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# Return of Private Foundation

## or Section 4947(a)(1) Nonexempt Charitable Trust

### Treated as a Private Foundation

2009

Department of the Treasury  
Internal Revenue Service

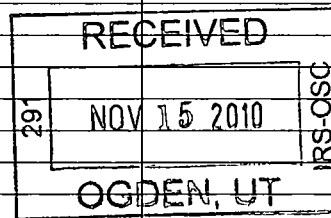
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

For calendar year 2009, or tax year beginning , and ending

G Check all that apply: ☐ Initial return ☐ Initial return of a former public charity ☐ Final return  
☐ Amended return ☐ Address change ☐ Name change

Use the IRS label Otherwise, print or type. See Specific Instructions	Name of foundation <b>DAVIDOWITZ FOUNDATION INC</b>		A Employer identification number <b>13-6102755</b>	
	Number and street (or P.O. box number if mail is not delivered to street address) <b>LINE &amp; GROVE STREETS</b>		Room/suite	B Telephone number <b>(570) 735-3200</b>
	City or town, state, and ZIP code <b>NANTICOKE, PA 18634</b>		C If exemption application is pending, check here <input type="checkbox"/>	
	H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		D 1 Foreign organizations, check here <input type="checkbox"/> 2 Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col (c), line 16) <b>\$ 713,460.</b>		J Accounting method. <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
		(Part I, column (d) must be on cash basis)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	50,970.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments				
	4 Dividends and interest from securities	3,950.	3,950.		STATEMENT 1
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,698.			
	b Gross sales price for all assets on line 6a <b>223,978.</b>				
	7 Capital gain net income (from Part IV, line 2)		1,698.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less Cost of goods sold					
c Gross profit or (loss)					
11 Other income	-57,629.	-59,963.		STATEMENT 2	
12 Total. Add lines 1 through 11	-1,011.	-54,315.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees				
	b Accounting fees <b>STMT 3</b>	18,840.	14,130.		4,710.
	c Other professional fees				
	17 Interest				
	18 Taxes				
	19 Depreciation and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
23 Other expenses <b>STMT 4</b>	17,390.	16,938.		452.	
24 Total operating and administrative expenses. Add lines 13 through 23	36,230.	31,068.		5,162.	
25 Contributions, gifts, grants paid	110,343.			110,343.	
26 Total expenses and disbursements. Add lines 24 and 25	146,573.	31,068.		115,505.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-147,584.				
b Net investment income (if negative, enter -0-)		0.			
c Adjusted net income (if negative, enter -0-)			N/A		



**Part II Balance Sheets**

Attached schedules and amounts in the description column should be for end-of-year amounts only

		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash - non-interest-bearing			
	2 Savings and temporary cash investments	1,674.	1,825.	1,825.
	3 Accounts receivable ▶ 40,115.			
	Less: allowance for doubtful accounts ▶	24,166.	40,115.	40,115.
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons			
	7 Other notes and loans receivable ▶			
	Less: allowance for doubtful accounts ▶			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges			
	10a Investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 5	603,682.	547,522.	174,601.
	c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis ▶				
Less: accumulated depreciation ▶				
12 Investments - mortgage loans				
13 Investments - other STMT 6	604,443.	496,919.	496,919.	
14 Land, buildings, and equipment: basis ▶				
Less: accumulated depreciation ▶				
15 Other assets (describe ▶)				
16 <b>Total assets</b> (to be completed by all filers)	1,233,965.	1,086,381.	713,460.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable			
	22 Other liabilities (describe ▶)			
	23 <b>Total liabilities</b> (add lines 17 through 22)	0.	0.	
<b>Net Assets or Fund Balances</b>	Foundations that follow SFAS 117, check here ▶ <input checked="" type="checkbox"/> and complete lines 24 through 26 and lines 30 and 31.			
	24 Unrestricted	1,233,965.	1,086,381.	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here ▶ <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 <b>Total net assets or fund balances</b>	1,233,965.	1,086,381.	
31 <b>Total liabilities and net assets/fund balances</b>	1,233,965.	1,086,381.		

**Part III Analysis of Changes in Net Assets or Fund Balances**

1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	1,233,965.
2 Enter amount from Part I, line 27a	2	-147,584.
3 Other increases not included in line 2 (itemize) ▶	3	0.
4 Add lines 1, 2, and 3	4	1,086,381.
5 Decreases not included in line 2 (itemize) ▶	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,086,381.

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**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a</b>				
<b>b SEE ATTACHED STATEMENTS</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b> 223,978.		222,280.	1,698.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b>			
<b>e</b>			1,698.

<b>2</b> Capital gain net income or (net capital loss) <span style="font-size: 2em; vertical-align: middle;">{</span> If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 <span style="font-size: 2em; vertical-align: middle;">}</span>		<b>2</b>	1,698.
<b>3</b> Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8 <span style="font-size: 2em; vertical-align: middle;">}</span>		<b>3</b>	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2008	125,639.	1,062,129.	.118290
2007	207,573.	1,268,140.	.163683
2006	201,727.	1,218,861.	.165505
2005	174,153.	1,006,669.	.172999
2004	194,970.	1,106,350.	.176228

<b>2</b> Total of line 1, column (d)	<b>2</b>	.796705
<b>3</b> Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	<b>3</b>	.159341
<b>4</b> Enter the net value of noncharitable-use assets for 2009 from Part X, line 5	<b>4</b>	785,800.
<b>5</b> Multiply line 4 by line 3	<b>5</b>	125,210.
<b>6</b> Enter 1% of net investment income (1% of Part I, line 27b)	<b>6</b>	0.
<b>7</b> Add lines 5 and 6	<b>7</b>	125,210.
<b>8</b> Enter qualifying distributions from Part XII, line 4	<b>8</b>	115,505.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.  
See the Part VI instructions.

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input type="checkbox"/> and enter 1% of Part I, line 27b		1	0.
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		2	0.
3 Add lines 1 and 2		3	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-		5	0.
6 Credits/Payments:			
a 2009 estimated tax payments and 2008 overpayment credited to 2009	6a 2,917.		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d		7	2,917.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached		8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		9	
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10	2,917.
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax <input type="checkbox"/> 2,917. Refunded <input type="checkbox"/>		11	0.

**Part VII-A Statements Regarding Activities**

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?		Yes	No
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 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			X
1c Did the foundation file Form 1120-POL for this year?			X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. \$ 0. (2) On foundation managers. \$ 0.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ 0.			
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities	2		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T	5		X
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	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <u>NY</u>			
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 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X

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**Part VII-A Statements Regarding Activities** (continued)

11	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)			X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before August 17, 2008?			X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?		X	

Website address ► N/A

14 The books are in care of ► JEFFREY L. DAVIDOWITZ Telephone no. ► 570-735-3200  
 Located at ► 363 7TH AVENUE, 9TH FLOOR - NEW YORK, NY ZIP+4 ► 10001

15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here ► ☐  
 and enter the amount of tax-exempt interest received or accrued during the year ► 15 N/A

**Part VII-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.

	Yes	No
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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
(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.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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 page 20 of the instructions)? Organizations relying on a current notice regarding disaster assistance check here	<u>N/A</u>	1b
c 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 2009?		1c
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 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2009?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If "Yes," list the years ► _____, _____, _____		
b Are there any years listed in 2a for which the foundation is <b>not</b> 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.)	<u>N/A</u>	2b
c 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?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2009.)		3b
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a
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 2009?		4b

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**Part VII-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:

(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?

☐ Yes ☒ No

(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?

☐ Yes ☒ No

(3) Provide a grant to an individual for travel, study, or other similar purposes?

☐ Yes ☒ No

(4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)?

☐ Yes ☒ No

(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?

☐ Yes ☒ No

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)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

☒

c 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?

N/A

☐ Yes ☐ No

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?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

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?

☐ Yes ☒ No

b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

1 List all officers, directors, trustees, foundation managers and their 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
WILLIAM DAVIDOWITZ 621 MEADOWLAND AVENUE KINGSTON, PA 18704	PRESIDENT  5.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included on line 1). 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 PAID	0.00	0.	0.	0.

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

0

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	245,335.
b	Average of monthly cash balances	1b	1,750.
c	Fair market value of all other assets	1c	550,681.
d	<b>Total</b> (add lines 1a, b, and c)	1d	797,766.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	797,766.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	11,966.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	785,800.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	39,290.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part)

1	Minimum investment return from Part X, line 6	1	39,290.
2a	Tax on investment income for 2009 from Part VI, line 5	2a	
b	Income tax for 2009. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	39,290.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	39,290.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	39,290.

**Part XII** Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	115,505.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	115,505.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	115,505.

**Note** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

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**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI, line 7				39,290.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004	142,110.			
b From 2005	128,218.			
c From 2006	146,724.			
d From 2007	146,049.			
e From 2008	72,533.			
f Total of lines 3a through e	635,634.			
4 Qualifying distributions for 2009 from Part XII, line 4: ▶ \$	115,505.			
a Applied to 2008, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2009 distributable amount				39,290.
e Remaining amount distributed out of corpus	76,215.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below.	711,849.			
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount - see instr			0.	
f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2010				0.
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2004 not applied on line 5 or line 7	142,110.			
9 Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a	569,739.			
10 Analysis of line 9:				
a Excess from 2005	128,218.			
b Excess from 2006	146,724.			
c Excess from 2007	146,049.			
d Excess from 2008	72,533.			
e Excess from 2009	76,215.			



**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
<b>SEE STATEMENT 8</b>				
<b>Total</b>			<b>3a</b>	<b>110,343.</b>
<b>b Approved for future payment</b>				
<b>NONE</b>				
<b>Total</b>			<b>3b</b>	<b>0.</b>



<b>Part XVII</b>	<b>Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations</b>
------------------	--

		Yes	No
1	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
a	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
b	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
c	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
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.		

[illegible]

**2a** Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (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
N/A		

Under penalties of perjury, I declare that I 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 or fiduciary) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer or trustee <i>Jeff Dardany</i>	Date <i>11/8/10</i>	Title <i>Trustee</i>
	Preparer's signature <i>Janet Wells</i>	Date <i>11/8/10</i>	Check if self-employed <input type="checkbox"/> Preparer's identifying number <i>P00545437</i>
Paid Preparer's Use Only	Firm's name (or yours if self-employed) <b>KRONICK KALADA BERDY &amp; CO., P.C.</b>		EIN <b></b>
	address and ZIP code <b>190 LATHROP ST. KINGSTON, PA 18704</b>		Phone no. <b>(570) 283-2727</b>

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**2009**

Name of the organization

DAVIDOWITZ FOUNDATION INC

Employer identification number

13-6102755

Organization type (check one)

Filers of:

Section:

Form 990 or 990-EZ

☐ 501(c)( ) (enter number) organization☐ 4947(a)(1) nonexempt charitable trust not treated as a private foundation☐ 527 political organization

Form 990-PF

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule**

- ☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

- ☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions  
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

DAVIDOWITZ FOUNDATION INC

13-6102755

**Part I Contributors** (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	WILLIAM DAVIDOWITZ 621 MEADOWLAND AVENUE KINGSTON, PA 18704	\$ 50,970.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)



Name of organization

Employer identification number

DAVIDOWITZ FOUNDATION INC

13-6102755

**Part II    Noncash Property** (see instructions)[illegible]

DAVIDOWITZ FOUNDATION INC

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BROWN FORMAN - 1,000 SHS	P	09/19/08	08/12/09
b BROWN FORMAN - STOCK SPLIT	P	10/28/08	08/12/09
c BROWN FORMAN - 1,000 SHS	D	11/18/09	11/23/09
d MEAD JOHNSON NUTRITION CO - 400 SHS	P	02/11/09	03/12/09
e CHANGYOU.COM - 200 SHS	P	04/01/09	04/07/09
f OPEN TABLE - 200 SHS	P	05/21/09	05/22/09
g A123 SYSTEMS INC - 300 SHS	P	09/24/09	10/05/09
h SELECT MEDICAL HOLDINGS - 500 SHS	P	09/25/09	12/24/09
i BANCO SANTANDER - 2,900 SHS	P	10/07/09	10/19/09
j VERISK ANALYTICS - 1,000 SHS	P	10/07/09	10/19/09
k MISTRAS GROUP INC - 100 SHS	P	10/08/09	12/11/09
l VITAMIN SHOPPE INC - 100 SHS	P	10/28/09	12/01/09
m ANCESTRY.COM - 100 SHS	P	11/05/09	12/11/09
n DOLLAR GENERAL CORP - 200 SHS	P	11/18/09	12/01/09
o RUE21 INC - 100 SHS	P	11/18/09	12/01/09

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 43,074.		74,190.	-31,116.
b 10,768.			10,768.
c 51,670.		50,970.	700.
d 11,084.		9,600.	1,484.
e 4,540.		3,200.	1,340.
f 5,936.		4,000.	1,936.
g 8,170.		4,050.	4,120.
h 5,240.		5,000.	240.
i 40,135.		38,870.	1,265.
j 28,129.		22,000.	6,129.
k 1,269.		1,250.	19.
l 1,844.		1,700.	144.
m 1,359.		1,350.	9.
n 4,652.		4,200.	452.
o 2,462.		1,900.	562.

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69

(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Losses (from col. (h)) Gains (excess of col. (h) gain over col. (k), but not less than "-0-")
a			-31,116.
b			10,768.
c			700.
d			1,484.
e			1,340.
f			1,936.
g			4,120.
h			240.
i			1,265.
j			6,129.
k			19.
l			144.
m			9.
n			452.
o			562.

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3

DAVIDOWITZ FOUNDATION INC

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold, e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	DVI - CLASS ACTION	P	VARIOUS	VARIOUS
b	DORAL - CLASS ACTION	P	VARIOUS	VARIOUS
c	HIBERNIA - CLASS ACTION	P	VARIOUS	VARIOUS
d				
e				
f				
g				
h				
i				
j				
k				
l				
m				
n				
o				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 318.			318.
b 3,074.			3,074.
c 254.			254.
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(I) Losses (from col (h)) Gains (excess of col (h) gain over col. (k), but not less than "-0-")
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			318.
b			3,074.
c			254.
d			
e			
f			
g			
h			
i			
j			
k			
l			
m			
n			
o			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter "-0-" in Part I, line 7 }	2	1,698.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). If (loss), enter "-0-" in Part I, line 8 }	3	N/A

FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
INTEREST - BROKER A/C'S	3,950.	0.	3,950.
TOTAL TO FM 990-PF, PART I, LN 4	3,950.	0.	3,950.

FORM 990-PF	OTHER INCOME	STATEMENT	2
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
PARTNERSHIP LOSS	-59,963.	-59,963.	
PRIOR PERIOD TAX OVERPAYMENT REFUND	2,334.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	-57,629.	-59,963.	

FORM 990-PF	ACCOUNTING FEES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
PROFESSIONAL FEES	18,840.	14,130.		4,710.	
TO FORM 990-PF, PG 1, LN 16B	18,840.	14,130.		4,710.	

FORM 990-PF	OTHER EXPENSES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
NEW YORK STATE REGISTRATION FEE	100.	0.		100.
MANAGEMENT FEE	16,567.	16,567.		0.
BANK SERVICE CHARGES	371.	371.		0.
OFFICE EXPENSES	352.	0.		352.
TO FORM 990-PF, PG 1, LN 23	17,390.	16,938.		452.

FORM 990-PF	CORPORATE STOCK	STATEMENT	5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE	
MARKETABLE EQUITY SECURITIES	547,522.	174,601.	
TOTAL TO FORM 990-PF, PART II, LINE 10B	547,522.	174,601.	

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	6
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ACI CAPITAL AMERICAN FUND, L.P.	COST	51,816.	51,816.
CONUS FUND	COST	232,468.	232,468.
ACI FUND II	COST	5,290.	5,290.
CHOP SUEY	COST	47,488.	47,488.
COHN II	COST	22,146.	22,146.
JERRY CO. LLC	COST	85,808.	85,808.
VINO VOLO	COST	19,071.	19,071.
GERALD II	COST	12,832.	12,832.
OPTMED INC	COST	20,000.	20,000.
TOTAL TO FORM 990-PF, PART II, LINE 13		496,919.	496,919.

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 7

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

WILLIAM DAVIDOWITZ, LINE &amp; GROVE STS, NANTICOK, PA 18634

TELEPHONE NUMBERFORM AND CONTENT OF APPLICATIONS

NO SPECIAL FORM REQUIRED, BUT PURPOSE SHOULD BE CLEARLY STATED

ANY SUBMISSION DEADLINES

NO DEADLINES

RESTRICTIONS AND LIMITATIONS ON AWARDS

GENERALLY, NO RESTRICTIONS EXCEPT THAT NO GRANTS ARE MADE TO INDIVIDUALS,  
BUT ONLY TO PUBLICLY RECOGNIZED CHARITABLE INSTITUTIONS OR PRIVATE  
FOUNDATIONS WHO UNDERTAKE THE FILING OF AN EXPENDITURE RESPONSIBILITY  
AGREEMENT AND RELATED STATEMENTS AS REQUIRED UNDER SEC 4945(B) OF THE  
I.R.C.

FORM 990-PF

GRANTS AND CONTRIBUTIONS  
PAID DURING THE YEAR

STATEMENT 8

RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
LUZERNE COUNTY COMMUNITY COLLEGE 1333 SOUTH PROSPECT ST NANTICOKE, PA 18634	NONE UNRESTRICTED	PUBLIC	2,000.
MATERNAL & FAMILY HEALTH 15 PUBLIC SQUARE, SUITE 600 WILKES-BARRE, PA 18701	NONE UNRESTRICTED	PUBLIC	200.
MCGOWAN CORNERSTONE SCHOLARSHIP FUND 140 MAIN STREET LUZERNE, PA 18709	NONE UNRESTRICTED	PUBLIC	500.
NANTICOKE CAREER FIREFIGHTERS 15 E RIDGE STREET NANTICOKE, PA 18634	NONE UNRESTRICTED	PUBLIC	100.
NEW YORK ROAD RUNNERS FOUNDATION 845 THIRD AVENUE, 11TH FLOOR NEW YORK, NY 10022	NONE UNRESTRICTED	PUBLIC	2,000.
NORTHEAST PENNSYLVANIA PHILHARMONIC 4101 BIRNEY AVE MOOSIC, PA 18507	NONE UNRESTRICTED	PUBLIC	1,000.
OSTERHOUT SOCIETY 71 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	NONE UNRESTRICTED	PUBLIC	1,500.
PENINSULA SANAI CONGREGATION 499 BOOTHBAY AVENUE FOSTER CITY, CA 94404	NONE UNRESTRICTED	PUBLIC	2,900.

PENN STATE UNIVERSITY UNIVERSITY PARK STATE COLLEGE, PA 16802	NONE UNRESTRICTED	PUBLIC	2,500.
PLANNED PARENTHOOD 63 NORTH FRANKLIN STREET WILKES-BARRE, PA 18701	NONE UNRESTRICTED	PUBLIC	500.
SPCA 524 E MAIN STREET, FOX HILL RD WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	250.
SALVATION ARMY 520 KIDDER STREET WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	650.
SANDY SPRING FRIENDS SCHOOL 16923 NORWOOD ROAD SANDY SPRING, MD 20860	NONE UNRESTRICTED	PUBLIC	200.
SIMON WIESENTHAL CENTER 1399 SOUTH ROXBURY LOS ANGELES, CA 90035	NONE UNRESTRICTED	PUBLIC	100.
ST JUDES CHILDREN'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS , TN 38105	NONE UNRESTRICTED	PUBLIC	600.
TEMPLE ISRAEL 236 SOUTH RIVER STREET WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	18,183.
THE RABBI'S FUND 930 HICKORY STREET SCRANTON, PA 18510	NONE UNRESTRICTED	PUBLIC	350.
UNITED HEBREW INSTITUTE 1 INSTITUTE LANE KINGSTON, PA 18704	NONE UNRESTRICTED	PUBLIC	500.



UNITED STATES HOLOCAUST MEMORIAL MUSEUM 60 E 42ND STREET, SUITE 2540 NEW YORK, NY 10165	NONE UNRESTRICTED	PUBLIC	250.
UNITED WAY OF WYOMING VALLEY 8 W MARKET STREET, SUITE 450 WILKES-BARRE, PA 18711	NONE UNRESTRICTED	PUBLIC	11,500.
WILKES UNIVERSITY 84 WEST SOUTH STREET WILKES-BARRE, PA 18766	NONE UNRESTRICTED	PUBLIC	3,000.
WYOMING VALLEY CHILDREN'S ASSOCIATION 1133 WYOMING AVE FORTY FORT, PA 18704	NONE UNRESTRICTED	PUBLIC	100.
WYOMING SEMINARY 1560 WYOMING AVE FORTY FORT, PA 18704	NONE UNRESTRICTED	PUBLIC	1,000.
BRYANT UNIVERSITY 1150 DOUGLAS PIKE SMITHFIELD, RI 02917	NONE UNRESTRICTED	PUBLIC	1,000.
CONGREGATION KASAU SOFER BROOKLYN, NY	NONE UNRESTRICTED	PUBLIC	200.
FRAXA RESEARCH FOUNDATION 45 PLEASANT ST NEWBURYPORT, MA 01950	NONE UNRESTRICTED	PUBLIC	100.
FULBRIGHT ASSOCIATION 1100 G STREET, NW, SUITE 525 WASHINGTON, DC 20005	NONE UNRESTRICTED	PUBLIC	100.
GEORGETOWN DAY SCHOOL 4530 MACARTHUR BLVD, NW WASHINGTON, DC 20007	NONE UNRESTRICTED	PUBLIC	100.

JOHN HEINZ INSTITUTE 150 MUNDY STREET WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	5,000.
PENN STATE HILLEL 114-117 PASQUERILLA CENTER UNIVERSITY PARK, PA 16802	NONE UNRESTRICTED	PUBLIC	100.
S'HAR HARIM 217-4368 MAIN STREET WHISTLER, BC VAN 1B4	NONE UNRESTRICTED	PUBLIC	300.
SCRANTON HEBREW DAY SCHOOL 530 MONROE AVE SCRANTON, PA 18510	NONE UNRESTRICTED	PUBLIC	150.
ST PAUL'S LUTHERAN CHURCH 316 S MOUNTAIN BLVD MOUNTAIN TOP, PA 18707	NONE UNRESTRICTED	PUBLIC	500.
THE ETHICS INSTITUTE 100 MAPLE COVE LONG BEACH, MS 39560	NONE UNRESTRICTED	PUBLIC	125.
THE LUZERNE FOUNDATION 140 MAIN STREET LUZERNE, PA 18709	NONE UNRESTRICTED	PUBLIC	750.
THE NY MUSICAL THEATRE FESTIVAL 250 WEST 49TH STREET, SUITE 601 NEW YORK, NY 10019	NONE UNRESTRICTED	PUBLIC	100.
AHAVAS ACHIM SYNAGOGUE 600 PEACHTREE BATTLE AVE, NW ATLANTA, GA 30327	NONE UNRESTRICTED	PUBLIC	120.
AMERICAN HEART ASSOCIATION 613 BALTIMORE DR, SUITE 3 WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	100.

DAVIDOWITZ FOUNDATION INC			13-6102755
ASSOCIATION FOR THE BLIND 2 PENN PLAZA, SUITE 1102 NEW YORK, NY 10121	NONE UNRESTRICTED	PUBLIC	3,400.
BABSON COLLEGE 231 FOREST STREET BABSON PARK, MA 02457	NONE UNRESTRICTED	PUBLIC	500.
BAIS MENACHEM 150 SOUTH FRANKLIN STREET WILKES-BARRE, PA 18701	NONE UNRESTRICTED	PUBLIC	5,650.
BALLET NORTHEAST 239 SCHUYLER AVE KINGSTON, PA 18704	NONE UNRESTRICTED	PUBLIC	175.
B'NAI B'RITH 408 WYOMING AVE KINGSTON, PA 18704	NONE UNRESTRICTED	PUBLIC	340.
BOY SCOUTS OF AMERICA 1 BOB MELLOW DR MOOSIC, PA 18507	NONE UNRESTRICTED	PUBLIC	250.
COMMISSION ON ECONOMIC OPPORTUNITY 165 AMBER LANE WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	100.
CONGREGATION OHAV ZEDEK 242 SOUTH FRANKLING ST WILKES-BARRE, PA 18701	NONE UNRESTRICTED	PUBLIC	500.
DOMESTIC VIOLENCE SERVICE CENTER WILKES-BARRE WILKES-BARRE, PA 18701	NONE UNRESTRICTED	PUBLIC	250.
GEISINGER HEALTH SYSTEM FOUNDATION 100 N ACADEMY AVE DANVILLE, PA 17822	NONE UNRESTRICTED	PUBLIC	1,000.

HILLEL OF COLORADO 2390 S RACE STREET DENVER, CO 80210	NONE UNRESTRICTED	PUBLIC	500.
JEWISH COMMUNITY CENTER 60 SOUTH RIVER STREET WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	7,000.
JEWISH FAMILY SERVICES 71 WEST NORTHAMPTON STREET WILKES-BARRE, PA 18701	NONE UNRESTRICTED	PUBLIC	450.
JEWISH FEDERATION OF WILKES-BARRE 60 SOUTH RIVER STREET WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	30,000.
JEWISH HERITAGE PROGRAM 529 WYOMING AVE SCRANTON, PA 18509	NONE UNRESTRICTED	PUBLIC	100.
JOHN HEINZ REHABILITATION 150 MUNDY STREET WILKES-BARRE, PA 18702	NONE UNRESTRICTED	PUBLIC	250.
KIRBY CENTER 71 PUBLIC SQUARE WILKES-BARRE, PA 18701	NONE UNRESTRICTED	PUBLIC	250.
JEWISH HOME 1101 VINE STREET SCRANTON, PA 18510	NONE UNRESTRICTED	PUBLIC	1,000.

TOTAL TO FORM 990-PF, PART XV, LINE 3A

110,343.

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ☒
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
	DAVIDOWITZ FOUNDATION INC	13-6102755
	Number, street, and room or suite no. If a P.O. box, see instructions. LINE & GROVE STREETS	
File by the due date for filing your return. See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NANTICOKE, PA 18634	

Check type of return to be filed (file a separate application for each return):

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ            | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input checked="" type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

JEFFREY L. DAVIDOWITZ

- The books are in the care of ► 363 7TH AVENUE, 9TH FLOOR - NEW YORK, NY - 10001

Telephone No ► 570-735-3200

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

- 1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for.

► ☒ calendar year 2009 or► ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

- 2 If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	2,917.
b	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	2,917.
c	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

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

Form 8868 (Rev. 4-2009)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

<b>Part II Additional (Not Automatic) 3-Month Extension of Time.</b> Only file the original (no copies needed).			
Type or print  File by the extended due date for filing the return. See instructions.	Name of Exempt Organization		Employer identification number
	DAVIDOWITZ FOUNDATION INC		13-6102755
	Number, street, and room or suite no. If a P.O. box, see instructions.		For IRS use only
	LINE & GROVE STREETS		
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		
	NANTICOKE, PA 18634		

Check type of return to be filed (File a separate application for each return)

- ☐ Form 990
 ☐ Form 990-EZ
 ☐ Form 990-T (sec. 401(a) or 408(a) trust)
 ☐ Form 1041-A
 ☐ Form 5227
 ☐ Form 8870  
☐ Form 990-BL
 ☒ Form 990-PF
 ☐ Form 990-T (trust other than above)
 ☐ Form 4720
 ☐ Form 6069

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

JEFFREY L. DAVIDOWITZ

- The books are in the care of ☒ 363 7TH AVENUE, 9TH FLOOR - NEW YORK, NY - 10001  
 Telephone No. ☒ 570-735-3200 FAX No. ☐
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

- 4 I request an additional 3-month extension of time until NOVEMBER 15, 2010
- 5 For calendar year 2009, or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension \_\_\_\_\_

**ADDITIONAL TIME IS NEEDED TO OBTAIN INFORMATION FROM THIRD PARTIES IN ORDER TO PREPARE A COMPLETE AND ACCURATE TAX RETURN.**

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	2,917.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	2,917.
c	<b>Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

### Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☒ Jeffrey L. Davidowitz Title ☒ CPA Date ☒ 8/16/10

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