net gain, enter the gain on Form 1041, line 4 to Part V, and do not complete Part IV If line 19, column (3), is a n | (or Fo | rm 990-T, Part I, line 4 | la) If lines 18a a | nd 19, column (2), are ne |
| necessary | | ei 1055 | , complete rait iv an | u ine Capital Los | s Carryover Worksneet, a |
| Part IV | Capital Loss Limitation | | | | |
| 20 Ent | ter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, F | art I, I | ne 4c, if a trust), the sn | naller of | |
| a The | e loss on line 19, column (3) or b \$3,000 | | | 20 | (3,000.) |
| Note: // Loss Cam | the loss on line 19, column (3), is more than \$3,000, or if Form 1041, vover Worksheet in the instructions to figure your capital loss carryover | page | 1, line 22 (or Form 990 | 0-T, line 34), is a | loss, complete the Capita |
| Part V | | <u> </u> | | | · · |
| | 41 filers. Complete this part only if both lines 18a and 19 in col | | 2) are gains or an a | mount is entere | d in Part I or Part II and |
| | an entry on Form 1041, line 2b(2), and Form 1041, line 22, is mor | | | mount is entere | o milantion rantinant |
| | Skip this part and complete the Schedule D Tax Worksheet in the i | | | | |
| Either | line 18b, col (2) or line 18c, col (2) is more than zero, or | | | | |
| Both F | Form 1041, line 2b(1), and Form 4952, line 4g are more than zero | | | | |
| | 0-T trusts. Complete this part only if both lines 18a and 19 a | | | | |
| | 990-T, and Form 990-T, line 34, is more than zero. Skip this part | and c | omplete the Schedu | le D Tax Works | sheet in the instructions |
| if either i | line 18b, col (2) or line 18c, col (2) is more than zero | | | | |
| 21 Ent | ter taxable income from Form 1041, line 22 (or Form 990-T, line 3 | 4) | . 21 | | |
| | ter the smaller of line 18a or 19 in column (2) | | | ļ | |
| but | not less than zero | | | | |
| 23 Ent | ter the estate's or trust's qualified dividends | | | | |
| fror | m Form 1041, line 2b(2) (or enter the qualified | | | ĺ | |
| | dends included in income in Part I of Form 990-T) 23 | | | | |
| 24 Add | d lines 22 and 23 | | | | |
| 25 If th | ne estate or trust is filing Form 4952, enter the | | | | |
| am | ount from line 4g, otherwise, enter -0 ▶ 25 | | | | |
| 26 Sub | btract line 25 from line 24 If zero or less, enter -0 | | . 26 | | |
| | btract line 26 from line 21. If zero or less, enter -0 | | | | |
| | ter the smaller of the amount on line 21 or \$2,450 | | | | |
| | ter the smaller of the amount on line 27 or line 28 | | | | |
| | btract line 29 from line 28 If zero or less, enter -0- This amount is | | i i | ▶ 30 | |
| | ter the smaller of line 21 or line 26 | | | | |
| 32 Sub | btract line 30 from line 26 | | . 32 | | |
| | ter the smaller of line 21 or \$11,950 | | | | |
| 34 Add | d lines 27 and 30 | | . 34 | | |
| | otract line 34 from line 33 If zero or less, enter -0 | | | | |
| | ter the smaller of line 32 or line 35 | | | | |
| | Itiply line 36 by 15% | | | ▶ 37 | |
| | ter the amount from line 31 | | | | |
| | d lines 30 and 36 | | | | |
| | otract line 39 from line 38 If zero or less, enter -0 | | | | |
| | Itiply line 40 by 20% | | 1 1 | ▶ 41 | |
| _ | ure the tax on the amount on line 27. Use the 2013 Tax Rate Schedule for E | | | | |
| | Trusts (see the Schedule G instructions in the instructions for Form 1041) | | · | | |
| | d lines 37, 41, and 42 | | | | |
| 44 Figi | ure the tax on the amount on line 21. Use the 2013 Tax Rate Schedule for E | Estates | . [| | |
| | Trusts (see the Schedule G instructions in the instructions for Form 1041) | | | | |
| | c on all taxable income. Enter the smaller of line 43 or line 44 h | | | | |
| G, I | ne 1a (or Form 990-T, line 36) | <u> </u> | <u> </u> | ▶ 45 | |

Page 2

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

Social security number or taxpayer identification number

CHARLES A. & MARNA DAVIS FOUNDATION

13-3437924

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

Part II Long-Term. Transactions involving capital assets you held more than one year are long term. For short-term transactions, see page 1.

Note. You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the total directly on Schedule D, line 8a, you are not required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

| 4 30 | parate i onii ob +0, page 2, ioi | cacii applici | abic box if y | ou nave more lo | nig-term transe | actions than will lit on this page it | וט שווט זכ |
|------|----------------------------------|----------------|---------------|-----------------|-----------------|--|------------|
| nore | e of the boxes, complete as ma | any forms wit | h the same b | ox checked as y | ou need | | |
| Х | (D) Long-term transactions r | eported on F | orm(s) 1099 | B showing basis | was reported t | o the IRS (see Note above) | |
| | (E) Long-term transactions re | | | | | | |
| | (F) Long-term transactions n | ot reported to | o you on Fori | m 1099-B | | | |
| 1 | | | | | (-) | Adjustment, if any, to gain or loss. If you enter an amount in column (g), | (h) |

| (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo , day, yr) | (c) Date sold or disposed | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and | If you enter an a enter a co | any, to gain or loss. amount in column (g), de in column (f) irate instructions. | (h) Gain or (loss). Subtract column (e) from column (d) and |
|--|-----------------------------------|---------------------------|----------------------------------|---|-------------------------------------|---|---|
| (Example 100 Sil X12 CO) | (MO, day, yr) | (Mo , day, yr) | (see instructions) | see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | combine the résult with column (g) |
| LTCG THRU MMC CAP TECH | | | | | | | |
| PROG II FUND LP | | | | 9,682. | | | -9,682. |
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| 2 Totals. Add the amounts in colu (subtract negative amounts) Er include on your Schedule D, line checked), line 9 (if Box E above (if Box F above is checked) ▶ | nter each tota e 8b (if Box D | here and above is | | 9,682. | | | -9,682. |

Note. If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Page 2

Name(s) shown on return (Name and SSN or taxpayer identification no not required if shown on other side.)

Social security number or taxpayer identification number

CHARLES A. & MARNA DAVIS FOUNDATION

13-3437924

Most brokers issue their own substitute statement instead of using Form 1099-B. They also may provide basis information (usually your cost) to you on the statement even if it is not reported to the IRS. Before you check Box D, E, or F below, determine whether you received any statement(s) and, if so, the transactions for which basis was reported to the IRS. Brokers are required to report basis to the IRS for most stock you bought in 2011 or later

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You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

| more of the boxes, complete as m (D) Long-term transactions (E) Long-term transactions X (F) Long-term transactions | reported on F reported on F | orm(s) 1099 orm(s) 1099 | -B showing basis -B showing basis | was reported t | | e Note above) | |
|--|-----------------------------------|----------------------------|--------------------------------------|---|-------------------------------------|--|---|
| (a) Description of property (Example 100 sh XYZ Co) | (b) Date acquired (Mo , day, yr) | (c) Date sold or | (d) Proceeds (sales price) | (e) Cost or other basis See the Note below and | If you enter an a enter a coo | any, to gain or loss amount in column (g), de in column (f) irate instructions. | (h) Gain or (loss) Subtract column (e) from column (d) and |
| (Example 100 Sit X12 00) | (Wio , day, yr) | (Mo , day, yr) | (see instructions) | see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g) |
| DISPOSITION OF MMC CAP C&I PROF FUND LP | VAR | VAR | | 9,002. | | | -9,002 |
| DISPOSITION OF MMC CAP TECH PROG II FUND L | VAR | VAR | 9,340. | | | | 9,340 |
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| 2 Totals. Add the amounts in colu (subtract negative amounts) E include on your Schedule D, lin checked), line 9 (if Box E above (if Box F above is checked) | nter each tota e 8b (if Box D | I here and above is | 9,340. | 9,002. | | | 338. |

Note If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

CHARLES A AND MARNA DAVIS FOUNDATION CHARITABLE CONTRIBUTIONS FYE 4/30/2014

EIN: 13-3437924

| DATE | CONTRIBUTION | CITY, STATE | AMOUNT |
|------------|--|-------------------|------------|
| 5/21/2013 | THE GOVERNOR'S ACADEMY | BYFIELD, MA | 1,000 00 |
| 6/4/2013 | BRUNSWICK SCHOOL | NEW BRUNSWICK, NJ | 1,000 00 |
| 8/19/2013 | BELLPORT VILLAGE PROGRAM FUND | BELLPORT , NY | 1,000 00 |
| 8/19/2013 | FIBROLAMELLAR CANCER FOUNDATION | GREENWICH, CT | 25,000 00 |
| 9/9/2013 | SHELBURNE MUSEUM | SHELBURNE, VT | 20,000 00 |
| 9/23/2013 | GREENWICH ADULT DAY CARE RIVER HOUSE | GREENWICH, CT | 1,000 00 |
| 9/25/2013 | NATIONAL MULTIPLE SCLEROSIS SOCIETY | NEW YORK, NY | 1,000 00 |
| 10/2/2013 | FRIENDS OF NATHANIEL WITHERELL | GREENWICH, CT | 200 00 |
| 10/2/2013 | WATERSIDE SCHOOL | STAMFORD, CT | 100 00 |
| 10/2/2013 | THE CHORDOMA FOUNDATION | DURHAM, NC | 175 00 |
| 10/3/2013 | FIBROLAMELLAR CANCER FOUNDATION | GREENWICH, CT | 25,000 00 |
| 10/9/2013 | BOOMER ESIASON FOUNDATION | NEW YORK, NY | 100 00 |
| 11/20/2013 | | GREENWICH, CT | 100 00 |
| 12/2/2013 | KEYS CHILDREN'S FOUNDATION | KEY LARGO, FL | 250 00 |
| 12/3/2013 | FRIENDS OF ALTA | ALTA, UT | 1,000 00 |
| 12/5/2013 | ROBERT HULL FLEMING MUSEUM | BURLINGTON, VT | 250 00 |
| | HILL HOUSE SENIOR RESIDENCE | RIVERSIDE, CT | 50 00 |
| | COLORADO COLLEGE | COLORADO SPGS, CO | 25 00 |
| | SHELBURNE MUSEUM | SHELBURNE, VT | 10,000 00 |
| | BELLPORT FIRE DEPARTMENT | BELLPORT, NY | 25 00 |
| 12/16/2013 | UNIVERSITY OF VERMONT | BURLINGTON, VT | 249,084 00 |
| 12/17/2013 | AMOGERONE VOLUNTEER FIRE COMPANY | GREENWICH, CT | 50 00 |
| 12/19/2013 | GREENWICH COMMUNITY PROJECTS FUND INC | ROWAYTON, CT | 25 00 |
| 12/24/2013 | GREENWICH BOYS & GIRLS CLUB | GREENWICH, CT | 1,000 00 |
| 1/8/2014 | FIBROLAMELLAR CANCER FOUNDATION | GREENWICH, CT | 5,000 00 |
| 1/10/2014 | FIBROLAMELLAR CANCER FOUNDATION | GREENWICH, CT | 25,000 00 |
| 2/14/2014 | SHELBURNE MUSEUM | SHELBURNE, VT | 15,000 00 |
| 2/14/2014 | UNIVERSITY OF VERMONT | BURLINGTON, VT | 9,800 00 |
| 2/18/2014 | GEORGE W BUSH PRESIDENTIAL CENTER | DALLAS, TX | 20,000 00 |
| 3/12/2014 | ST LAWRENCE UNIVERSITY | CANTON, NY | 100 00 |
| 3/17/2014 | GREENWICH FIREFIGHTERS ASSOCIATION | GREENWICH, CT | 100 00 |
| 3/20/2014 | CHORDOMA FOUNDATION | DURHAM, NC | 10,000 00 |
| 3/20/2014 | OCEAN REEF COMMUNITY FOUNDATION | KEY LARGO, FL | 30,000 00 |
| 4/1/2014 | COLUMBIA UNIVERSITY MEDICAL CENTER | NEW YORK, NY | 1,000 00 |
| 4/4/2014 | GREENWICH POLICE DEPARTMENT SCHOLARSHIP FUND | GREENWICH, CT | 100 00 |
| 4/4/2014 | OCEAN REEF MEDICAL CENTER FOUNDATION | KEY LARGO, FL | 5,000 00 |
| 4/7/2014 | FIBROLAMELLAR CANCER FOUNDATION | GREENWICH, CT | 25,000 00 |
| 4/24/2014 | SHELBURNE MUSEUM | SHELBURNE, VT | 1,000 00 |
| 11/5/2013 | END BURULI ULCER ALLIANCE | VILLANOVA, PA | 1,000.00 |

* All contributions were made to the general purpose fund of Public charitable organizations that were classified under Section 501 (c) (3) of the Internal Revenue Code

\$485,534.00

TOTAL CONTRIBUTIONS PAID *



Morgan Stanley

C A DAVIS & M DAVIS CO-TTEE CHARLES AND MARNA DAVIS FOUNDATION

INTERESTED PARTY COPY

Account Detail

CLIENT STATEMENT | For the Period April 1-30, 2014

COMMON STOCKS

STOCKS

December statement (or your first statement, if you have not yet received one in either of those months) for a summary guide describing Morgan Stanley and Standard & Poor's ratings Morgan Stanley Smith Barney LLC does not take responsibility for, and does not guarantee the accuracy, completeness, or timeliness of research prepared for Standard & Poor's representations or guarantees of performance. Because the applicable research report contains more complete information regarding the analyst's opinions, and rating, you should read the entire research report and not infer its contents from the rating. You should read the June or and not infer its contents from the rating. You should read the June or and not infer its contents from the rating. Morgan Stanley & Co LLC (Morgan Stanley) and Standard & Poor's equity research ratings may be shown for certain securities All research ratings represent the "opinions" of the research provider and are not

| Security Description | Trade Date | Quantity | Unit Cost | Total Cost | Market Value | Unrealized Gain/(Loss) | Estimated Annual Income | Dividend Yield % |
|--|-------------|------------|-----------|------------|--------------|---------------------------|----------------------------|---------------------|
| ALS INC (LPNT) | 1/3/00 | 32 000 | \$0.666 | \$21 30 | \$1,789.44 | \$1,768.14 LT A | I | 1 |
| Share Price \$55 920, Rating Morgan Stanley | y 2, S&P. 2 | | ; | | | | | |
| MERCHANTS BANCSHARES (MBVT) — | | 83,471 000 | 1 | 635,214.00 | 2,426,501.97 | 1,791,287.97 | | |
| | ı | 14,466.000 | i | 110,086.00 | 420,526.62 | 310,440.62 | | |
| | Total | 97,937.000 | | 745,300 00 | 2,847,028.59 | | 109,689.00 | 3.85 |
| Share Price \$29.070, Next Dividend Payable 05/15/14 | 9 05/15/14 | | | | | | | |
| | | | | | | | Estimated | |

| d e rt Yield % | 3.43% |
|--|--------------------|
| Estimated Annual Income Accrued Interest | 109,689 00 |
| Unrealized Gain/(Loss) | 2,103,496.73 |
| Market Value | 2,848,818.03 |
| Total Cost | 745,321.30 |
| Percentage of Assets % | 100.0% |
| | TOTAL MARKET VALUE |

Morgan Stanley

CLIENT STATEMENT | For the Period April 1-30, 2014

Account Detail

MARNA DAVIS TTEE C AND M DAVIS FOUNDATION TRUST U/A

INTERESTED PARTY COPY

Brokerage Account

Investment Objectives †: Income, Capital Appreciation, Aggressive Income, Speculation

t See the Expanded Disclosures for more information about investment objectives. Please review for accuracy and inform us if your investment objectives change

HOLDINGS

STOCKS

COMMON STOCKS

| Security Description | Trade Date | Quantity | Unit Cost | Total Cost | Market Value | Unrealized Gain/(Loss) | Estimated Annual Income | Dividend Yield % |
|---|-------------|------------|-----------|--------------|--------------|------------------------|----------------------------|---------------------|
| MERCHANTS BANCSHARES (MBVT) | 1/3/00 | 15,787.000 | \$7.616 | \$120,228.00 | \$458,928.09 | \$338,700 09 LT | | |
| | ! | 4,813.000 | ! | 36,626.93 | 139,913.91 | 103,286.98 | | |
| | Total | 20,600 000 | | 156,854.93 | 598,842.00 | 441,987.07LT | 23,072 00 | 3 85 |
| Share Price. \$29 070. Next Dividend Payable 05/15/14 | (a 05/15/11 | | | | | • | | |

LONG POSITION II

PAGE 1 OF 2



LONG POSITION II

Morgan Stanley

CLIENT STATEMENT | For the Period April 1-30, 2014

Account Detail

Active Assets Account 413-066914-016

MARNA DAVIS TTEE C AND M DAVIS FOUNDATION TRUST U/A

INTERESTED PARTY COPY

| | Percentage of Assets % | Total Cost | Market Value | Unrealized Galn/(Loss) | Estimated Annual Income Accrued Interest | Yield % |
|-------|------------------------|------------|--------------|---------------------------|--|---------|
| TOTAL | 100,0% | 156,854.93 | 598,842.00 | 441,987.07LT | \$23,173.00 \$0.00 | 2.10% |

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www irs.gov/form8868.

OMB No. 1545-1709

| • If you | are filing for an Automatic 3-Month Extension, | complete | only Part I and ched | ck this box | | | > [X |
|------------------------------|--|---|---|---|----------------------------|--------------------------|--|
| | are filing for an Additional (Not Automatic) 3-M | | | | of this | form | |
| | complete Part II unless you have already been | | | | | | |
| a corpo 8868 to Return | onic filing (e-file). You can electronically file Form oration required to file Form 990-T), or an addition or request an extension of time to file any of the for Transfers Associated With Certain Personations). For more details on the electronic filing of the | nal (not aut forms liste al Benefit (| omatic) 3-month ext d in Part I or Part II Contracts, which m | ension of time. You with the exception ust be sent to the | can el of For IRS in | lectro rm 88 n par | nically file Form 370, Information per format (see |
| | Automatic 3-Month Extension of Time | | | | | | ' |
| A corp | oration required to file Form 990-T and reque | esting an a | utomatic 6-month | extension - check t | his bo | ox an | d complete |
| Part I o | nly | | | ., | | | ▶ □ |
| All othe | er corporations (including 1120-C filers), partnersh | nps, REMIC | Os, and trusts must t | use Form 7004 to re | quest | an ex | xtension of time |
| | ncome tax returns. | | | | • | | |
| | | | | Enter filer's identifyi | ing nur | mber, | see instructions |
| Type o | Name of exempt organization or other filer, see in | nstructions. | | Employer identification | | | |
| print | CHARLES A. & MARNA DAVIS FOUN | DATION | • | 13-3437924 | | | |
| File by the | Number, street, and room or suite no If a P O b | ox, see instri | uctions. | Social security number | er (SSN | 1) | , |
| due date | for C/O BCRS ASSOCIATES, LLC; 77 | WATER ST | Γ - 9TH FL | N/A | | | |
| filing your return Se | City, town or post office state and ZIP code Fo | r a foreign a | ddress, see instruction | S. | , | | |
| instruction | | | | | | | |
| Enter th | e Return code for the return that this application | s for (file a | separate application | n for each return) . | | | 04 |
| Applic | ation | Return | Application | · · · · · · · · · · · · · · · · · · · | | | Return |
| Is For | | Code | Is For | | | | Code |
| Form 9 | 990 or Form 990-EZ | 01 | Form 990-T (corpo | ration) | | | 07 |
| Form 9 | 90-BL | 02 | Form 1041-A | · · · · | - | | 08 |
| Form 4 | 720 (individual) | 03 | Form 4720 (other the | han individual) | | | 09 |
| Form 9 | 90-PF | 04 | Form 5227 | · · · · · · · · · · · · · · · · · · · | | | 10 |
| | 90-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | | 11 |
| Form 9 | 90-T (trust other than above) | 06 | Form 8870 | | | | 12 |
| • The bo | ooks are in the care of ► BCRS ASSOCIATES, | LLC | | | | | |
| | none No. ► 212-440-0811 | | ax No. ► N/A | | | | |
| • If the o | organization does not have an office or place of bis for a Group Return, enter the organization's four | usiness in t | he United States, ch | neck this box er (GEN) | | | ▶□ |
| | whole group, check this box ▶ 🗍 . If I | | | | ■ [| | |
| | h the names and EINs of all members the extensi | | . oo g. o | | _ | _ 4114 | · attaorr |
| | request an automatic 3-month (6 months for a co | | equired to file Form | 990-T) extension of t | ime | | |
| | intil DECEMBER 15 , 20 14 , to file the exer | | | | | The | extension is |
| | or the organization's return for: | | | | | | |
| | calendar year 20 or | | | | | | |
| | ► X tax year beginning MAY 1 | , 20 | 13 , and ending | APRIL 30 |) | | 20 14 . |
| | the tax year entered in line 1 is for less than 12 m Change in accounting period | nonths, che | ck reason. Initial | return Final retu | rn | | |
| 3a if | this application is for Forms 990-BL, 990-PF, 990 | D-T, 4720, d | or 6069, enter the ter | ntative tax, less any | \Box | | |
| n | onrefundable credits. See Instructions. | | | · | 3a | \$ | 3,783.00 |
| b If | this application is for Forms 990-PF, 990-T, a stimated tax payments made. Include any prior ye | 4720, or 60 | 069, enter any refu | ndable credits and | 24 | \$ | |
| c B | alance due. Subtract line 3b from line 3a. Include | e your payr | nent with this form, i | | 3b | Φ | 283.00 |
| Е | FTPS (Electronic Federal Tax Payment System). S | See instruct | tions | | 3c | \$ | 3,500.00 |

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions