Form	99	0-	EΖ

Short Form Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2020

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

• Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

A For the 2202 calendar year, or tax year beginning .202, and ending .20 B Constration Conversion C More 4 agrices D Employment Methodication number B Amount of the 202 calendar year, or tax year beginning .202, and ending .202-64516101 B Amount of the 202 calendar year, or tax year beginning .202 D Employment Methodication number B Amount of the 202 calendar year, or tax year beginning .202 D Employment Methodication number B Amount of the 202 calendar year, or tax year beginning .202 D Employment Methodication number P Amount of the 202 calendar year, or tax year beginning .202 D Employment Methodication Number and Year (or PD 052 Calendar year) P Amount of the 202 calendar year D Box 202 calendar year .202 More of the organization is not required to attrack Schedule B P Amount of the 202 calendar year H I Methodication Number year .202 (more of the organization is not the required to attrack Schedule B Part L Receive D Exploration I Trast A Association I Other			ue Service	Go to www.irs.gov/Form990EZ for instructions and the latest i	nformation.		mopoonon
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Website: ▶ serve. ctdscholarship.org required to attach Schedule B J Taxexempt status (check only one) ▲ 501(6(1) ▲ 1 (meet no.) ▲ settie(1) □ zor Required to attach Schedule B ■ settie(1) □ zor required to attach Schedule B A dot inse Sb, 6c, and 7b to line 9 to determine gross receipts are \$200,000 or more, of flotal assets ▶ \$ 5,106 Partit, column (B) are \$500,000 or more, file Form S90.E2Z ▶ \$ 5,106 Partit, column (B) are \$500,000 or more, file Form S90.E2Z ▶ \$ 5,106 Partit, column (B) are \$500,000 or more, file Form S90.E2Z ▶ \$ 5,106 I Contributions, gfils, grants, and smitar amounts received 1 \$ 5,106 I Contributions, gfils, grants, and smitar amounts received 1 \$ 5,106 I meetmentin dues and assessments 2 I meetmentin dues and assessments 2 I meetmentin dues and assessments 5 \$ 5 I cosi income from gaming (attach Schedule G if greater than \$ 5000) 5 \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	<u> </u>	Application	pending	Brooklyn, NY 11225	Num	ber 🕨	
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(Part II. column (B)) are \$\$200.000 or more, file Form 990 instead of Form 990-EZ >>>>>>>>>>>>>>>>>>>>>>>>>>>>>>	Κ	Form of	organization:	X Corporation Trust Association Other			
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c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 7c 8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 10 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 150 16 Other expenses (describe in Schedule O) 16 2,095 17 Total expenses. Add lines 10 through 16 17 5,2445 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)		7a	Gross sales	of inventory, less returns and allowances			
8 Other revenue (describe in Schedule O) 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 5, 106 10 Grants and similar amounts paid (list in Schedule O) 10 3,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 150 16 Other expenses (describe in Schedule O) 16 2,095 17 Total expenses. Add lines 10 through 16 17 5,245 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions.		b	Less: cost of	goods sold			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 5,106 10 Grants and similar amounts paid (list in Schedule O) 10 3,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 150 16 Other expenses (describe in Schedule O) 16 2,095 17 Total expenses. Add lines 10 through 16 17 5,245 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions.		c	Gross profit o	or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	
10 Grants and similar amounts paid (list in Schedule O) 10 3,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 15 16 Other expenses (describe in Schedule O) 16 2,095 17 Total expenses. Add lines 10 through 16 17 5,245 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions.		8	Other revenu	ıe (describe in Schedule O)		8	
10 Grants and similar amounts paid (list in Schedule O) 10 3,000 11 Benefits paid to or for members 11 12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 150 16 Other expenses (describe in Schedule O) 16 2,095 17 Total expenses. Add lines 10 through 16 17 5,2445 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 20,445 You year (200) You year (200) 21 20,445 You year (200) You year (200)		9	Total revenu	Je. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	5,106
12 Salaries, other compensation, and employee benefits 12 13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 150 16 Other expenses (describe in Schedule O) 16 2,095 17 Total expenses. Add lines 10 through 16 17 5,245 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)		10				10	
13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes 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 20 Net assets or fund balances, exe the separate instructions. 21 20 Combine lines 18 through 20 20 21 20,445		11				11	
13 Professional fees and other payments to independent contractors 13 14 Occupancy, rent, utilities, and maintenance 14 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 17 Total expenses. Add lines 10 through 16 17 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20 Other changes 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 20 Net assets or fund balances, exe the separate instructions. 21 20 Combine lines 18 through 20 20 21 20,445	6	12	Salaries, othe	er compensation, and employee benefits		12	
16 Other expenses (describe in Schedule O) 16 2,095 17 Total expenses. Add lines 10 through 16 17 5,245 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions.	ISe	13	Professional	fees and other payments to independent contractors		13	
16 Other expenses (describe in Schedule O) 16 2,095 17 Total expenses. Add lines 10 through 16 17 5,245 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions.	pen	14				14	
17 Total expenses. Add lines 10 through 16 17 5,245 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions.	Ĕ	15	Printing, publ	lications, postage, and shipping		15	150
17 Total expenses. Add lines 10 through 16 17 5,245 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions.		16	Other expense	ses (describe in Schedule O)		16	2,095
18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (139) 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 12 20,445 For Paperwork Reduction Act Notice, see the separate instructions.		17				17	
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 20,584 20 Other changes in net assets or fund balances (explain in Schedule O) 20 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 20,445 For Paperwork Reduction Act Notice, see the separate instructions.		18				18	(139)
21 Net assets or fund balances at end of year. Combine lines 18 through 20 20,445 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)	ets	19					
21 Net assets or fund balances at end of year. Combine lines 18 through 20 20,445 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)	Ass		end-of-year f	ïgure reported on prior year's return)		19	20,584
21 Net assets or fund balances at end of year. Combine lines 18 through 20 20,445 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)	et /	20	-			20	, <u> </u>
For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)	Ż	21				21	20,445
		Paperv				I I	

	n 990-EZ (2020) CHARLES T DAVIDSON S		D, INC	26-4	6161	L01 Page 2
P	art II Balance Sheets (see the instructions for Pa	,				_
	Check if the organization used Schedule O	to respond to any qu	estion in this Part I			<u>x</u>
			-	(A) Beginning of year		(B) End of year
	Cash, savings, and investments			16,421	22	18,838
	Land and buildings		-	0	23	0
	Other assets (describe in Schedule O)			4,163	24	1,607
				20,584	25 26	20,445
	Total liabilities (describe in Schedule O)			0	20	0
	art III Statement of Program Service Accompli	,		20,584	21	20,445
-	Check if the organization used Schedule O	,				Expenses
Wh		mote education			(Req	uired for section
				,111g	501(0	c)(3) and 501(c)(4)
	cribe the organization's program service accomplishments fo neasured by expenses. In a clear and concise manner, descri				-	nizations; optional for
	sons benefited, and other relevant information for each progra	•			other	·s.)
	In 2020, the Charles T Davidson Schola		2			
	awarded THREE scholarships to students	at various CUN	17			
	Colleges					
	(Grants \$) If this amo	ount includes foreign gra	nts, check here		28a	3,000
29						
	(Grants \$) If this amo	ount includes foreign gra	nts, check here		29a	
30						
		ount includes foreign gra		• []	30a	
31				· · · · · · · · · · · · · · · · · · ·	24-	
22		ount includes foreign gra		· · · · · · · · · · · · · · · · · · ·	31a	
_	Total program service expenses (add lines 28a through 31a art IV List of Officers, Directors, Trustees, and Key Er				32	3,000
•	Check if the organization used Schedule O to resp					
		· · ·	(c) Reportable	(d) Health benefits,	<u> </u>	
	(a) Name and title	(b) Average hours per week	compensation	contributions to employe	e (e) Estimated amount of
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
ма	LCOLM JACK		(in not paid, onto: •)			
DI	RECTOR	2.00	0	0		0
DA	RREL BYER					
PR	ESIDENT	2.00	0	0		0
RE	GINALD GILL					
TR	EASURER	2.00	0	0		0
BR	ENDA MAYNARD					
DI	RECTOR	2.00	0	0		0
	THUR AYRES					
	RECTOR	2.00	0	0	_	0
	IRENNA LAMBRIGHT					_
<u>SE</u>	CRETARY	2.00	0	0	_	0
					_	
		1				

	90-EZ (2020) CHARLES T DAVIDSON SCHOLARSHIP FUND, INC 26-46161	.01	P	age 3
Pa	t V Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			. 🗌
			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	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		
25 0	5			x
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business	0.5-		
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	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		
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			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a			
b	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		x
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	-		
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
a L		-		
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), 501(c)(4), and 501(c)(29) 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 reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		x
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
Ŭ	transaction? If "Yes," complete Form 8886-T	40e		x
41	List the states with which a copy of this return is filed NY	400		
42 2		0 - 1	<u> </u>	
42 a	The organization's books are in care of REGINALD GILL Telephone no. 347-5		606	
	Located at ► <u>1269 E 101ST ST, Brooklyn, NY</u> ZIP+4 ► <u>11236</u>		N/	
D	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		X
	If "Yes," enter the name of the foreign country			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		x
	If "Yes," enter the name of the foreign country			
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		x
h	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
U		446		
	completed instead of Form 990-EZ	44b		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			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		x
b	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-EZ. See instructions	45b		x

Form 99	0-EZ (202	0) CHARLES T DAVID:	SON SCHOLARSHIP	TUND, INC	2		26-46	61610)1	F	Page 4
								Г		Yes	No
		organization engage, directly or indirectly, in							40		
Part		dates for public office? If "Yes," complete So Section 501(c)(3) Organizations						•••	46		X
rait		All section 501(c)(3) organizations	must answer questi	ons 47 - 4	9h and 5	2 and co	molete the	tahle	s for	lines	-
		50 and 51.				2, 414 00		abic	0 101	milec	,
		Check if the organization used Sch	nedule O to respond	to any qu	estion in t	this Part	VI				.П
		5	· · ·							Yes	No
47	Did the o	organization engage in lobbying activities or	have a section 501(h) elec	tion in effect	during the ta	ıх		Γ			
2	year? If	"Yes," complete Schedule C, Part II						[47		x
48	Is the or	ganization a school as described in section	170(b)(1)(A)(ii)? If "Yes," c	omplete Sche	edule E 🛛 •			[48		x
		organization make any transfers to an exem		0				· ·	49a		x
		was the related organization a section 527 c	-					· · [49b		
		te this table for the organization's five highes					-				
	employe	ees) who each received more than \$100,000	of compensation from the	organization	. If there is I						
			(b) Average		portable		h benefits, is to employee	(e) E	stimate	d amour	nt of
		(a) Name and title of each employee	hours per week devoted to position	compe (Forms W-2/	ensation	benefit plans	s, and deferred ensation	0	ther cor	mpensat	ion
				(1 01113 11-2/	1000-10100)	Com					
NONE											
NONE											
		mber of other employees paid over \$100,000				-					
	•	te this table for the organization's five highes	• •		s who each i	received mo	ore than				
	\$100,00	0 of compensation from the organization. If	there is none, enter "None	e."							
	(a)	Name and business address of each independent contra	ctor	(b)	Type of service	Э	(c) Comp	ensatio	n	
NONE											
											-
	T-4-1										
		mber of other independent contractors each	-		tooh o						
		organization complete Schedule A? Note: All					•	· x	Yes		No
		ed Schedule A									NO
		d complete. Declaration of preparer (other than of					, ,		ener, n	15	
		Reginald Gill			opulor nuo un	y kilokilougo					
Sign		Signature of officer				Date					
Here		Reginald Gill, Treasurer									
		Type or print name and title									
		Print/Type preparer's name	Preparer's signature		Date		Check if	PTIN			
Paid							self-employed				
Prep		Firm's name				Firm's	EIN 🕨				
Use	Only	Firm's address 🕨									
						Phone	e no.				
May th	e IRS di	iscuss this return with the preparer shown at	ove? See instructions					· 🗌	Yes		No

SCHEDULE A	
(Form 990 or 990-F)	7

Public Charity Status and Public Support

OMB No. 1545-0047

(For	m 99	0 or 990-EZ)			(c)(3) organization or a so		• •		2020
			Complete il the organiza		l(c)(3) organization or a se ch to Form 990 or Form	-	a)(1) nonex	empt charitable trust.	Open to Public
		of the Treasury enue Service	► Got		m990 for instructions a		est informa	ition.	Inspection
		e organization		<u> </u>				Employer identificat	-
CHA	RLE	S T DAVIDS	ON SCHOLARSHIP	FUND, INC				26-461610	
	rt I				rganizations must o		this par	t.) See instructior	IS.
	orga				1 through 12, check only				
1 2	H				nes described in section hedule E (Form 990 or 99		()(I) .		
2	Η				escribed in section 170(b				
4	Π				vith a hospital described in			(iii). Enter the	
			e, city, and state:		·····			().	
5		An organization	n operated for the benef	fit of a college or un	iversity owned or operate	ed by a gov	ernmental	unit described in	
			(1)(A)(iv). (Complete P						
6	Ц		-	-	described in section 170				
7	Ш	-	•		of its support from a gove	ernmental u	nit or from	the general public	
8			ction 170(b)(1)(A)(vi). ust described in sectior		Complete Part II)				
9	Н				170(b)(1)(A)(ix) operate	d in coniun	ction with a	land-grant college	
					e instructions). Enter the				
		university:				-		-	
10	х	An organization	n that normally receives	: (1) more than 33	1/3% of its support from a	contribution	ıs, member	ship fees, and gross	
		receipts from a	ctivities related to its ex	empt functions - su	bject to certain exceptior	ns; and (2) i	no more tha	an 33 1/3% of its	
					iness taxable income (les		511 tax) from	n businesses	
 acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 									
11 12	H	-	•	•	e benefit of, to perform the			arry out the purposes	
12		-	•		in section 509(a)(1) or s			• • •	
					type of supporting organ				1.
	а		•		d, or controlled by its sup		•		, ,
		the suppor	ted organization(s) the	power to regularly a	appoint or elect a majority	of the dire	ctors or tru	stees of the	
		supporting	organization. You mus	t complete Part IV	, Sections A and B.				
	b			•	olled in connection with its		-	.,	
			•		n vested in the same pers	sons that co	ontrol or ma	anage the supported	
	-		n(s). You must compl			tion with o	nd function	ally intograted with	
	С				zation operated in connec nust complete Part IV, S			any integrated with,	
	d	``	0 ()(,	rganization operated in co	,		orted organization(s)	
	-				enerally must satisfy a dis			•	
				• •	Part IV, Sections A and E				
	е	Check this	box if the organization	received a written o	letermination from the IR	S that it is a	а Туре I, Ту	pe II, Type III	
		functionally	/ integrated, or Type III	non-functionally inte	egrated supporting organ	ization.			
	f		per of supported organiz						
	g		owing information about						
	() Name of supported	organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o listed in you	rganization Ir governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
					above (see instructions))	docum		instructions)	instructions)
						Yes	No		
(A)									
(A)									
(B)									
(C)									
(D)									
(E)									
Tota			n Act Notice and the	Instructions for F	orm 990 or 990 EZ			<u> </u>	
EEA	rape		on Act Notice, see the	moundered for F	01111 330 01 330-EZ.			Schedul	e A (Form 990 or 990-EZ) 2020

	dule A (Form 990 or 990-EZ) 2020 CHARLES T	DAVIDSON S	SCHOLARSHIP	FUND, INC		26-461610	
Pa	rt II Support Schedule for Organiza						
	(Complete only if you checked th						fy under
_	Part III. If the organization fails to	o qualify unde	er the tests lis	ted below, pl	lease comple	te Part III.)	
	ction A. Public Support			1	1		
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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)						
6	Public support. Subtract line 5 from line 4						
	ction B. Total Support		1	1			
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
-	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
_	similar sources						
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 VI.)						
	Total support. Add lines 7 through 10						
	Gross receipts from related activities, etc. (se						
13	First five years. If the Form 990 is for the org				•		
_	organization, check this box and stop here	<u></u>					► 🗌
	ction C. Computation of Public Suppor						
	Public support percentage for 2020 (line 6, c					14	%
	Public support percentage from 2019 Sched					15	%
16a	33 1/3% support test - 2020. If the organizat						
	box and stop here . The organization qualifies						
c	33 1/3% support test - 2019. If the organizat						_
4 -	this box and stop here. The organization qua	-	• • •	-			
1/a	10%-facts-and-circumstances test - 2020.	•					
	10% or more, and if the organization meets the						
	Part VI how the organization meets the facts						
							▶ Ц
b	10%-facts-and-circumstances test - 2019.	-					
	15 is 10% or more, and if the organization me						
	in Part VI how the organization meets the fac			-	-		_
	organization						▶ ∐
18	Private foundation. If the organization did no						_
	instructions						
EEA						Schedule A (Form	990 or 990-EZ) 2020

	tule A (Form 990 or 990-EZ) 2020 CHARLES T rt III Support Schedule for Organiz	DAVIDSON SO				26-461610	1 Page 3
Га	(Complete only if you checked t					to qualify upo	lor Dart II
	If the organization fails to qualify						
500	tion A. Public Support			w, please co		1.)	
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1		(d) 2010	(b) 2017	(0) 2010	(u) 2019	(e) 2020	
•	Gifts, grants, contributions, and membership fees	0.050	1 4 6 0	1 700	1 0 4 5	F 100	11 500
2	received. (Do not include any "unusual grants.") Gross receipts from admissions, merchandise	2,250	1,460	1,722	1,045	5,106	11,583
L	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 business under section 513 .	470	14,627	12,125	8,775		35,997
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						
	Total. Add lines 1 through 5	2,720	16,087	13,847	9,820	5,106	47,580
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.)						47,580
	ction B. Total Support						
	endar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	2,720	16,087	13,847	9,820	5,106	47,580
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						
	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
40	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	2,720	16,087	13,847	9,820	5,106	47,580
14	First 5 years. If the Form 990 is for the organ				-		. –
<u> </u>	organization, check this box and stop here stion C. Computation of Public Suppor		•••••				· · · · 🕨 🗋
	Public support percentage for 2020 (line 8, c			(\mathbf{f})		15	
	Public support percentage from 2020 (line 8, c Public support percentage from 2019 Schedu					15	100.00 %
	ction D. Computation of Investment Inc			•••••		10	100.00 %
17	Investment income percentage for 2020 (line		-	a 13. column (f))	17	0.00%
	Investment income percentage from 2020 (inte		-			18	0.00 %
18 19a	33 1/3% support tests - 2020. If the organization						0.00 %
139	17 is not more than 33 1/3%, check this box a						_
h	33 1/3% support tests - 2019. If the organiza	-	-	-		-	
U	line 18 is not more than 33 1/3%, check this b						
20	Private foundation. If the organization did no	-	-				
<u> </u>	i invate iounidation. Il the organization did fit		, inc 14, 19d,	or rob, check	uno por anu Se		··· 🔻 🗋

	A (Form 990 or 990-EZ) 2020 CHARLES T DAVIDSON SCHOLARSHIP FUND, INC 26-461610	1	P	age 4
Part		_		
	(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complet			
	and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part		•	9
	Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete	Part V	'.)	
Sect	ion A. All Supporting Organizations			
			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing			
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
•	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported	•		
20	organization was described in section $509(a)(1)$ or (2).	2		
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	20		
h	lines 3b and 3c below.	3a		
b	Did the organization confirm that each supported organization qualified under section $501(c)(4)$, (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	3b		
•	organization made the determination.	30		
C	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3c		
45	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use. Was any supported organization not organized in the United States ("foreign supported organization")? If	30		
4d	"Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	4a		
D D	supported organization have diffinate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations.	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination	40		
U	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes.	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
ou	answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;			
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action			
	was accomplished (such as by amendment to the organizing document).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already	•••		
	designated in the organization's organizing document?	5b		
с	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or			
	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity			
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons, as defined in section 4946 (other than foundation managers and organizations			
	described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which			
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to			
	determine whether the organization had excess business holdings.)	10b		
EEA	Schedule A (F	orm 990 o	or 990-E	Z) 2020

Schedule A (Form 990 or 990-EZ) 2020 CHARLES T DAVIDSON SCHOLARSHIP FUND, INC Part IV Supporting Organizations (continued)

Page 5

- Yes No 11 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? 11a **b** A family member of a person described in line 11a above? 11b c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide 11c detail in Part VI. Section B. Type I Supporting Organizations Yes No Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the 1 supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. 2 Section C. Type II Supporting Organizations Yes No 1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? 1 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s). 2 3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard. 3 Section E. Type III Functionally Integrated Supporting Organizations 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). **a** The organization satisfied the Activities Test. *Complete line 2 below.* **b** The organization is the parent of each of its supported organizations. Complete line 3 below.
 - **c** The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*
 - 2 Activities Test. Answer lines 2a and 2b below.
 - a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify** those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
 - b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
 - 3 Parent of Supported Organizations. Answer lines 3a and 3b below.
 - a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If "Yes" or "No," provide details in Part VI.*
 - **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*

2a

2b

3a

Yes

No

rganiza		L 6101 Pag
zations n	nust complete Sections	
	(A) Prior Year	(B) Current Yea (optional)
1		
2		
3		
4		
5		
6		
7		
8		
	(A) Prior Year	(B) Current Yea (optional)
1a		
1b		
1c		
1d		
2		
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4		
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8		
		Current Year
1		
4		
5		
6		
-	ted Type III supporting	organization
	rganiza trust on zations n 1 2 3 4 5 6 7 6 7 8 11 12 3 4 5 6 7 8 110 12 3 4 5 6 7 8 2 3 4 5 6 7 8 11 2 3 4 5 6 7 8 1 2 3 4 5 6 6	1 2 3 4 5 6 7 8 (A) Prior Year 1a 1b 1c 1d 2 3 4 5 6 7 8 11 2 3 4 5 6 7 8 1 2 3 4 5 6 7 8 1 2 3 4 5 3 4 5 1 2 3 4 5 6 7 8 7 1 2 3

Schedule A (Form 990 or 990-EZ) 2020

Schedu	t V Type III Non-Functionally Integrated 509(a)(3)				6101 Page 7
	tion D - Distributions	<u> </u>		.,	Current Year
1	Amounts paid to supported organizations to accomplish exem	int nurnoses		1	
	Amounts paid to perform activity that directly furthers exempt	· · ·		-	
_	organizations, in excess of income from activity	haibeeee ei eabheilea		2	
3	Administrative expenses paid to accomplish exempt purposes	s of supported organizati	ons	3	
	Amounts paid to acquire exempt-use assets	······································		4	
	Qualified set-aside amounts (prior IRS approval required) - pro	ovide details in Part VI)		5	
	Other distributions (describe in Part VI). See instructions.	6			
	Total annual distributions. Add lines 1 through 6.	7			
8	Distributions to attentive supported organizations to which the				
	(provide details in Part VI). See instructions.	0		8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	tion E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributior	ne	(iii) Distributable
500		Excess Distributions	Pre-2020		Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		110 2020		
	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - <i>explain in Part VI).</i> See				
	instructions.				
3	Excess distributions carryover, if any, to 2020				
-	From 2015				
	From 2016				
	From 2017				
	From 2018				
	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
а	Applied to underdistributions of prior years				
	Applied to 2020 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
<u> </u>	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

	n 990 or 990-EZ) 2020 Pa
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part
	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section
	B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2l
	3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E
	lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

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. ► Attach to Form 990 or 990-EZ.

Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 2020 Open to Public Inspection

Employer identification number

26-4616101

Department of the Treasury Internal Revenue Service Name of the organization

CHARLES T DAVIDSON SCHOLARSHIP FUND, INC

01. List of grants and similar amounts paid (Part I, line 10) SCHOLARSHIP Activity Geraldine Reynoso Grantee c/o Lehman College Street <u>City, State, Zip</u> Bronx, NY 10468 1,000 Amount SCHOLARSHIP Activity Grantee Nicole Agu c/o College of Staten College Street City, State, Zip Staten Island, NY 10314 1,000 Amount SCHOLARSHIP Activity Noni Georges Grantee c/o Baruch College Street <u>City, State, Zip</u> New York, NY 10010 1,000 Amount 02. Description of other expenses (Part I, line 16)

Description	Amount
Depreciation from 4562	807
Website hosting	432
Bank Charges	156

Schedule O (Form 990 or 990-EZ) (2020) Page						
Name of the organization CHARLES T DAVIDSON SCHOLARSHIP FU		Employer identification number 26-4616101				
CHARLES I DAVIDSON SCHOLARSHIP FO	UND, INC	20-4010101				
Bas debts	700					
03. Description of other assets	(Part II, line 24)					
Category	Beginning of Year	End of Year				
PLEDGES RECEIVABLE	1,950	900				
	6.50					
BANNERS	668	0				
Utensils	845	396				
Other receivables	700	311				