Form 8879-TE	
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IRS E-file Signature Authorization

OMB No. 1545-0047

tor	a	lax	EXE	empt	Entit	

For calendar year 2023, or fiscal year beginning and ending Do not send to the IRS. Keep for your records.

Go to www.irs.gov/Form8879TE for the latest information.

Internal Revenue Service

Department of the Treasury Name of filer

SADIE AND HARRY DAVIS FOUNDATION INC. Name and title of officer or person subject to tax

NANCY SIMPKINS, DIRECTOR

Type of Return and Return Information Part I

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a	Form 990 check here		b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b				
2a	Form 990-EZ check here		b Total revenue, if any (Form 990-EZ, line 9)	2b				
3a	Form 1120-POL check here		b Total tax (Form 1120-POL, line 22)	3b				
4a	Form 990-PF check here	Χ	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b	6,042.			
5a	Form 8868 check here		b Balance due (Form 8868, line 3c)	5b				
6a	Form 990-T check here		b Total tax (Form 990-T, Part III, line 4)	6b				
7a	Form 4720 check here		b Total tax (Form 4720, Part III, line 1)	7b				
8a	Form 5227 check here		b FMV of assets at end of tax year (Form 5227, Item D)	8b				
9a	Form 5330 check here		b Tax due (Form 5330, Part II, line 19)	9b				
10a	Form 8038-CP check here		b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b				
Part	art II Declaration and Signature Authorization of Officer or Person Subject to Tax							

Under penalties of perjury, I declare that I am an offic	cer of the above entity or	\underline{X} I am a person subject to tax with respect to (name
of entity)	, (EIN)	and that I have examined a copy of the
2023 electronic return and accompanying schedules and sta complete. I further declare that the amount in Part I above i intermediate service provider, transmitter, or electronic retu acknowledgement of receipt or reason for rejection of the tran the date of any refund. If applicable, I authorize the U.S. Tra (direct debit) entry to the financial institution account indica return, and the financial institution to debit the entry to this 1-888-353-4537 no later than 2 business days prior to the p processing of the electronic payment of taxes to receive cor the payment. I have selected a personal identification numb electronic funds withdrawal.	s the amount shown on the rn originator (ERO) to send insmission, (b) the reason for easury and its designated for ted in the tax preparation s account. To revoke a paym payment (settlement) date. of idential information neces	e copy of the electronic return. I consent to allow my the return to the IRS and to receive from the IRS (a) an or any delay in processing the return or refund, and (c) Financial Agent to initiate an electronic funds withdrawal software for payment of the federal taxes owed on this nent, I must contact the U.S. Treasury Financial Agent at I also authorize the financial institutions involved in the sary to answer inquiries and resolve issues related to

PIN: check o	ne box	only
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L	I authorize								to e	enter my P	IN [as my signature
			ER) firm nar	ne							r five not er		

on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

X As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Part III	Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

1	3	5	3	3	5	1	1	2	4	6	
	Do not enter all zeros										

Date

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 05/31/2024

ERO Must Retain This Form - See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see back of form.

JSA 3X3008 3.000 94976S 5980 06/30/2024 11:33:20 20-3515375

EIN or SSN

Form **990-PF**

Department of the Treasury Internal Revenue Service

Ξ

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. Go to www.irs.gov/Form990PF for instructions and the latest information.

OMB No. 1545-0047 2 3

Open to Public Inspection

F	or ca	lendar year 2023 or tax year beginning		and end	ding		
Na	ame of	foundation			A Employer identification number		
	SAD	IE AND HARRY DAVIS FOUNDATION	INC.		20-3515375		
_		and street (or P.O. box number if mail is not delivered to		Room/suit	B Telephone number (see instructions)		
	61	BROADWAY, STE 1601			(212)583-1100		
		own, state or province, country, and ZIP or foreign posta					
					C If exemption application is		
	NFW	YORK, NY 10006			pending, check here		
_		ck all that apply: Initial return	Initial return o	of a former public cha	arity a second second		
Ŭ	one	Final return	Amended ret	•	D 1. Foreign organizations, check here		
		Address change	Name change		85% test, check here and attach		
н	Che	ck type of organization: X Section 501(0		computation		
Ē		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri		E If private foundation status was terminated		
	_		ounting method: X		under section 507(b)(1)(A), check here		
•		of year (from Part II, col. (c), line	Other (specify)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here		
	16)		t I, column (d), must be o	n cash hasis)			
		Analysis of Revenue and Expenses (The			(d) Disbursements		
	anı	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net for charitable		
		may not necessarily equal the amounts in	books	income	income purposes (cash basis only)		
_		column (a) (see instructions).)	NTO NTO				
	1	Contributions, gifts, grants, etc., received (attach schedule)	NONE				
	2	attach Sch. B	2.0				
	3	Interest on savings and temporary cash investments.	32.	32.			
	4	Dividends and interest from securities	424,240.	424,240.			
	5a	Gross rents					
-	b	Net rental income or (loss)	01.050				
Ine	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	21,050.				
/en		assets on line 6a 1,198,037.					
Revenue	7	Capital gain net income (from Part IV, line 2)		21,050.			
ш.	8	Net short-term capital gain					
	9	Income modifications					
	104	and allowances					
	b	Less: Cost of goods sold .					
	c	Gross profit or (loss) (attach schedule)	-				
	11	Other income (attach schedule)	8.	8.			
_	12	Total. Add lines 1 through 11	445,330.	445,330.			
s	13	Compensation of officers, directors, trustees, etc.	43,976.		43,976		
se	14	Other employee salaries and wages	14,257.		14,25		
ě	15	Pension plans, employee benefits	8,979.		8,979		
X	16a	Legal fees (attach schedule) STMT 2	2,800.	NONE	· · · · · ·		
ш в	14 15 16a c 17 18 19 20 21 22	Accounting fees (attach schedule) $STMT$ 3	3,750.	1,875.	NONE 1,875		
ţ	c	Other professional fees (attach schedule) *	24,862.	8,812.	16,050		
tra	17	Interest					
nis	18	Taxes (attach schedule) (see instructions) **	2,496.		2,496		
лі.	19	Depreciation (attach schedule) and depletion .					
Adı	20	Occupancy					
þ	21	Travel, conferences, and meetings	3,096.		3,096		
an	22	Printing and publications					
ng	23 24 25	Other expenses (attach schedule) $STMT$ 6	3,728.		3,728		
ati	24	Total operating and administrative expenses.					
<u>Jer</u>		Add lines 13 through 23.	107,944.	10,687.	NONE 97,25		
õ	25	Contributions, gifts, grants paid	1,360,395.		1,360,395		
_	26	Total expenses and disbursements. Add lines 24 and 25	1,468,339.	10,687.	NONE 1,457,652		
	27	Subtract line 26 from line 12:					
	a	Excess of revenue over expenses and disbursements	-1,023,009.				
	b	Net investment income (if negative, enter -0-)		434,643.			
_		Adjusted net income (if negative, enter -0-) .			-0-		
FC	or Pa	perwork Reduction Act Notice, see instructions	*STMT	4 **STMT 5	Form 990-PF (202		

**STMT 5

Part I	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	f year
	amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	16,691.	3,594.	3,594
2	Savings and temporary cash investments	32,413.	27,729.	27,729
3	Accounts receivable			
	Less: allowance for doubtful accounts			
4	Pledges receivable			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons (attach schedule) (see instructions)			
7	Other notes and loans receivable (attach schedule)			
'	Less: allowance for doubtful accounts			
8	Inventories for sale or use			
9	Prepaid expenses and deferred charges			
	Investments - U.S. and state government obligations (attach schedule)	20 500 050	21 402 404	
	Investments - corporate stock (attach schedule) STMT 7	32,528,258.	31,493,424.	32,337,834
11 [°]	Investments - corporate bonds (attach schedule) STMT 8		29,606.	29,868
	and equipment: basis			
	(attach schedule)			
12	Investments - mortgage loans			
13 14	Investments - other (attach schedule)			
17	equipment: basisLess: accumulated depreciation			
	(attach schedule)			
15	Other assets (describe)			
16	Total assets (to be completed by all filers - see the			
	instructions. Also, see page 1, item I)	32,577,362.	31,554,353.	32,399,025
17	Accounts payable and accrued expenses			
18 19 20 21	Grants payable			
19	Deferred revenue			
20	Loans from officers, directors, trustees, and other disqualified persons			
21	Mortgages and other notes payable (attach schedule)			
22	Other liabilities (describe)			
23	Total liabilities (add lines 17 through 22)	NONE	NONE	
	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30			
24 25	Net assets without donor restrictions			
25	Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check			
	here and complete lines 26 through 30			
26	Capital stock, trust principal, or current funds			
	Paid-in or capital surplus, or land, bldg., and equipment fund			
28	Retained earnings, accumulated income, endowment, or other funds	32,577,362.	31,554,353.	
27 28 29		32,577,362.	31,554,353.	
	Total net assets or fund balances (see instructions)	52,577,502.	51,551,555.	
30			21 554 252	
	instructions)	32,577,362.	31,554,353.	
	Analysis of Changes in Net Assets or Fund Balan			
	al net assets or fund balances at beginning of year - Part II,			
	d-of-year figure reported on prior year's return)			32,577,362
	er amount from Part I, line 27a			-1,023,009
	ner increases not included in line 2 (itemize)			
	d lines 1, 2, and 3		4	31,554,353
De	creases not included in line 2 (itemize)		5	
	al net assets or fund balances at end of year (line 4 minus li			31,554,353

Form	990-PF (2023) SADIE	AND HARRY DAVIS FOUNDAT	ION INC.	20-351	5375		Page 3
Par		s and Losses for Tax on Inv					
		escribe the kind(s) of property sold (for e prick warehouse; or common stock, 200		(b) How acquired P - Purchase D - Donation		acquired day, yr.)	(d) Date sold (mo., day, yr.)
1 a	SEE PART IV SCHE	DULE					
b							
С							
d							
e							
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expense			(h) Gain ((e) plus (f)	or (loss) minus (g))
a							
b							
C							
d							
e							
	Complete only for assets s	showing gain in column (h) and owned	by the foundation on '	12/31/69.	(I) (Gains (Col.	(h) gain minus
((i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j),		col. (less than -0-) or om col. (h))	
а							
b							
С							
d							
e							
2	Capital gain not income	lf g	ain, also enter in Pai	rt I, line 7			
2	Capital gain net income		oss), enter -0- in Par	t I, line 7 👌	2		21,050.
3		gain or (loss) as defined in sections	., .,				
		Part I, line 8, column (c). See ins		(
	Part I, line 8	<u> </u>	<u></u>	<u></u> J	3		
Par	t V Excise Tax Ba	sed on Investment Income (S	ection 4940(a), 49	940(b), or 494	18 - see i	nstructio	ons)
1a	Exempt operating foundati	ons described in section 4940(d)(2), ch	neck here and e	nter "N/A" on line	e 1.		
	Date of ruling or determination	letter: (attack	h copy of letter if necessa	ary - see instructio	ns) \	1	6,042.
b		dations enter 1.39% (0.0139) of lir			s, (
	enter 4% (0.04) of Part I, lir	ne 12, col. (b)			. ノ		
2	Tax under section 511 (d	lomestic section 4947(a)(1) trusts and	taxable foundations	only; others, ent	er -0-)	2	
3					••••	3	6,042.
4	Subtitle A (income) tax (c	domestic section 4947(a)(1) trusts and	d taxable foundations	only; others, ent	er -0-) <u> </u>	4	NONE
5	Tax based on investment	income. Subtract line 4 from line 3. If z	ero or less, enter -0-		••••	5	6,042.
6	Credits/Payments:		1 1				
а	2023 estimated tax payme	ents and 2022 overpayment credited to	2023 6a	10,	000.		
b	Exempt foreign organization	ons - tax withheld at source	6b		NONE		
С		or extension of time to file (Form 8868)		2,	700.		
d	Backup withholding errone	eously withheld	6d				
7	Total credits and payments	s. Add lines 6a through 6d				7	12,700.
8		rpayment of estimated tax. Check here			· · · · ⊢	8	
9		s 5 and 8 is more than line 7, enter amo			•••	9	
10		nore than the total of lines 5 and 8, ente				0	6,658.
11	Enter the amount of line 10	0 to be: Credited to 2024 estimated ta	х б	,658. Refun	ded 1	1	

Form **990-PF** (2023)

3E1440 1.000		

the foreign country

JSA

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b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			
	instructions for the definition	1b		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.			
с	Did the foundation file Form 1120-POL for this year?	1c		Х
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			
	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		Х
4a	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		Х
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
	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		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 XIV	7	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.			
	NEW YORK			
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	
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 2023 or the tax year beginning in 2023? See the instructions for Part XIII. If "Yes,"			
	complete Part XIII	9		X
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		X
1	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
_	meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	11		X
2	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			37
_	person had advisory privileges? If "Yes," attach statement. See instructions	12	37	X
3	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address KLINGENSTEIN.ORG	11	20	
4	The books are in care of JANET L. MULLIGAN Telephone no. 212–583) - I I I	50	
E	Located at 61 BROADWAY, #1601 NEW YORK, NY ZIP+4 10006			
5	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			
6	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
6	At any time during calendar year 2023, did the foundation have an interest in or a signature or other authority	16		
	over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of		1	X
	See the manuactions for exceptions and ming requirements for Findery Form 114. If tes, effet the fiame of			

1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it

participate or intervene in any political campaign?

Form 990-PF (2023) SADIE AND HARRY DAVIS FOUNDATION INC.

Part VI-A Statements Regarding Activities

20-3515375

Page 4

No

Х

Yes

1a

Form 990-PF (2023)

orm 990-PF (2023) SADIE AND HARRY DAVIS FOUNDATION INC 20-3515375
orm 990-PF (2023) SADIE AND HARRY DAVIS FOUNDATION INC. 20-3515375 Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.
1a During the year, did the foundation (either directly or indirectly):
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified
person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or
use of a disqualified person)?
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation
agreed to make a grant to or to employ the official for a period after termination of government service, if
terminating within 90 days.)
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in
Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions
c Organizations relying on a current notice regarding disaster assistance, check here
d Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that
were not corrected before the first day of the tax year beginning in 2023?
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private
operating foundation defined in section 4942(j)(3) or 4942(j)(5)):
a At the end of tax year 2023, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for

	tax year(s) beginning before 2023? If "Yes," list the years	2a	Х
	······································		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		
	all years listed, answer "No" and attach statement - see instructions.)	2b	
с	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		
	during the year?	3a	Х
b	If "Yes," did it have excess business holdings in 2023 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 Form 4720, Schedule C, to determine if the		
	foundation had excess business holdings in 2023.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable		
	purposes?	4a	Х
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 2023? • • • • • • • • • • • • • • • • • • •	4b	Х

Form 990-PF (2023)

1a(1)

1a(2)

1a(3) 1a(4)

1a(5)

1a(6)

1b

1d

Yes No

Х

Х

Х

Х

Х

Х

Х

Х

Х

X

X

9

Form	990-PF (2023) SADIE AND HARRY DAVIS FOUNDATION INC. 20-3515375		F	Page 6
Ра	rt VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)			
5a	During the year, did the foundation pay or incur any amount to:		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	5a(1)		Х
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or			
	indirectly, any voter registration drive?	5a(2)		Х
	(3) Provide a grant to an individual for travel, study, or other similar purposes?	5a(3)		Х
	(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)			
	(4)(A)? See instructions	5a(4)		Х
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for			
	the prevention of cruelty to children or animals?	5a(5)		Х
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described			
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	5b		
С	Organizations relying on a current notice regarding disaster assistance, check here			
d	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it			
	maintained expenditure responsibility for the grant?	5d		
	If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	6a		Х
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b		
	If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	7a		Х
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	7b		
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	8		Х
Ра	rt VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employe Contractors	es, ai	nd	
1	List all officers, directors, trustees, and foundation managers and their compensation. See instructions.			

	lion managers and	i ineli compensation		
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 10				
		43,976.	5,956.	NONE

2 Compensation of five highest-paid employees (other than those included on line 1 - see instructions). If none, enter "NONE."

(a) 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 employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000 .				NONE

Form 990-PF (2023)

similar (main and the second s	Form 990-PF (2023)	SADIE	AND	HARRY	DAVIS	FOUNDATION	INC.
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Part VII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo Contractors (continued)	yees, and
3 Five I	ighest-paid independent contractors for professional services. See instructions. If none, enter "NONI	. ."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
	er of others receiving over \$50,000 for professional services	NONE
Part VIII-A		
	ndation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of s and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 NONE		
<u> </u>		
2		
3		
4		
·		
Part VIII-B		Amount
1 NONE	e two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
NONE		
2		
All other pro	gram-related investments. See instructions.	
3 NONE		
otol Add	ince 1 through 2	
otal. Aud I	ines 1 through 3	Form 990-PF (202

Form	990-PF (2023) SADIE AND HARRY DAVIS FOUNDATION INC. 20-351537	5	Page 8
Par	t IX 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	29,938,504.
b	Average of monthly cash balances	1b	76,159.
С	Fair market value of all other assets (see instructions)	1c	NONE
d	Total (add lines 1a, b, and c)	1d	30,014,663.
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	NONE
3	Subtract line 2 from line 1d	3	30,014,663.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see		
	instructions)	4	450,220.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	29,564,443.
6	Minimum investment return. Enter 5% (0.05) of line 5.	6	1,478,222.
Par	t X Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating and certain foreign organizations, check here and do not complete this part.)	g found	ations
1	Minimum investment return from Part IX, line 6	1	1,478,222.
2a	Tax on investment income for 2022 from Part V, line 5 2a 6,042.		
b	Income tax for 2022. (This does not include the tax from Part V.) 2b		
С	Add lines 2a and 2b.	2c	6,042.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,472,180.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,472,180.
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII,		
	line 1	7	1,472,180.
Par	t XI Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	1,457,652.
b	Program-related investments - total from Part VIII-B	1b	NONE
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	NONE
b	Cash distribution test (attach the required schedule)		NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,457,652.
			Form 990-PF (2023)

Form 990-PF (2023) SADIE AND HARRY DAVIS FOUNDATION INC.

20-3515375

Page **9**

Part XII Undistributed Income (see instru-		IC. 20-	-3515375	Page 3
	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				1,472,180.
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			1,390,589.	
b Total for prior years: 20 21 ,20 20 ,20 19				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022 NONE				
f Total of lines 3a through e	NONE			
4 Qualifying distributions for 2023 from Part XI, line 4: \$ 1,457,652.				
a Applied to 2022, but not more than line 2a			1,390,589.	
b Applied to undistributed income of prior years				
(Election required - see instructions)				
c Treated as distributions out of corpus (Election required - see instructions)				
d Applied to 2023 distributable amount				67,063.
e Remaining amount distributed out of corpus	NONE			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)	NONE			NONE
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
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				
e Undistributed income for 2022. Subtract line 4a from line 2a. Taxable amount - see instructions				
f Undistributed income for 2023. Subtract lines				
4d and 5 from line 1. This amount must be				
distributed in 2024				1,405,117.
7 Amounts treated as distributions out of corpus				
to satisfy requirements imposed by section				
170(b)(1)(F) or 4942(g)(3) (Election may be				
required - see instructions)				
8 Excess distributions carryover from 2018 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2024.				
Subtract lines 7 and 8 from line 6a	NONE			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023 NONE				

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Form	990-PF (2023) SADIE	AND HARRY DAV	IS FOUNDATION I	NC. 20	-3515375			Page 10
Pa	rt XIII Private Ope	erating Foundations	s (see instructions ar	nd Part VI-A, questic	on 9)		NOT A	APPLICABLE
1 a	If the foundation has r	eceived a ruling or d	etermination letter that	t it is a private opera	ating			
	foundation, and the ruling	g is effective for 2023, e	nter the date of the ruling					
b	Check box to indicate w					4942(j)	(3) or	4942(j)(5)
	Enter the lesser of the ad-	Tax year	<u> </u>	Prior 3 years				- ()/(-/
	justed net income from Part	(a) 2023	(b) 2022	(c) 2021	(d) 20	20		(e) Total
	I or the minimum investment	(d) 2023	(b) 2022	(C) 2021	(d) 20	20		
	return from Part IX for each							
	year listed							
b	85% (0.85) of line 2a							
с	Qualifying distributions from Part							
-	XI, line 4, for each year listed							
d	Amounts included in line 2c not							
	used directly for active conduct							
	of exempt activities							
е	Qualifying distributions made directly for active conduct of							
	exempt activities. Subtract line							
	2d from line 2c							
3	Complete 3a, b, or c for the							
~	alternative test relied upon: • •							
a	"Assets" alternative test - enter:							
	(1) Value of all assets(2) Value of assets qualifying							
	under section							
	4942(j)(3)(B)(i)							
b	"Endowment" alternative test-							
	enter 2/3 of minimum invest-							
	ment return shown in Part IX,							
r	line 6, for each year listed "Support" alternative test - enter:							
U	(1) Total support other than							
	gross investment income							
	(interest, dividends, rents,							
	payments on securities loans (section 512(a)(5)),							
	or royalties)							
	(2) Support from general							
	public and 5 or more exempt organizations as							
	provided in section 4942							
	(j)(3)(B)(iii)							
	(3) Largest amount of sup- port from an exempt							
	organization							
	(4) Gross investment income .							

Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year - see instructions.)

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

N/A

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

N/A

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here \boxed{X} if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

b The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

Grants and Contributions Paid Du	ring the Year or App	proved for Fu		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	contribution	
Paid during the year				
SEE STATEMENT 13				1,360,395
Total	<u> </u>	<u></u>	<u></u> 3a	1,360,395
Approved for future payment				

Form 990-PF (2023)

Form 990-PF (2023)	SADIE	AND	HARRY	DAVIS	FOUNDATION	INC.

20-3515375

Part XV-A Analysis of Income-Produ	icing Activ	/ities			
Enter gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	y section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
a					(*************
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	32.	
4 Dividends and interest from securities			14	424,240.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			1.0	01.070	
8 Gain or (loss) from sales of assets other than inventory			18	21,050.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a 14					
b SEE STATEMENT 14					
c					
d					
e				445,330.	
13 Total. Add line 12, columns (b), (d), and (e)					445,330.
(See worksheet in line 13 instructions to verify calc					115,550.
Part XV-B Relationship of Activities		complishment of Ex	empt Purp	oses	
Line No. Explain below how each activity for of the foundation's exempt purpose					ly to the accomplishment
		NOT APPLICABLE	1		

Form 990-PF (2023)	SADIE	AND	HARRY	DAVIS	FOUNDATION	INC

Page 13

Park XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations 1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? Image: Non- transfers from the reporting foundation to a noncharitable exempt organization ot: Image: Non- transfers from the reporting foundation to a noncharitable exempt organization (2) Other assets. Image: Non- transfers from the reporting foundation to a noncharitable exempt organization. Image: Non- transfers from the reporting foundation to a noncharitable exempt organization. Image: Non- transfers from the reporting foundation to a noncharitable exempt organization. Image: Non- transfers from the reporting foundation to: Image: Non- transfers from the reporting foundation. Image: Non- transfers from anoncharitable exempt organization. Image: Non- from anoncharitabl	Form 990)-PF (2	023) SADIE AN	D HARRY DA	VIS FOUNI	DATION INC		20-3515	5375	Page 13
In section 501(c) (ather than section 501(c)(3) organizations) or in section 527, relating to political organizations? Transfers from the reporting foundation to a noncharitable exempt organization ot: (1) Cash	Part)	٢VI		egarding Trar	nsfers to a	and Transact	ions an	d Relationship	os With	Noncharitable Exempt
(1) Cash	in	sec	tion 501(c) (other							
(a) Other assets	a Tr	ransfe	ers from the reportir	ng foundation to	o a noncharit	able exempt o	rganizatio	n of:		
b Other transactions: (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Loans or loan guarantees. (7) Reimbursement arrangements. (7) Bernfance of services or membrarity or fundrating solicitations. (7) Bernfance of assets rooms and the assets, or paid employees. (8) Periformance of services or membrarity or fundrating solicitations. (9) Periformace of assets rooms assets, or services given by the reporting foundation. If the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangements. (9) Literine. (9) Amount involved (9) Amount involve	(1) Cas	h							1a(1)
(1) Sales of assets to a noncharitable exempt organization 1001 (2) Purchases of assets from anoncharitable exempt organization 1012 (3) Rental of facilities, equipment, or other assets 1013 (4) Reinbursement arrangements 1014 (5) Loans or loan guarantees 1016 (6) Performance of services or membership or fundraising solicitations 1016 (6) Performance of services or services received. 1016 (7) If the answer to any of the above is "kes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (9) Line no. (9) Amount involved (9) Name of noncharitable exempt eigenitized for the value of the goods, other assets, or services received. (9) Line no. (9) Amount involved (9) Name of noncharitable exempt eigenitized for the value of the goods, other assets, or services received. (9) Line no. (9) Amount involved (c) Name of noncharitable exempt eigenization (c) Output (9) Amount involved (c) Name of noncharitable exempt eigenization (c) Output (c) Description of relations, euclider and always services received. (9) Amount involved (c) Amount involved (c) Name of noncharitable exempt eigenization (c) Output (9) Amount involved (c) Amount involved (c) Amount	(2	!) Oth	er assets							1a(2)
(2) Purchases of assists from a noncharitable exempt organization. Ib(2) (3) Rental of facilities, equipment, or other assets. Ib(4) (4) Reinbursement arrangements Ib(4) (5) Dans or loan guarantees Ib(6) (6) Percharace of services or membership or fundraising solicitations Ib(6) (7) Rental of facilities, equipment, malling lists, other assets, or gaid employees. Ib(6) (8) Percharace of services or membership or fundraising solicitations Ib(6) (9) Percharace of services or membership or fundraising solicitations Ib(6) (9) Line no (9) Amount involved Vest, 'complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services received. (9) Line no (9) Amount involved (e) Name of noncharitable exempt organization (f) Description of transfers, transactions, and shaing arrangements access the services received. (a) Line no (b) Amount involved (e) Name of noncharitable exempt organization (f) Description of transfers, transactions, and shaing arrangements access acc	bΟ	ther t	ransactions:							
(a) Rental of facilities, equipment, or other assets. Ib(3) (b) Reimbursement arrangements. Ib(3) (c) Dear or loan guarantees. Ib(6) (c) Dear or loan guarantees. Ib(6) (c) So cans or loan guarantees. Ib(6) (c) Sharing of facilities, equipment, mailing lists, other assets, or services size on by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (c) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and abaing arrangements. 20072 20072 20072 20072 21 20072 20072 20072 23 15 the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No b If Yes, complete the following schedule. (e) Description of transfers, and taking negative distance of any indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c)(3)) or in section 527? Yes No b If Yes, complete the following schedule. (e) Name of organization (f) Type of organization (f) Description of rebionship 20 20 <	(1) Sal	es of assets to a no	oncharitable exe	mpt organiza	ation				1b(1)
(4) Reimbursement arrangements Ib(4) (5) Loans or loan guarantees Ib(5) (6) Performance of services or membership or fundraising solicitations Ib(6) (7) Enformance of services or membership or fundraising solicitations Ib(6) (8) Performance of services or membership or fundraising solicitations Ib(6) (9) Performance of services given by the reporting foundation. If the foundation received less than fair market value of the above is "Ves," complete the following schedule. Column (b) should always show the fair market value of new transactions, and sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements. (a) Line no. (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of relationship	(2	!) Pur	chases of assets fro	om a noncharit	able exempt	organization				1b(2)
(6) Leans or loan guarantees	-	-		-						••••••••••••••••••••••••••••••••••••••
(6) Performance of services or membership or fundraising solicitations 1										••••••••••••••••••••••••••••••••••••••
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees										
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no. (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no. (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no. (b) Amount involved (e) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (a) Line no. (b) Amount involved (e) Name of noncharitable exempt organization (e) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3) or in section 527? (e) Description of relationship (d) Name of organization (b) Type of organization (c) Description of relationship (d) Name of organization (b) Ty	-	-			-	-				
value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements NONE NONE NONE NONE Image: State of the goods, other assets, or services received. NONE Image: State of the goods, other assets, or services given by the reporting foundation. If the foundation of transfers, transactions, and sharing arrangements Image: State of the goods, other assets, or services given by the reporting foundation. Image: State of the goods, other assets, or services received. Image: State of the goods, other assets, or services given by the reporting foundation of transfers, transactions, and sharing arrangements. No Image: State of the goods, other assets, or services given by the state of the goods, other assets, or services given by the state of the goods, and the second given by the state of the goods and the second given by the second given b		-		-						
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements NOTE NOTE NOTE NOTE If "Yes," complete the following schedule. Yes NOTE If "Yes," complete the following schedule. NOTE Note If "Yes," complete the following schedule. NOTE Note If "Yes," complete the following schedule. Note Note If "Yes," complete the following										
(a) Line no. (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements Note: Note: Note: Note: Image: Stand Stan										
Image: Sign Here Image: Sign Here <td< td=""><td></td><td></td><td>· · · · · · · · · · · · · · · · · · ·</td><td></td><td>•</td><td></td><td></td><td>•</td><td></td><td></td></td<>			· · · · · · · · · · · · · · · · · · ·		•			•		
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship Image: the following schedule. Image: the following schedule. Image: the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Image: the following schedule. Image: the following schedule. Image: the following schedule. Sign Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. Image: the following schedule. <td></td> <td>110.</td> <td></td> <td></td> <td></td> <td>xempt organization</td> <td></td> <td></td> <td></td> <td></td>		110.				xempt organization				
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Preparer Preparer Paid Preparer JANET MULLIGAN CPA Preparer Use Only Firm's address 61 BROADWAY - SUITE 1601 Here							NONE			
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Preparer Preparer Paid Preparer JANET MULLIGAN CPA Preparer Use Only Firm's address 61 BROADWAY - SUITE 1601 Here										
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Preparer Preparer Paid Preparer JANET MULLIGAN CPA Preparer Use Only Firm's address 61 BROADWAY - SUITE 1601 Here										
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Preparer Preparer Paid Preparer JANET MULLIGAN CPA Preparer Use Only Firm's address 61 BROADWAY - SUITE 1601 Here										
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Preparer Preparer Paid Preparer JANET MULLIGAN CPA Preparer Use Only Firm's address 61 BROADWAY - SUITE 1601 Here										
described in section 501(c) (other than section 501(c)(3)) or in section 527? Yes No b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, 1 declare that 1 have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here Preparer Preparer Paid Preparer JANET MULLIGAN CPA Preparer Use Only Firm's address 61 BROADWAY – SUITE 1601 Firm's address 61 BROADWAY – SUITE 1601										
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Virtue	de	escrib	ed in section 501(c) " complete the follo) (other than se wing schedule.	ction 501(c)	(3)) or in sectio	on 527? -	· · · · · · · · · ·		Yes No
Sign Here Correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign Here DIRECTOR Title Signature of officer or trustee Date Paid Preparer Print/Type preparer's name JANET MULLIGAN CPA Firm's name HOFFMAN MULLIGAN, CPAS, LLP Firm's address 61 BROADWAY - SUITE 1601			(a) Name of organizatio	n	(b)	Type of organization	n		(c) Descript	ion of relationship
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Here Director Signature of officer or trustee Date Paid Print/Type preparer's name Preparer Print/Type preparer's name Preparer Date Firm's name HOFFMAN MULLIGAN, CPAS, LLP Firm's address 61 BROADWAY - SUITE 1601	Sign				I.					May the IRS discuss this return
Paid Print/Type preparer's name Preparer's signature Date Check if PTIN JANET MULLIGAN CPA 05/31/2024 self-employed P00850378 Firm's name HOFFMAN MULLIGAN, CPAS, LLP Firm's EIN 11-2467452 Use Only Firm's address 61 BROADWAY SUITE 1601	Here	0.5			D			RECTOR		
Paid JANET MULLIGAN CPA 05/31/2024 elf-employed P00850378 Preparer Firm's name HOFFMAN MULLIGAN CPAS LLP Firm's EIN 11-2467452 Use Only Firm's address 61 BROADWAY SUITE 1601		Sign	ature of officer or trustee		Date		litle			See instructions. X Yes No
Paid JANET MULLIGAN CPA 05/31/2024 elf-employed P00850378 Preparer Firm's name HOFFMAN MULLIGAN CPAS LLP Firm's EIN 11-2467452 Use Only Firm's address 61 BROADWAY SUITE 1601			Print/Type preparer's pa	ame	Prenarer's	signature		Date		
Preparer Firm's name HOFFMAN MULLIGAN, CPAS, LLP Firm's EIN 11-2467452 Use Only Firm's address 61 BROADWAY - SUITE 1601 Firm's EIN 11-2467452	Paid					- signaturo				
Use Only Firm's address 61 BROADWAY - SUITE 1601	Prepa	rer						102/31/2		200000000
	-									11 210/132
		,					10006-2	2756	Phone no	212-583-1100

Form 990-PF (2023)

JSA 3E1493 1.000

FORM 990-PF - PART IV CAPITAL GAINS AND LOSSES FOR TAX ON INVESTMENT INCOME

		Kind of Property Description							Date sold
F	Gross sale	Depreciation	Cost or	FMV	Adj. basis	Excess of	٢	acquired Gain	
	price less expenses of sale	allowed/ allowable	other basis	as of 12/31/69	as of 12/31/69	FMV over adj basis		or (loss)	
		anowabic							
	140.022		PUBLICLY TRA PROPERTY TYP				P		12/31/2023
	142,833.		142,155. PUBLICLY TRA		TTEC		P	678. VAR	12/31/2023
1	,055,204.		PROPERTY TYP 1,034,832.				F	20,372.	12/31/2023
			_,						
ŗ	FOTAL GAIN(L	OSS)				• • • • • • • •		21,050.	
	SA					-			

FORM 990PF, PART I - OTHER INCOME

		REVENUE	
		AND	NET
		EXPENSES	INVESTMENT
DESCRIPTION		PER BOOKS	INCOME
OTHER INCOME		8.	8.
	TOTALS	8.	8.
		=================	================

FORM 990PF, PART I - LEGAL FEES

DESCRIPTION LEGAL FEE		AND EXPENSES PER BOOKS 2,800.	NET INVESTMENT INCOME 	ADJUSTED NET INCOME	CHARITABLE PURPOSES 2,800.
	TOTALS	2,800.	NONE	NONE	2,800.

FORM 990PF, PART I - ACCOUNTING FEES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	NET INVESTMENT INCOME	ADJUSTED NET INCOME	CHARITABLE PURPOSES
ACCOUNTING FEES		3,750.	1,875.		1,875.
	TOTALS	3,750.	1,875.	NONE	1,875. =========

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

	AND EXPENSES	NET INVESTMENT	ADJUSTED NET	CHARITABLE
DESCRIPTION	PER BOOKS	INCOME	INCOME	PURPOSES
 MANAGEMENT OF SMALL GRANTS PRO INVESTMENT ADVISORY FEES	 16,050. 8,812.	8,812.		16,050.
TOTALS	24,862.	8,812.		16,050. ==========

20-3515375

FORM 990PF, PART I - TAXES

		REVENUE AND	
DESCRIPTION		EXPENSES PER BOOKS	CHARITABLE PURPOSES
PAYROLL TAX		2,496.	2,496.
	TOTALS	2,496.	2,496. ===========

20-3515375

FORM 990PF, PART I - OTHER EXPENSES

DESCRIPTION		REVENUE AND EXPENSES PER BOOKS	CHARITABLE PURPOSES
OFFICE SUPPLIES INSURANCE SOFTWARE SUBSCRIPTIONS		91. 1,529. 2,108.	91. 1,529. 2,108.
	TOTALS	3,728.	3,728.

SADIE AND HARRY DAVIS FOUNDATION INC.

20-3515375

FORM 990PF, PART II - CORPORATE STOCK

	BEGINNING BOOK VALUE	ENDING BOOK VALUE	ENDING FMV
	32,528,258.	31,493,424.	32,337,834.
TOTALS	32,528,258.	31,493,424.	32,337,834.
	TOTALS	BOOK VALUE 	BOOK VALUE BOOK VALUE

SADIE AND HARRY DAVIS FOUNDATION INC.

20-3515375

FORM 990PF, PART II - CORPORATE BONDS

		ENDING	ENDING
DESCRIPTION		BOOK VALUE	FMV
GOVERMENT BOND		29,606.	29,868.
	TOTALS	29,606.	29,868.
		=================	=======================================

DESCRIPTION

ENDING BOOK VALUE

NONE

TOTALS

NONE

SADIE AND HARRY DAVIS FOUNDATION INC.

OFFICER NAME: NANCY K SIMPKINS

ADDRESS:

61 BROADWAY, STE 1601 NEW YORK, NY 10006

TITLE:

VICE PRESIDENT

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:

OFFICER NAME:

ANDREW D KLINGENSTEIN

ADDRESS:

61 BROADWAY, STE 1601 NEW YORK, NY 10006

TITLE:

CEO & DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.50

STATEMENT 10

28

2.00

SADIE AND HARRY DAVIS FOUNDATION INC.

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

OFFICER NAME: SARAH K MARTELL

ADDRESS:

61 BROADWAY, STE 1601 NEW YORK, NY 10006

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION:

0.50

OFFICER NAME: JULIE KLINGENSTEIN

ADDRESS:

61 BROADWAY, STE 1601 NEW YORK, NY 10006

TITLE:

DIRECTOR

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 0.50

SADIE AND HARRY DAVIS FOUNDATION INC.	20-3515375
FORM 990PF, PART VII - LIST OF OFFICERS, DIRECTORS, AND TRUSTE	
OFFICER NAME: ELIOT BRENNER	
ADDRESS: 61 BROADWAY, STE 1601 NEW YORK, NY 10006	
TITLE: EXECUTIVE DIRECTOR & DIRECTOR	
AVERAGE HOURS PER WEEK DEVOTED TO POSITION:	4.00
COMPENSATION	43,976.
CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	5,956.
TOTAL COMPENSATION: ==	43,976. ======
TOTAL CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS:	5,956.
EXPENSE ACCOUNT AND OTHER ALLOWANCES: ==	NONE =======

TOTAL GRANTS PAID:

1,360,395.

FORM 990-PF, PART XV-A - ANALYSIS OF OTHER REVENUE

DESCRIPTION	BUSINESS CODE	AMOUNT	EXCLUSION CODE	AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
BNYM CLASS ACTION SETTLEMENT				8.	
TOTALS				8.	

SCHED	ULE D
(Form	1041)

Capital Gains and Losses

OMB No. 1545-0092

Attach to Form 1041, Form 5227, or Form 990-1	ſ.
Use Form 8949 to list your transactions for lines 1b, 2, 3, 8	3b, 9, and 10.

2023

Department of the Treasury	Use Form 8949 to list ye					<u>2</u> 023
Internal Revenue Service Name of estate or trust	Go to www.irs.gov/Form	11041 for instructions	and the latest informa	Employer identific	ation nu	mhor
	NA DAVID BOUNDARION INC					linder
	RY DAVIS FOUNDATION INC.	ity frond dominantha to		20-3515		N. N.
	investment(s) in a qualified opportur 949 and see its instructions for addit				Yes	s X No
	need to complete only Parts I and II.	ional requirements i	or reporting your gai	11 01 1055.		
	Capital Gains and Losses - Ger	erally Assets Hel	d 1 Year or Less (see instruction	(ai	
	v to figure the amounts to enter on					(h) Gain or (loss)
the lines below.		(d)	(e)	(g) Adjustments		Subtract column (e)
This form may be easie to whole dollars.	r to complete if you round off cents	Proceeds (sales price)	Cost (or other basis)	to gain or loss fr Form(s) 8949, Pa line 2, column (artl, c	from column (d) and combine the result with column (g)
1a Totals for all short-	term transactions reported on Form					
1099-B for which b	asis was reported to the IRS and for					
-	adjustments (see instructions).					
-	oose to report all these transactions ve this line blank and go to line 1b.					
	-					
with Box A checke	actions reported on Form(s) 8949					
	actions reported on Form(s) 8949					
	d				-+	
	actions reported on Form(s) 8949 d	142,833.	142,155.			678.
		112,000.	112,133.			
4 Short-term capita	ll gain or (loss) from Forms 4684, 62	252, 6781, and 8824	• • • • • • • • • • • • •		4	
5 Net short-term ga	ain or (loss) from partnerships, S cor	porations, and other	estates or trusts		5	
6 Short-term capita	al loss carryover. Enter the amour	nt, if any, from lin	e 9 of the 2022	Capital Loss		
	neet				6 ()
7 Net short-term	capital gain or (loss). Combine line	es 1a through 6 in	column (h). Enter	here and on		
Part III, line 17, co	Dumn (3) Capital Gains and Losses - Ger	<u> </u>	<u> </u>		7	678.
		erally Assets Hel	d More Than 1 Ye			
See instructions for how the lines below.	w to figure the amounts to enter on	(d)	(e)	(g) Adjustments		(h) Gain or (loss) Subtract column (e)
	r to complete if you round off cents	Proceeds (sales price)	Cost (or other basis)	to gain or loss fr Form(s) 8949, Pa	om	from column (d) and combine the result with
to whole dollars.		(sales price)		line 2, column (column (g)
82 Totals for all long	erm transactions reported on Form					
-	basis was reported to the IRS and for					
	adjustments (see instructions).					
	oose to report all these transactions					
on Form 8949, lea	ve this line blank and go to line 8b .					
	actions reported on Form(s) 8949					
with Box D checke	d					
	actions reported on Form(s) 8949					
	d					
	actions reported on Form(s) 8949	1 055 004	1 004 000			00 250
	d	1,055,204.	1,034,832.		11	20,372.
	in or (loss) from partnerships, S corp				12	
	butions.				13	
	4797, Part I.				14	
	I loss carryover. Enter the amoun				<u> </u>	
	neet	-			15 ()
16 Net long-term ca	apital gain or (loss). Combine lines column (3)	8a through 15 in	column (h). Enter	here and on	16	20,372.
i ait in, ini c 10d, (16	∠∪,3/∠.

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

Schedule D (Form 1041) 2023

Cartill Summary of Parts Land I (1) Boneliciants' (2) Estate's (3) Total Cuttor: Read the instructions before completing this part. (1) Boneliciants' (2) Estate's (3) Total 17 Net short-term gain or (loss) (1) Boneliciants' (2) Estate's (3) Total (a) Interpreterm gain or (loss) (1) Boneliciants' (2) Estate's (3) Total (a) Unreceptured section 12:0 gain (see line 18 of the worksheet) (1) Boneliciants' (2) Estate's (3) Total (b) Unreceptured section 12:0 gain (see line 18 of the worksheet) (1) Boneliciants' (2) Estate's (3) Total (c) Estate's gain (c) Combine insel 7 and 18a (c) Commons (c) Commons </th <th>Sche</th> <th>dule D (Form 1041) 2023</th> <th></th> <th></th> <th></th> <th>Page 2</th>	Sche	dule D (Form 1041) 2023				Page 2
Caution: Read the instructions before completing the part. (see instr.) or trust's (1) final 17 Net short-term gain or (loss) 678. 678. 678. 678. 18 Net long-term gain or (loss) 678. 678. 678. 678. 19 Total net gain. 20.372. 188. 20.372. 20.372. 19 Total net gain. 91.000000000000000000000000000000000000	Par	t III Summary of Parts I and II		(1) Beneficiaries'	(2) Estate's	
18 Net long-term gain or (loss): 13 a Total for year		Caution: Read the instructions before completing this part.				(3) Iotal
a Total for year	17	Net short-term gain or (loss)	17			678.
b Unrecaptured section 1250 gain (see line 18 of the workshee) 18 b 12 c 21, 050. 19 total net gain or (toss). Combine lines 17 and 18a. 19 c 21, 050. 21, 050. Note: If line 19, column (3), as net gain, enter the gain on Form 104. If line 4 of Schedule A (Form 990-T), Part I, line 4.0. If lines 18 and 19. column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet and the interactions to fight your capital loss carryover. 20 () 21 () Part W Capital Loss Limitation 20 () 20 () 21 () 20 () The loss on line 18, column (3), or b \$3,000 10 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 21, and Form 1041, line 23, is more than zero; 20 ()) Fart W Tax Computation Using Maximum Capital Sci Carryover. 10 in column (2) or gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 24, and Form 1041, line 23, is more than zero; Form 1041 filters: Tax Computation Gerom 4982; line or than zero; 11 and Complete the Schedule D Tax Worksheet in the instructions if: Either line 180, column (2), or line 18c, column (2), is more than zero; 11 and complete the Schedule D Tax Worksheet in the instructions if 90-T rart, line 30, ro mark 30, ro mark30, ro mark 30, ro mark 30, ro mark 30, ro mark	18	Net long-term gain or (loss):				
b Unrecaptured section 1250 gain (see line 18 of the workshee) 18 b 12 c 21, 050. 19 total net gain or (toss). Combine lines 17 and 18a. 19 c 21, 050. 21, 050. Note: If line 19, column (3), as net gain, enter the gain on Form 104. If line 4 of Schedule A (Form 990-T), Part I, line 4.0. If lines 18 and 19. column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet and the interactions to fight your capital loss carryover. 20 () 21 () Part W Capital Loss Limitation 20 () 20 () 21 () 20 () The loss on line 18, column (3), or b \$3,000 10 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 21, and Form 1041, line 23, is more than zero; 20 ()) Fart W Tax Computation Using Maximum Capital Sci Carryover. 10 in column (2) or gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 24, and Form 1041, line 23, is more than zero; Form 1041 filters: Tax Computation Gerom 4982; line or than zero; 11 and Complete the Schedule D Tax Worksheet in the instructions if: Either line 180, column (2), or line 18c, column (2), is more than zero; 11 and complete the Schedule D Tax Worksheet in the instructions if 90-T rart, line 30, ro mark 30, ro mark30, ro mark 30, ro mark 30, ro mark 30, ro mark	а	Total for year	18a			20,372.
19 Total net gain or (Dess). Combine lines 17 and 18a			18b			
Note:: Illine 19, column (2), is a set gain, enter the gain on Form 1041, line 4 (or Schedule A Form 990-T), Part I, line 40, if lines 18a and 19, column (2), is a net bas, complete Part IV and the Eapliel Loss Carryover Worksheet, as necessary. Part M Capital Loss Limitation 20 (> 20 (2) (2) (2) (2) (2) (2) (2) (2) (2) (2)	с	28% rate gain	18c			
Bit Part Area Complete Part IV, and don't complete Part IV. If line 19, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Workheet, and enses as (loss) form 1041, line 4 (or Schedule A (Fom 990-7), Part I, line 4., if a trust, the smaller of: a The loss on line 19, column (3), is not than \$3000, or if form 1041, logg 1, line 23 (or Form 990-7), Part I, line 4., if a trust, the smaller of: a The loss on line 19, column (3), is not than \$3000, or if form 1041, logg 1, line 23 (or Form 990-7), Part I, line 4., if a trust, the smaller of: a The loss on line 19, column (3), is not than \$3000, or if form 1041, line 23 (or Form 990-7), Part I, line 4., if a trust, the smaller of: a The loss on line 19, column (2), or Ine 180, column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 21(2), and Form 1041, line 23, is more than zero, bethe form 100-1, line 11(1), and Form 4952, line 4., are more than zero, bethe form 100-1, line 11(1), column (2), is more than zero, bether form 100-1, line 11(2), or line 180, column (2), is more than zero, column (2), or line 180, column (2), is more than zero, column (2), or line 180, column (2), is more than zero, column 10-1, line 180, or long 100-1, part, line 11) column 10-1, line 180, or long 10-1, part, line 11) column 10-1, or line 180, column (2), is more than zero, column 10-1, line 180, column 10-2, line 180, column (2), is more than zero, column 10-1, line 180, column (2), is more than zero, column 10-1, line 180, column (2), is more than zero, column 10-1, line 180, column (2), is more than zero, column 10-1, line 210, column 10-2, line 180, column (2), is more than zero, column column line 21 or S0.0000,			-			
Worksheet, is neckssary. Part V Capital Loss Limitation 20 (Note	: If line 19, column (3), is a net gain, enter the gain on Form 1041, line 4	(or Sch	nedule A (Form 990-T),	Part I, line 4a). If li	nes 18a and 19, column
Cartol Capital Loss Limitation 20 The hear enders as loging from 101, line (c Schedule A (from 190-1), Part Line 4a, la lust), the smaller of: 20 () 21 The hears on line 19, column (3); or b 33.000, or if Form 1041, npag 1, line 23 (or Form 1904-1, Part L line 11), is a loss, complete the Capital Loss Carryower. 111, is a loss, complete the 111, line 111, line 24, line 21, line 23, is more than zero. Carton: Skit This part and complete the Schedule D Tax Worksheet in the instructions if: Enter line 18b, column (2), or line 18b, column (2), is more than zero; Both Form 1041, line 2b(1), and Form 4952, line 4g, are more than zero; The mass amounts on lines 4a and 4g of Form 4952. Form 900-T, rust. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, Part L line 11, is more than zero. Tore more trusts. Complete this part only if both lines 20 (c) Form 990-T, Part L line 11, is more than zero. Terret rusts. Complete this part only if both lines 18a and 19 are gains, or qualified dividends are included in income in Part I of Form 990-T, Part L line 11, is more than zero. 11 Enter time 18a or 19 in column (2). Imme 21 of Zero 102 (z). 12 Enter the shaller of time 18a, column (2). Imme 21 of Zero 102 (z). 14 their the estate or trust's qualified dividends in more 104. Imme 21 of Zero 102 (z). 15 <	(2), a	sheet, as necessary.	s a net	loss, complete Part IV	and the Capital Los	is Carryover
20 Enter here and eners as plosp or form 1041, the 4 (or Schedule A (Form 990-T), Part I, the 40, at south, the smaller of: 20 () Note:: If the loss on line 19, column (3), is more than 53,000, or I Form 1041, the 23 (or Form 1990-T, Part I, line 11), is a loss, complete the fiber structure is the instructions of flower your contrabutes activity. 20 () Part Norm 1041 Tax Computation Using Maximum Capital Gains Rates 5 5 5 Form 1041 Fibre and and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20(1), and Form 1041, line 23, is more than zero; 6						
Note:: If the loss on line 19, column (3), is more than \$30.00, or if Form 1041, page 1, line 23 (or Form 990-T, Part I, line 11), is a loss, complete the Charles to flying vorw. PartV Tax Computation Using Maximum Capital Gains Rates Porm 1041 filters. Complete this part only if both lines 18 and 19 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 20(2), and Form 1041, line 20(2), and Form 1041, line 20(2), and Form 4052, is more than zero. Caution: Skip this part and complete the Schedule D Tax Worksheet in the instructions if: Ether line 18b, column (2), or line 18c, column (2), is more than zero; Both Form 1041, line 20(1), and Form 4952, line 49, are more than zero; Porm 990-T, Part I, line 11, is more than zero. Stable and 10, and point 4952. Form 990-T rusts. Complete the Schedule D Tax Worksheet in the instructions if either line 18b, column (2), or line 18c, column (2), is more than zero. 21 Enter the smaller of line 18a or 19 in column (2) to thos shan zero. 21 Enter the estate's or trust's qualified dividends from Form 1041, line 20(2) creater the qualified dividends individent included in income in Part 1 of Form 990-T, Part I, line 11). 23 Enter the smaller of the amount on line 21 or 33,000 22 24 Add lines 22 and 23 24 25 Subtract line 26 from line 24. If zero or less, enter -0 27 26		Enter here and enter as a (loss) on Form 1041, line 4 (or Schedule A (Form 990-T), Part	I, line 4	c, if a trust), the smaller of:		
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36 Enter the smaller of line 32 or line 35				-		
37 Multiply line 36 by 15% (0.15) 37 38 Enter the amount from line 31 38 39 Add lines 30 and 36 39 40 39 40 40 41 41 41 42 43 44 lines 37, 41, and 42 42 43 44 lines 37, 41, and 42 44 lines 37, 41, and 42 45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule						
38 Enter the amount from line 31 38 39 Add lines 30 and 36 39 40 Subtract line 39 from line 38. If zero or less, enter -0- 40 41 Multiply line 40 by 20% (0.20) 41 42 Figure the tax on the amount on line 27. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 42 43 Add lines 37, 41, and 42 43 44 Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 43 44 Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 44 45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule 44						
 Add lines 30 and 36 Subtract line 39 from line 38. If zero or less, enter -0- Multiply line 40 by 20% (0.20) Figure the tax on the amount on line 27. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 Add lines 37, 41, and 42 Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule 					37	
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 44 Figure the tax on the amount on line 21. Use the 2023 Tax Rate Schedule for Estates and Trusts. See the Schedule G instructions in the Instructions for Form 1041						
and Trusts. See the Schedule G instructions in the Instructions for Form 1041				-		
45 Tax on all taxable income. Enter the smaller of line 43 or line 44 here and on Form 1041, Schedule	44	-				
				-		
	45					

Schedule D (Form 1041) 2023

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Department of the Treasury

Internal Revenue Service

F

Sales and Other Dispositions of Capital Assets

File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

Go to www.irs.gov/Form8949 for instructions and the latest information.

 Name(s) shown on return
 Social security number or taxpayer identification number

 SADIE AND HARRY DAVIS FOUNDATION INC.
 20-3515375

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2.

Note: You may aggregate all short-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 totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions).

You *must* check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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.

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

x (C) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	ption of property Date acquired Date sold or	(d) Proceeds	Cost or other basis See the Note below	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e)	
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(sales price) (see instructions)	and see Column (e) in the separate instructions.	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g).
PUBLICLY TRADED							
SECURITIES	VAR	12/31/2023	142,833.00	142,155.00			678.00
2 Totals. Add the amounts in columns negative amounts). Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C al	I here and inc is checked), lin	lude on your e 2 (if Box B	142,833.	142,155.			678.

Note: If you checked Box A 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.

2023 Attachment Sequence No. 12A

Form 89	949 (2023)
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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

20-3515375

SADIE AND HARRY DAVIS FOUNDATION INC.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II

Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). 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 totals directly on Schedule D, line 8a; you aren't 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.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

x (F) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see <i>Column</i> (e) in the separate instructions.	Adjustment, if any, to gain or loss If you enter an amount in column (g), enter a code in column (f). See the separate instructions.		(h) Gain or (loss) Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g).
PUBLICLY TRADED							
SECURITIES	VAR	12/31/2023	1,055,204.00	1,034,832.00			20,372.00
2 Totals. Add the amounts in columns negative amounts). Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and incluis checked), line	ude on your 9 (if Box E	1,055,204.	1,034,832.			20,372.

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.

Form 8949 (2023)

Electronic Filing Information: PDF attachments Included in this Return

Tax Year:2023Name:SADIE AND HARRY DAReturn No:E94976S3

Jurisdiction: Federal No of Attachments: 1

PDF Attachment Description

PDF File Name

File Size

GRANTS

E94976S3_FE_GRANTS.pdf

41,413

Sadie and Harry Davis Foundation, Inc. Calendar Year January-December, 2023 Grants

Name	Address	Amount
Tree Street Youth	144 Howe St, Lewiston, ME 04240	15,000
Emmanuel Lutheran Episcopal Church DBA Bridging the Gap	209 Eastern Ave. Augusta, Maine 04330	6,000
Big Rock	710 Evans Street, Morehead City, NC 28557	10,000
Alan Day Community Garden	26 Whitman St, Norway, ME 04268	15,000
Bangor Region YMCA	17 2nd St, Bangor, ME 04401	15,000
Experience Camps	136 Main St Suite 206, Westport, CT 06880	10,000
YMCA of Auburn-Lewiston	62 Turner St, Auburn, ME 04210	13,500
Rangeley Health and Wellness	25 Dallas Hill Rd, Rangeley, ME 04970	15,000
Kismet Rock Foundation	PO Box 1744 North Conway, NH 03860	10,000
Camp Kita, The Kita Center	PO Box 238, North Berwick Maine 03906	15,000
Hand in Hand Mano en Mano	2 Maple St, Milbridge, ME 04658	15,000
Heart of Maine United Way	700 Main St #1, Bangor, ME 04401	15,000
Sandcastle Clinical and Educational Services	72 Strawberry Ave, Lewiston, ME 04240	15,000
St. Mary's Nutrition Center	208 Bates Street Lewiston, ME 04240	15,000
The Harry E. Davis Partnership for Children's Oral Health	PO Box 11 Yarmouth, ME 04096 USA	400,000
The Harry E. Davis Partnership for Children's Oral Health	PO Box 11 Yarmouth, ME 04096 USA	400,000
The Harry E. Davis Partnership for Children's Oral Health	PO Box 11 Yarmouth, ME 04096 USA	250,000
Maine Philanthropy Center	314 Forest Avenue, Portland, ME 04101	895
Maine Community Foundation Lewiston-Auburn Area Response		
Fund Broad Recovery Efforts	245 Main StreetEllsworth, ME 04605-1613	50,000
The Maine Center For Public Interest Reporting	The Maine Center for Public Interest ReportingPO Box 284, Hallowell, Maine 04347	75,000
Total for Grants		1,360,395