Form **990-EZ**

Department of the Treasury

A For the 2012 calendar year, or tax year beginning

Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code

(except black lung benefit trust or private foundation)

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

, 2012, and ending

4 5

, 20

OMB No. 1545-1150

Open to Public Inspection

В	Check if a	pplicable:	C Name of organization		D Employ	er identific	cation number
	Address c	ss change CHARLES T DAVIDSON SCHOLARSHIP FUND, INC 26-4616101					
	Name cha	change Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Teleph				ne number	
	Initial retu	return					
	Terminate	d	7)585-160	06			
	Amended	return	City or town, state or country, and ZIP + 4		F Group E	Exemption	
	Application	n pending	Brooklyn, NY 11225		Numbe	· •	
G	Account	ting Method:	☐ Cash ☐ Accrual Other (specify) ▶	Н	Check >	if the or	ganization is not
ı	Website	e: >			required to a	attach Sched	dule B
J	Tax-exe	mpt status (check only one) - x 501(c) (3)	r 527	(Form 990,	990-EZ, or 9	990-PF).
K	Check >	if the o	rganization is not a section 509(a)(3) supporting organization or section 52	7 organizatio	n and its gro	ss receipts	are normally
	not more	e than \$50,00	0. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) r	may be requir	ed (see ins	tructions). But if
	the organ	nization choos	es to file a return, be sure to file a complete return.				
L	Add lines	s 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total asse	ets (Part II,		
	line 25, c	olumn (B) bel	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ			. ▶ \$	1,915
P	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Baland	ces (see the	instructions for	or Part I)	
	_	Check if the	e organization used Schedule O to respond to any question in this Part I				x
	1	Contributions	, gifts, grants, and similar amounts received			1	1,865
	2	Program serv	rice revenue including government fees and contracts			2	
	3	Membership	dues and assessments			3	
	4	Investment in	come	,		4	
	5a	Gross amour	at from sale of assets other than inventory 5a				
	b	Less: cost or					
	С	Gain or (loss)		5c			
	6	Gaming and	fundraising events				
	а	Gross income	e from gaming (attach Schedule G if greater than				
ne		\$15,000)					
Revenue	b	Gross income	e from fundraising events (not including \$	of contribution	ns		
æ		from fundrais	ing events reported on line 1) (attach Schedule G if the				
		sum of such	gross income and contributions exceeds \$15,000)		50		
	С	Less: direct e	xpenses from gaming and fundraising events 6c				
	d	Net income o	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract				
		line 6c) .				6d	50
	7a	Gross sales of	of inventory, less returns and allowances				
	b	Less: cost of	goods sold				
	С	Gross profit of	r (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenu	e (describe in Schedule O)			8	
	9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	1,915
	10	Grants and s	milar amounts paid (list in Schedule O)			10	
	11	Benefits paid	to or for members			11	
"	12	Salaries, other	er compensation, and employee benefits			12	
Se	13	Professional	fees and other payments to independent contractors			13	
Expenses	14	Occupancy, r	ent, utilities, and maintenance			14	
Щ	15	Printing, publ	ications, postage, and shipping			15	
	16	Other expens	ses (describe in Schedule O)			16	287
_	17	Total expen	ses. Add lines 10 through 16	<u></u>	<u>.</u> . >	17	287
	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)			18	1,628
ets	19		fund balances at beginning of year (from line 27, column (A)) (must agree with				
Net Assets		end-of-year fi	gure reported on prior year's return)			19	4,993
et,	20	Other change	es in net assets or fund balances (explain in Schedule O)			20	
~	21	Net assets or	fund balances at end of year. Combine lines 18 through 20		•	21	6,621

Pa	Balance Sheets (see the instructions for Part II)					
	Check if the organization used Schedule O to respond to a	ny question in this Part I	١			
			(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			4,618	22	4,771
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)			1,375	24	1,850
25	Total assets			5,993	25	6,621
26	Total liabilities (describe in Schedule O)			1,000	26	0
27	Net assets or fund balances (line 27 of column (B) must agree	with line 21)		4,993	27	6,621
Pa	art III Statement of Program Service Accomplis	shments (see the ins	structions for Par	t III)		Expenses
	Check if the organization used Schedule O to respond to	any question in this Part	III		(Req	quired for section
Wha	at is the organization's primary exempt purpose? To promote	education in the	accounting		501(c)(3) and 501(c)(4)
Dos	scribe the organization's program service accomplishments for each of	of its three largest program	m services		orga	nizations and section
	measured by expenses. In a clear and concise manner, describe the				4947	7(a)(1) trusts; optional
	sons benefited, and other relevant information for each program title.				for o	thers.)
28	In keeping with the by laws of the Charles T Da	vidson				
	Scholarship Fund, Inc, the Board of Directors h	as devoted				
	their personal time to mentor and tutor student	s during				
	(Grants \$) If this amount inc	cludes foreign grants, che	eck here	▶ 📙	28a	0
29						
	(Grants \$) If this amount inc	cludes foreign grants, che	eck here	▶ 📙	29a	
30						
	,	cludes foreign grants, che	eck here	▶ ⊔	30a	
31	Other program services (describe in Schedule O)					
		cludes foreign grants, che		· · · · · · • <u> </u>	31a	
					32	0
Pa						- (D (I) /)
	List of Officers, Directors, Trustees, and Key Empl	-	N. /			
	List of Officers, Directors, Trustees, and Key Empl Check if the organization used Schedule O to respond to	-	IV		<u>,</u>	
_	Check if the organization used Schedule O to respond to	any question in this Part (b) Average	N. /	(d) Health henefi		
		any question in this Part	(c) Reportable compensation (Form W-2/1099-F	(d) Health beneficontributions to en benefit plans, a	ts, nployee	
	Check if the organization used Schedule O to respond to (a) Name and title	(b) Average hours per week	(c) Reportable compensation	(d) Health beneficontributions to en benefit plans, a	ts, nployee	e(e) Estimated amount of
MAI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-F	(d) Health beneficontributions to en benefit plans, a	ts, nployee	g(e) Estimated amount of other compensation
MAI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR	(b) Average hours per week	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefic contributions to en benefit plans, a deferred compens	ts, nployee	e(e) Estimated amount of
MAI DII	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefic contributions to en benefit plans, a deferred compens	ts, nployee	g(e) Estimated amount of other compensation
MAI DII DAI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compen:	ts, nployee nd sation	g(e) Estimated amount of other compensation
MAI DII DAI PRI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER ESIDENT	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compen:	ts, nployee nd sation	g(e) Estimated amount of other compensation
MAI DII DAI PRI REC	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER ESIDENT GINALD GILL	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compens	ts, nployee nd sation 0	g(e) Estimated amount of other compensation
MAI DIF DAI PRI TRE	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER ESIDENT GINALD GILL EASURER	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compens	ts, nployee nd sation 0	g(e) Estimated amount of other compensation
MAI DII DAI PRI TRI DAI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compens	ts, nployee nd sation 0	g(e) Estimated amount of other compensation 0 0
MAI DIE DAE REC TRE DAN DIE GEC	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR	(b) Average hours per week devoted to position 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compens	ts, nployee nd sation 0	g(e) Estimated amount of other compensation 0 0
MAI DII DAI REC TRI DAI GEO CHA	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR ORGE ALLEYNE	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compens	ts, nployee nd sation 0	g(e) Estimated amount of other compensation 0 0 0
MAI DAI PRI TRI DAI OLI GEC CHA	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compens	ts, nployee nd sation 0	g(e) Estimated amount of other compensation 0 0 0
MAI DIE DAN REC CHA SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR RREL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compens	ts, nployee nd sation 0 0 0	g(e) Estimated amount of other compensation 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHI SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR	(b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compens	ts, nployee nd sation 0 0 0	g(e) Estimated amount of other compensation 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHI SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHI SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHI SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHI SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHI SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHI SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHA SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHA SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHA SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0
MAI DIE DAI PRI TRI DAI GEO CHI SHI	Check if the organization used Schedule O to respond to (a) Name and title LCOLM JACK RECTOR REEL BYER ESIDENT GINALD GILL EASURER NIEL WORRELL RECTOR DRGE ALLEYNE AIRMAN ERRY RODRIGUEZ RECTOR DREW SIMPSON	any question in this Part (b) Average hours per week devoted to position 0 0 0	(c) Reportable compensation (Form W-2/1099-F	(d) Health benefit contributions to en benefit plans, a deferred compension of the contribution of the con	on the state of th	g(e) Estimated amount of other compensation 0 0 0 0 0

Pai	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			
-	instructions for fact v) offeck if the organization used soffedule of to respond to any question in this fact v	• • •	Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		100	
	detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	<u> </u>	
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets	26		v
27 a	during the year? If "Yes," complete applicable parts of Schedule N Enter amount of political expenditures, direct or indirect, as described in the instructions 37a	36		X
	Did the organization file Form 1120-POL for this year?	37b		
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	37.0		
00 u	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Х
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 • ; section 4912 • ; section 4955 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been			37
_	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c			
-	reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		Х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of PEGINALD GILL Telephone no. 347–58	5-160)6	
	Located at 1269 E 101ST ST Brooklyn, NY ZIP+4 11236			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	 	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>X</u>
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
_	and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
·	If "Yes," enter the name of the foreign country:	420		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041- Check here		•	
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44a		Х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	44b	<u> </u>	X
	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
4-	explanation in Schedule O	44d	 	-
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
40 D	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of			
	Form 990-F7 (see instructions)	45b		Х

CHARLES T DAVIDSON SCHOLARSHIP FUND, INC

							Yes	No
	e organization engage, directly or indirectly, in p	· -	on behalf of or in opposit	ion				
	didates for public office? If "Yes," complete Sch				<u></u>	46	6	X
Part VI	Section 501(c)(3) organizations of							
	All Section 501(c)(3) organizations	must answer questi	ions 47-49b and 52	, and comp	olete the ta	ables for	lines	
	50 and 51				•			
	Check if the organization used Sch	edule O to respond	to any question in	this Part V				<u>, U</u>
							Yes	No
	e organization engage in lobbying activities or ha	ave a section 501(h) electi	on in effect during the tax					
-	If "Yes," complete Schedule C, Part II					47	_	
	organization a school as described in section 17					48		X
	e organization make any transfers to an exempt	-				49		
	s," was the related organization a section 527 org	-				49	b	
	lete this table for the organization's five highest (
emplo	yees) who each received more than \$100,000 c	of compensation from the c	organization. If there is no					
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health	benefits, s to employee	(e) Estim	nated amo	ount of
	paid more than \$100,000	hours per week	compensation	benefit plans	, and deferred	other	compens	sation
		devoted to position	(Forms W-2/1099-MISC)	compe	nsation			
NONE								
	000 of compensation from the organization. If the and address of each independent contractor paid more		(b) Type of serv	vice	(c	Compens	ation	
NONE								
d Total r	number of other independent contractors each re	eceiving over \$100,000	>					
52 Did the	e organization complete Schedule A? Note:	All section 501(c)(3) orga	nizations and 4947(a)(1)				
nonex	empt charitable trusts must attach a completed	Schedule A		<u></u> .	<u></u> .	<u> </u>	es 🗌	No
Under penaltie	s of perjury, I declare that I have examined this return	, including accompanying sch	edules and statements, and	to the best of m	y knowledge an	d belief, it is	s	
true, correct, a	and complete. Declaration of preparer (other than office	er) is based on all information	n of which preparer has any	knowledge.				
	REGINALD GILL							
Sign	Signature of officer			Date				
Here	REGINALD GILL, TREASURER							
	Type or print name and title			T		_		
	Print/Type preparer's name	Preparer's signature	Date		heck if	PTIN		
Paid				s	elf-employed			
Preparer	Firm's name			Firm's I	EIN •			
Use Only	Firm's address							
				Phone	no.			
May the IRS	discuss this return with the preparer shown about	ve? See Instructions			<u></u>	' ∐ Y	es 🔃	No
							^^^ =	10040

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

Employer identification number

2012

Open to Public Inspection

CHA	RLES	T DAVIDSON SCH	OLARSHIP FUND,	, INC					26-46	516101			
Pa	rt I	Reason for P	Public Charity	Status (All organiza	ations m	ust comp	olete this	part.) S	ee instru	uctions.			
The	organ	ization is not a private	foundation becaus	e it is: (For lines 1 through	11, check	only one bo	ox.)						
1		A church, convention	n of churches, or a	ssociation of churches d	lescribed ir	section 1	170(b)(1)(<i>i</i>	A)(i).					
2		A school described i	in section 170(b)(1)(A)(ii). (Attach Schedu	le E.)								
3		A hospital or a coop	erative hospital se	rvice organization descri	bed in sec	tion 170(b)(1)(A)(iii)						
4		A medical research	organization opera	ated in conjunction with a	hospital d	escribed ir	section 1	170(b)(1)(A)(iii). Ent	er the			
		hospital's name, city,	and state:										
5		An organization opera	ated for the benefit	of a college or university o	wned or op	erated by a	a governme	ental unit de	escribed in				
		section 170(b)(1)(A	(Complete P	art II.)									
6		A federal, state, or lo	ocal government o	r governmental unit desc	cribed in se	ction 170	(b)(1)(A)(v	').					
7		An organization that r	normally receives a	substantial part of its supp	oort from a	governmen	ital unit or f	rom the ge	neral public				
		described in section	n 170(b)(1)(A)(vi).	(Complete Part II.)									
8		A community trust d	escribed in sectio	n 170(b)(1)(A)(vi). (Com	plete Part	II.)							
9	X	An organization that r	normally receives: (1) more than 33 1/3% of it	s support fr	om contrib	utions, mer	nbership fe	es, and gro	oss			
		receipts from activities	s related to its exen	npt functions - subject to c	ertain exce _l	otions, and	(2) no mor	e than 33 1	1/3% of its				
		support from gross in	vestment income a	nd unrelated business tax	able income	e (less sect	ion 511 tax) from busi	inesses				
		acquired by the orga	anization after June	e 30, 1975. See section	509(a)(2).	(Complete	Part III.)						
10		An organization orga	anized and operate	ed exclusively to test for	public safe	ty. See se	ction 509((a)(4).					
11		An organization organ	nized and operated	exclusively for the benefit	of, to perfo	rm the fund	ctions of, or	to carry ou	ut the				
		purposes of one or r	more publicly supp	orted organizations desc	cribed in se	ction 509(a)(1) or se	ction 509(a)(2). See	section			
		509(a)(3). Check the	e box that describe	es the type of supporting	organizatio	n and con	nplete lines	s 11e thro	ugh 11h.				
		a 🗌 Type I	b 🗌 Typ	e II c Type	III-Function	ally integra	ted	d	Type III-	Non-funtion	nally inte	grated	
е		By checking this box,	I certify that the org	ganization is not controlled	directly or	indirectly by	y one or mo	ore disqual	ified persor	าร			
		other than foundation	managers and other	er than one or more public	cly supporte	d organiza	tions descr	ibed in sec	tion 509(a)	(1)			
		or section 509(a)(2).											
f		If the organization red	ceived a written dete	ermination from the IRS th	at it is a Ty	oe I, Type I	I, or Type I	II supportin	ıg				
		organization, check th	nis box										🗌
g		Since August 17, 200	06, has the organiza	ition accepted any gift or c	ontribution	from any o	f the						
		following persons?											
		(i) A person who d	irectly or indirectly o	controls, either alone or too	gether with	persons de	scribed in ((ii) and				Yes	No
		(iii) below, the g	overning body of the	e supported organization?	•						11g(i)		
		(ii) A family member	er of a person descr	ibed in (i) above?							11g(ii)		
		(iii) A 35% controlle	d entity of a person	described in (i) or (ii) above	ve? .						11g(iii)		
h		Provide the following	information about the	ne supported organization	(s).								
	(i) Na	me of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the or	-	(v) Did yo		(vi) ls		(vii) Amou		
		organization		(described on lines 1-9 above or IRC section	in col. (i) list governing	document?	col. (i) c	nization in of your	(i) organizat	tion in col. ed in the		support	
				(see instructions))			sup	port?	U.	S.?			
					Yes	No	Yes	No	Yes	No			
(A)													
(B)													
(C)													
(D)													
(E)													
Tota	1												

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

Sec	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
$\frac{6}{2}$	Public support. Subtract line 5 from line 4						
	tion B. Total Support	(-) 0000	(1-) 0000	(-) 0040	(4) 0044	(-) 0040	(0) T-1-1
	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10 .						
12	Gross receipts from related activities, etc. (se	e instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	·					▶□
Sec	tion C. Computation of Public Su						
14	Public support percentage for 2012 (line 6, co	•				14	%
15	Public support percentage from 2011 Schedu					15	%
16a	33 1/3% support test - 2012. If the organize			•	•		. □
	box and stop here. The organization quali				5:- 00 4/00/		· · · · · • ⊔
b	33 1/3% support test - 2011. If the organia			•		•	▶ □
47-	check this box and stop here. The organiz			-			🗾
17a	10%-facts-and-circumstances test - 201	-					
	10% or more, and if the organization meets				-	ın ın	
	Part IV how the organization meets the "facts organization		_				▶ □
b	10%-facts-and-circumstances test - 201						
IJ	15 is 10% or more, and if the organization	J		•		i iii 16	
	Explain in Part IV how the organization meets						
				-			▶ □
18	Private foundation. If the organization did						
	instructions						▶ □

EEA Schedule A (Form 990 or 990-EZ) 2012

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support			, ,	,		
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")		1,960	2,250	1,200	1,865	7,275
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus. under sec 513			3,749	1,733	50	5,532
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		1,960	5,999	2,933	1,915	12,807
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6.)						12,807
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6		1,960	5,999	2,933	1,915	12,807
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)	0	1,960	5,999	2,933	1,915	12,807
14	First five years. If the Form 990 is for the o organization, check this box and stop here						▶ 🏻
Sec	tion C. Computation of Public Su						
15	Public support percentage for 2012 (line 8, colo	umn (f) divided by lir	ne 13, column (f))			15	%
16	Public support percentage from 2011 Schedule					16	%
	tion D. Computation of Investmen						
17	Investment income percentage for 2012 (line					17	%
18	Investment income percentage from 2011 S	chedule A, Part III,	, line 17			18	%
19a	33 1/3% support tests - 2012. If the organiz 17 is not more than 33 1/3%, check this box						▶ □
b	33 1/3% support tests - 2011. If the organization 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did i	not check a box on	line 14, 19a, or 19l	o, check this box a	and see instruction	s	▶ □

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer identification number

CHARLES T DAVIDSON SCHOLARSHIP FUND,	INC		26-4616101
01. Description of other	expenses (Part I,	line 16)	
Description	Amount		
POSTAGE	120		
NYS FILING FEE	35		
BANK CHARGES	132		
02. Description of other	accetc (Part II)	ine 24)	
Category	Beginning of Year	End of Year	
PLEDGES RECEIVABLES	1,375	1,850	
03. Description of total	liabilities (Part	II, line 26)	
Category	Beginning of Year	End of Year	
SCHOLARSHIP PAYABLE	1,000	0	

Form CHAR500

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General)
Charities Bureau - Registration Section
120 Broadway
New York, NY 10271

2012

Open to Public Inspection

010 and CHAR 006)	http://www.charitiesnys.com		mspection		
1. General Information	General Information				
a. For the fiscal year beginning (mm/dd/yyyy) / 2012 and ending (mm/dd/yyyy)					
b. Check if applicable for NYS:	c. Name of organization		d. Fed. employer ID no. (EIN) (##-######) 26-4616101		
☐ Address change☐ Name change	CHARLES T DAVIDSON SCHOLARSHIP INC	FUND,	e. NY State registration no. (##-##-##) 41-88-76		
☐ Initial filing☐ Final filing	Number and street (or P.O. box if mail not delivered to street address) P O BOX 250214	Room/suite	f. Telephone number 347-585-1606		
Amended filingNY registration pending	City or town, state or country and zip + 4		g. Email		
	BROOKLYN, NY 11225		CHARLESDAVIDSONSCHOL		

	Number and street (or P.O. box if mail not del P O BOX 250214 City or town, state or country and zip + 4 BROOKLYN , NY 11225 Required that we reviewed this report, including all att with the laws of the State of New York applies	achments, and to the best of our kno		/IDSONSCHOL
a. President or Authorized Officer				
	Signature	Printed Name	Title	Date
b. Chief Financial Officer or Treas.	•			
	Signature	Printed Name	Title	Date
Check → ☐ if total contributions (25,000 and contributions) NOTE: An organization in United Way or incorporate substantially all of its contribution (25,000 and contributions) EPTL annual report exemptions received for EPTL or Article-7A regist exemptions under both contributions.	emption (Article 7-A registrants and dual reutions from NY State (including residents, for the organization did not engage a profess during this fiscal year. In any claim this exemption if no PFR or FRC ed community appeal and contributions from the organization one government agency to which (EPTL registrants and dual registrants) pts did not exceed \$25,000 and assets (manufactual registrants) and the contribution of the laws, simply complete part 1 (General Information submit a fee, do not complete the following seconds.	undations, corporations, government sional fund raiser (PFR) or fund raiser (was used and either: 1) it receives om other sources did not exceed the chit submitted an annual report similarket value) did not exceed \$25,0 the one law under which they are register ion), part 2 (Certification) and part 3 (Annual report and part 3 (Annual report 3 (ed an allocation from a 625,000 or_2) it received lar to that required by Ar 00 at any time during the dand for dual registrants and Report Exemption Information of the dand for the dand	solicit federated fund, ed all or rticle 7-A. his fiscal year.
4. Article 7-A Schedules				
	port exemption above, complete the following for this fis onal fund raiser, fund raising counsel or commerci	*	NY State?	Yes* X No
* If "Yes", complete Schedule 4a.				
	nment contributions (grants)?			Yes* X No
* If "Yes", complete Schedule 4b.				

* If "Yes", complete Schedule 4b.					
5. Fee Submitted: See last page for summary of fee requirements.					
Indicate the filing fee(s) you are submitting along with this form:					
a. Article 7-A filing fee	10.	Submit only one check or money order for the			
b. EPTL filing fee	25.	total fee, payable to "NYS Department of Law"			
c. Total fee	35.				

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments



5. Fee Instructions CHARLES T DAVIDSON SCHOLARSHIP FUND, INC 26-4616101

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Organization's Registration Type		Fee Instructions			
•	Article 7-A	Calculate the Article 7-A filing fee using the table in part a below. The EPTL filing fee is \$0.			
•	EPTL	Calculate the EPTL filing fee using the table in part b below. The Article 7-A filing fee is \$0.			
•	Dual	Calculate both the Article 7-A and EPTL filing fees using the tables in parts a and b below. Add the Article 7-A and EPTL filing fees together to calculate the total fee. Submit a single check or money order for the total fee.			

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

* Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching.

Check the boxes for the documents you are at	taciling.	
For All Filers		
Filing Fee		
Single check or money order payable to "N	IYS Department of Law"	
Copies of Internal Revenue Service Forms		
☐ IRS Form 990 ☐ All required schedules (including Schedule B) ☐ IRS Form 990-T	☑ IRS Form 990-EZ ☐ All required schedules (including Schedule B) ☐ IRS Form 990-T	☐ IRS Form 990-PF ☐ All required schedules (including Schedule B) ☐ IRS Form 990-T

Additional Article 7-A Document Attachment Requirement	
Independent Accountant's Report	
Audit Report (total support & revenue more than \$250,000) Review Report (total support & revenue \$100,001 to \$250,000) No Accountant's Report Required (total support & revenue not more than \$100,000)	