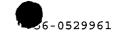
| | | | Ŋ. | | | | • | | ist in |
|-------------------------------|--------------------|--|---------------|---|----------|----------------------------|------------------------|-------------|--|
| | وي | \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\ | l Fy | cempt Organization | Rus | siness Incom | ne Tay Refu | rn i | |
| د | Forn | ո 990-T 🛚 | -′ | (and proxy tax | | | | かん I | OMB No 1545-0687 |
| | | | Eor calo | ndar year 2018 or other tax year begin | | | | 2019. | ୬ଲ40 ୀ |
| | - 0 | day and addle Tanania. | FOI Cale | ■ Go to www.irs.gov/Form990 | | | | 20 = | |
| | | rtment of the Treasury | ▶ Do | not enter SSN numbers on this form a | | | | (0)(3) | Open to Public Inspection for 501(c)(3) Organizations Only |
| | ΑT | Check box if | 7 50 | | | me changed and see instr | | D Empl | over identification number |
| | _ | address changed | | | | | • | (Empl | oyees' trust, see instructions) |
| | B Ex | empt under Section | i | DAVIDSON COLLEGE | | | | v-dadi7. | |
| | Х | 501(C)(3) | Print | Number, street, and room or suite no | fa P O | box, see instructions | | d 56-0 | 529961 |
| | | 408(e) 220(e) | or | | | | | | lated business activity code |
| I. | | 408A 530(a) | Type | POST OFFICE BOX 7162 | 2 | | • | (See ii | nstructions) |
| | | 529(a) | | City or town, state or province, country | y, and z | ZIP or foreign postal code | | 1 | |
| I | СВо | ok value of all assets | | DAVIDSON, NC 28036- | 7162 | } | | 5259 | 90 |
| | at | end of year | F Gro | up exemption number (See instructi | ions) | > | | _ | L |
| | 1,3 | 327,999,169. | G Che | eck organization type X 501 | (c) co | rporation 5 | 01(c) trust | 401(a) | trust Other trust |
| | H E | inter the number of | the orga | nization's unrelated trades or busine | sses. | ▶ 2 | Describ | e the only | y (or first) unrelated |
| | tr | ade or business her | e ▶ <u>A'</u> | TCH 1 | | If only | one, complete Parts | I-V If mor | re than one, describe the |
| | fı | rst in the blank spa | ice at the | end of the previous sentence, cor | nplete | Parts I and II, complete | e a Schedule M for ea | ach additio | nal |
| | tr | ade or business, the | en comple | ete Parts III-V | | | | | |
| | I D | ouring the tax year, | was the | corporation a subsidiary in an affili | ated g | roup or a parent-subsid | lary controlled group? | · | Yes X No |
| | If | "Yes," enter the na | ame and | identifying number of the parent coi | rporati | on > | | | |
| | | | | ORI B GASTON | | Tele | phone number ► 70 | 04-894 | -2210 |
| | Pa | rt Unrelated | Trade o | or Business Income | | (A) Income | (B) Expe | | (C) Net |
| | 1a | Gross receipts or s | sales | | | | | RE(| CEIVED |
| N . | b | Less returns and allowa | inces | c Balance ▶ | 1c | | | | 0 |
| ll l | 2 | | | ule A, line 7) | 2 | | 12 | -1111 | 9 2 2020 O |
| II . | 3 | | | 2 from line 1c | 3 | ļ. <u></u> | ő | | 4 2 2020 |
| ll – | 4 a | | | ttach Schedule D) | 4a | | 1 1 | 005 | <u> </u> |
| 17 | b | | | Part II, line 17) (attach Form 4797) | 4b | | | OGE | JEN, UT |
| | C | | | rusts | 4c | 3 370 01 | 6 2 7 7 7 1 | | 2 250 216 |
| | 5 | | | r an S corporation (attach statement) | 5 | -3,372,21 | 6. ATCH 2 | <u>'</u> | -3,372,216. |
| | 6 | | | | 6 | - | | | |
| | 7 | | | come (Schedule E) | 7 | | | | - |
| , | | | | ents from a controlled organization (Schedule F) | | | | | |
| , | 3 22 | | | 1(c)(7), (9), or (17) organization (Schedule G) | |) | | | |
| | () | | • | ncome (Schedule I) | 10 11 | | | | " |
| | - €12 | - | - | tions, attach schedule) | | | | | |
| | <u>≤</u> 43 | | | ough 12 | _ | | 6. | | -3,372,216. |
| | | rt II Deduction | ns Not | Taken Elsewhere (See instr | ructio | | | Excent | |
| ĺ | _ | | | be directly connected with the | | | | LACOPT | or continuations, |
| | <u>П</u> 4 | | | directors, and trustees (Schedule K) | | | | . 14 | |
| | \overline{Z}_{5} | | | | | | | | |
| | NNS 5 6 | | | | | | | | |
| 1 | C 20-7 | | | | | | | | |
| | ශ් ₈ | | | (see instructions) | | | | | |
| | 19 | | | • | | | | | 28,018. |
| | 20 | | | See instructions for limitation rules) | | | | | - |
| _ | 21 | Depreciation (atta | ch Form | 4562) | | 21 | 11,28 | L | |
| 7 2020 | 22 | Less depreciation | claimed | on Schedule A and elsewhere on re | eturn | | 11,283 | . 22b |) |
| 7 2 | 23 | Depletion | | | | | | 23 | - |
| 7 | 24 | Contributions to c | leferred o | compensation plans | | | | 24 | <u> </u> |
| 100 | 25 | | | 8 | | | | | |
| 5 | 26 | | | Schedule I) | | | | | |
| _ | 27 | Excess readership | costs (Se | chedule J) | | | | 27 | |
| £ § | 28 | Other deductions | (attach s | chedule) | | | ATCH., 3 | 28 | |
| နွေတို | 29 | | | | | | | | 45,518. |
| 8 5 | 30 | | | le income before net operating | | | | | -3,417,734. |
| Received in Batching Ogden | 31 | Deduction for net | operating | g loss arising in tax years beginnin | ig on c | or after January 1, 2018 | (see instructions) | .5 31 | |
| 83 | | Unrelated busines | ss taxable | e income Subtract line 31 from line lotice, see instructions. | 30 . | <u> </u> | <u> </u> | 1. 32 | |
| | | Paperwork Reduct 40 1,000 250112 198 | | iouce, see instructions. | 77 - | 0 7 CE | 450610 | | Form 990-T (2018) |
| | | Z3U117 138 | | | ^ T | 8-7.6F | 450612 (| | 9-24 |
| | | | | | | | | | |



| _ | 990-T (2018) | | | Р | age 2 |
|------------|--|---------------------|-----------------------------|------------------------|-----------|
| Pa | rt III Total Unrelated Business Taxable Income | | | | |
| 33 | Total of unrelated business taxable income computed from all unrelated trades or businesses (see | | | | |
| | instructions) | | | | |
| 34 | Amounts paid for disaflowed fringes | 34 | | | |
| 35 | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see | · - | | | |
| | instructions) | 35 | | | |
| 36 | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum | _ | | | |
| | of lines 33 and 34 | 36 | | 1 (| 000. |
| 37 | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions) | 37 | | 1,0 | 700. |
| 38 | Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, | | | | 0. |
| Ба | enter the smaller of zero or line 36 | 38 | | | |
| | Tax Computation | | | | |
| 39 | Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21) | 39 | | | |
| 40 | Trusts Taxable at Trust Rates. See instructions for tax computation Income tax on | | | | |
| | the amount on line 38 from Tax rate schedule or Schedule D (Form 1041) | - | | | |
| 41 | Proxy tax. See instructions | | | | |
| 42 43 | Tax on Noncompliant Facility Income. See Instructions | | | | |
| 44 | Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies | | | | |
| | rt V Tax and Payments | 1 25 1 | | | |
| | Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a | \Box | | | |
| | Other credits (see instructions) | 1 | | | |
| | General business credit Attach Form 3800 (see instructions) | 1 | | | |
| d | Credit for prior year minimum tax (attach Form 8801 or 8827) | 1 | | | |
| e | Total credits. Add lines 45a through 45d | 45e | | | |
| 46 | Subtract line 45e from line 44 | | | | |
| 47 | Other taxes Check if from Form 4255 Form 8611 Form 8697 Other (attach schedule). | | | | |
| 48 | Total tax. Add lines 46 and 47 (see instructions) | | | | 0. |
| 49 | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 | | | | |
| 50 a | Payments A 2017 overpayment credited to 2018 | | | | |
| | 2018 estimated tax payments |] | | | |
| | Tax deposited with Form 8868 |] | | | |
| | Foreign organizations Tax paid or withheld at source (see instructions) 50d |] | | | |
| е | Backup withholding (see instructions) |] | | | |
| | Credit for small employer health insurance premiums (attach Form 8941) |] | | | |
| g | Other credits, adjustments, and payments Form 2439 | | | | |
| | Form 4136 Other Total ▶ 50g | , | | | |
| 51 | Total payments. Add lines 50a through 50g | 51 | ļ <u>.</u> | 5,0 | 083. |
| 52 | Estimated tax penalty (see instructions). Check if Form 2220 is attached | 52 | | | |
| 53 | Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed | 53 | | | |
| 54 | Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid | 54 | | 5,0 | 083. |
| 55 | Enter the amount of line 54 you want Credited to 2019 estimated tax ▶ 5,083. Refunded ▶ | | | | |
| | Statements Regarding Certain Activities and Other Information (see instruction | • | | V | N. a |
| 56 | At any time during the 2018 calendar year, did the organization have an interest in or a signature or | | | Yes | No |
| | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m | - | | | |
| | FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the here ▶ CYPRUS, FRANCE, UK | roreigi | a country | x | |
| | | | | | X |
| 57 | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore | ign trus | d' | $\vdash \vdash \vdash$ | |
| 5 9 | If "Yes," see instructions for other forms the organization may have to file | | | | |
| <u>58</u> | Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$351,070. Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to the I | best of n | ny knowledae | and beli | ef, it is |
| Sig | true correct, and complete. Declaration of preparer (other than taxpaver) is based on all information of which preparer has any knowledge | | , | | |
| He | Noteinatta D. MacCaniou I. Turkara | - | IRS discuss | | |
| | | | preparer sh tions)? X Ye | _ | No |
| | Print/Type preparer's name Preparer's signature Date | | PTIN | -0 | 1 140 |
| Paid | d Chec | :k L ı: employed | If Dollar | 4855 | 7 |
| Pre | parer | s EIN ▶ | 12 556 | | |
| Use | Only | | 36-275- | | |
| | | | | | |

JSA

| Form 990=1 (2018) | | <u></u> | | | | | | | Page 3 |
|--|---|---------------|---------------------------------|-----------------|---------------|--|----------------|-----------------------------------|--------|
| Schedule A - Cost of G | oods Sold. Er | nter method | of inventory | valuation | <u> </u> | _ | | | |
| 1 Inventory at beginning of | year 1 | | 6 | Inventory | at end of yea | r | 6 | | |
| 2 Purchases | 2 | | 7 | | | d. Subtract line | | | |
| 3 Cost of labor | | | | 6 from | line 5 Ent | ter here and in | | | |
| 4a Additional section 263A c | | | | Part I, line | 2 | | 7 | | |
| (attach schedule) | 4a | | 8 | | | section 263A (w | ith respec | t to Yes | No |
| b Other costs (attach schedu | | | | | | or acquired for | , | | |
| | | | | | | | | | |
| 5 Total. Add lines 1 through Schedule C - Rent Income | e (From Real P | roperty a | nd Personal | Property | Leased W | ith Real Proper | tv) | <u> </u> | |
| (see instructions) | ` | | | | | • | • | | |
| 1. Description of property | | | | | | = | - | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | ** | | |
| | 2. Rent recei | ved or accrue | ed | | | | | | |
| (a) From personal property (if the | | | rom real and pers | and property | (if the | 3(a) Deductions di | rootly connect | tad with the ini | |
| for personal property is more th | | | age of rent for per | | | in columns 2(| | | |
| more than 50% |) | 50% or | if the rent is base | ed on profit or | income) | | | | |
| (1) | | | | | | | | | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| Total | · | Total | | | | | | | |
| (c) Total income. Add totals of c | olumne 2/a) and 2/ | | | | | (b) Total deductio | | | |
| here and on page 1, Part I, line 6 | | | | | | Enter here and on Part I, line 6, colun | | | |
| Schedule E - Unrelated D | | | e instructions |) | | , 4, 1, 1, 1, 1, 0 | (3) | , | |
| Oliodalo E Olii olatoa B | obt i ilianota i | 11001110 (00 | | | 3 D | eductions directly cor | nected with o | r allocable to | |
| 1. Description of de | bt-financed property | | 2 Gross inco allocable to de | | | debt-financ | | | |
| • | , , , | | prope | | | t line depreciation ch schedule) | | ner deductions ch schedule) | • |
| (1) | | | | | | , | (4 | , | |
| (2) | | | | | | | | | |
| (3) | | | | | | | | | |
| (4) | | | 1 | | | | | | |
| 4. Amount of average | 5. Average adju | sted basis | | | | | | | |
| acquisition debt on or | of or alloca | ble to | 6. Colu 4 divid | | | ncome reportable | | able deduction x total of colu | |
| allocable to debt-financed property (attach schedule) | debt-financed (attach scho | | by colur | | (columr | 2 x column 6) | |) and 3(b)) | |
| (1) | (=::=:::::::::::::::::::::::::::::::::: | | | % | | | | | |
| (2) | | | | % | | | | | |
| (3) | | | | % | | | | | |
| (4) | - - | | | % | | | | | |
| <u> </u> | <u> </u> | | <u> </u> | /0 | Enter her | e and on page 1, | Enter here | e and on pag | |
| | | | | | Part I, lin | e 7, column (A) | Part I, line | e 7, column (| (B) |
| T-4-1- | | | | | | | | | |
| Totals | | | | | <u> </u> | | | | |
| Toral dividende-leceived deduct | nona monucea m_c | Giullill O | <u> </u> | | | · · · · · · · · | | | |



| Form 990-T (2018) | | COLLEGE | | | | | | | | 29961 Page 4 | |
|--------------------------------------|---|--|------------|---|---|---------------|---|----------------------------------|---|--|--|
| Schedule F—Interest, Annເ | iities, Royalties | s, and Rent | s Fro | m Contro | lled Or | ganizat | ions (see | instruction | ns) | | |
| | | | | ntrolled Or | | | | | | | |
| Name of controlled organization | 2. Employer identification numb | er 3. Ne | t unrela | ated income nstructions) | 4. Total | of specified | · Included in the controlli | | lling | g connected with income | |
| (1) | | | | | | | † | _ | | | |
| (2) | | | | | | _ | <u> </u> | | | | |
| | | | | | | | - | | -+ | | |
| (3) | | | | | | | | | | · | |
| Nonexempt Controlled Organiz | | | | | L | | <u> </u> | | | | |
| Nonexempt Controlled Organia | | | | | | 1 40 Da | | 0.45-4 | | Deductions disortly | |
| 7. Taxable Income | 8. Net unrelated in (loss) (see instruc | | | Total of specific ayments made | | includ | | | . Deductions directly nected with income in column 10 | | |
| (1) | | | | • | | | | | | | |
| (2) | | | | | | | | | | | |
| (3) | | | | | | | | | | | |
| (4) | · · · · · · · · · · · · · · · · · · · | | | | | | _ | | | . = | |
| Totals | | | | | <u> ▶</u> | Enter Part | columns 5 a here and on , line 8, colu | page 1, mn (A) | Ente | d columns 6 and 11 er here and on page 1, 1 I, line 8, column (B) | |
| Schedule G-Investment In | come of a Sec | tion 501(c |)(7), | | | nizatior | (see inst | tructions) | | | |
| 1. Description of income | 2. Amount of | income | | 3. Deduction directly cor (attach sch | nected | | 4. Set-asides (attach schedule) | | 5. Total deductions and set-asides (col. 3 plus col. 4) | | |
| (1) | | | | | | | | | | | |
| (2) | | | † | | | | | | | • | |
| (3) | | | | | | | | | | | |
| (4) | , | | | | | | | | | | |
| <u> </u> | Enter here and Part I, line 9, c | | | | | I | | | | Enter here and on page 1, Part I, line 9, column (B) | |
| Totals | | | | | | | | | | | |
| Totals ▶ Schedule I – Exploited Exe | mpt Activity In | come. Othe | er Tha | an Advert | isina Ir | come (| see instru | ictions) | | | |
| | | , | | 1 | | | | | | _ | |
| 1. Description of exploited activity | 2. Gross unrelated business income from trade or business | 3. Expense directly connected or production unrelated business inc | with of | 4. Net incor from unrelat or business 2 minus col If a gain, c cols 5 thro | ted tradé (column lumn 3) ompute | from ac | ss income ctivity that unrelated ss income | 6. Exper attributat columr | ble to | 7. Excess exempt expenses (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | | | | | | | , | |
| (3) | | . | | | | | ` | | | | |
| (4) | | | | | | | | | - | | |
| Totals | Enter here and on page 1, Part I, line 10, col (A) | Enter here ar page 1, Par line 10, col | rt I, | | | , | · . | | Enter here and on page 1, Part II, line 26 | | |
| Schedule J- Advertising Ir | i come (see instr | uctions) | | l | | | | | | | |
| Part I Income From Per | | | nsoli | idated Bas | sis | | | | | | |
| | 3.02.3 (1000) | | | | | | | | | | |
| 1 Name of periodical | 2. Gross advertising income | 3 Directiang c | | 4. Adver gain or (los 2 minus co a gain, co cols 5 thro | ss) (col ol 3) If mpute |) | culation | 6. Reade costs | | 7 Excess readership costs (column 6 minus column 5, but not more than column 4) | |
| (1) | | | | | | | | | | | |
| (2) | | | | 1 | | | | | - | - | |
| (3) | | | | 1 | | | | | | | |
| (4) | | | _ | 1 | | | | | | ╗ | |
| | | | | 1 | | | | | | | |
| Totals (carry to Part II, line (5)) | <u> </u> | | | L | | <u></u> | | \ | | | |



Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6. Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-------------------------------|---|--|---|----------------------|---------------------|--|
| (1) | | - | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I ▶ | | | | | | |
| | Enter here and on page 1, Part I, Ime 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | - | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) ▶ | | | | | 1 | |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | 4. Compensation attributable to unrelated business |
|---|----------|--|--|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total, Enter here and on page 1, Part II, line 14 | | | |

SCHEDULE D (Form 1120)

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs:gov/Form1120 for instructions and the latest information.

OMB No 1545-0123

Department of the Treasury Internal Revenue Service Name

Employer identification number

| DAV. | LDSON COLLEGE | | | | : | 56-0529961 |
|-----------|--|----------------------------------|---------------------------------|---|--------|--|
| Part | Short-Term Capital Gains and Losses | (See instructions | .) | | | |
| | See Instructions for how to figure the amounts to enter on the lines below This form may be easier to complete if you round off cents to | (d) Proceeds (sales price) | (e) Cost (or other basis) | (g) Adjustments or loss from Form 8949, Part I, line | n(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| . 1a | whole dollars Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | (sales price) | (or other sess) | column (g) | | the result with column (g) |
| 1 b | Totals for all transactions reported on Form(s) 8949 with Box A checked | | | | | |
| 2 | Totals for all transactions reported on Form(s) 8949 with Box B checked | | | | | |
| 3 | Totals for all transactions reported on Form(s) 8949 with Box C checked | | | | •••••• | -1,288,433. |
| 4 | Short-term capital gain from installment sales from I | Form 6252 June 26 or 3 | .7 | -J | 4 | |
| | | | | | | |
| 5 | Short-term capital gain or (loss) from like-kind excha | nges from Form 8824 | | | 5 | |
| 6 | Unused capital loss carryover (attach computation) | | | | 6 | (|
| 7 Parí | Net short-term capital gain or (loss). Combine lines Long-Term Capital Gains and Losses | | | | 7 | -1,288,433. |
| r an | See Instructions for how to figure the amounts to enter on | (See Instructions.) | <i>]</i> | (a) Advistments | 20.000 | (h) Gain or (loss) |
| | the lines below. This form may be easier to complete if you round off cents to | (d) Proceeds , (sales price) | (e) Cost (or other basis) | (g) Adjustments or loss from Form 8949, Part II, line | 1(s) | (h) Gain or (loss) Subtract column (e) from column (d) and combine |
| | whole dollars | (sales price) | (Or Other basis) | column (g) | | the result with column (g) |
| 8a | Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b | | | | | |
| 8 b | Totals for all transactions reported on Form(s) 8949 with Box D checked | | | | | |
| 9 | Totals for all transactions reported on Form(s) 8949 with Box E checked | | | | | |
| 10 | Totals for all transactions reported on Form(s) 8949 with Box F checked | | | | | 365,826. |
| 11 | Enter gain from Form 4797, line 7 or 9 | | | | 11 | 736,350. |
| 12 | Long-term capital gain from installment sales from F | Form 6252, line 26 or 3 | 7 | | 12 | |
| 13 | Long-term capital gain or (loss) from like-kind exchar | nges from Form 8824 | | | 13 | |
| 14 | Capital gain distributions (see instructions) | | | | 14 | |
| 15 | Net long-term capital gain or (loss) Combine lines 8 | a through 14 in column | ıh | | 15 | 1,102,176. |
| rari | Summary of Parts I and II | - | | | 1 | <u> </u> |
| 16 | Enter excess of net short-term capital gain (line 7) o | ver net long-term capita | al loss (line 15) | | 16 | |
| 17 | Net capital gain Enter excess of net long-term capit | | | | 17 | |
| 18 | Add lines 16 and 17 Enter here and on Form 1120, Note: If losses exceed gains, see Capital losses in the | | proper line on other re | turns | _18 | <u> </u> |

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2018

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

Employer identification number

OMB No 1545-0687

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning $\frac{07/01}{}$, 2018, and ending $\frac{06/30}{}$, 20 $\frac{19}{}$

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of organization DAVIDSON COLLEGE

56-0529961

Unrelated business activity code (see instructions) ▶ 722320 Describe the unrelated trade or business ►OUTSIDE CATERING SALES

| Pa | Unrelated Trade or Business Income | | (A) Income | (B) Expenses | (C) Net |
|-----|--|-----|-------------|---|---------|
| 1 a | Gross receipts or sales 10,081. | | | *************************************** | |
| b | Less returns and allowances C Balance | 1c | 10,081. | | |
| 2 | Cost of goods sold (Schedule A, line 7) | 2 | | - | |
| 3 | Gross profit Subtract line 2 from line 1c | 3 | 10,081. | | 10,081. |
| 4 a | Capital gain net income (attach Schedule D) | 4a | | | |
| b | Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) | 4b | | | |
| С | Capital loss deduction for trusts | 4 c | | | |
| 5 | Income (loss) from a partnership or an S corporation (attach | | | | |
| | statement) | 5 | | | |
| 6 | Rent income (Schedule C) | 6 | | | |
| 7 | Unrelated debt-financed income (Schedule E) | 7 | | | |
| 8 | Interest, annuities, royalties, and rents from a controlled | | | | |
| | organization (Schedule F) | 8 | - | | |
| 9 | Investment income of a section 501(c)(7), (9), or (17) | | | | |
| | organization (Schedule G) | 9 | | | |
| 10 | Exploited exempt activity income (Schedule I) | 10 | | | |
| 11 | Advertising income (Schedule J) | 11 | | | |
| 12 | Other income (See instructions, attach schedule) | 12 | | - | |
| 13 | Total. Combine lines 3 through 12 | 13 | 10,081. | | 10,081. |

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) (Except for contributions, deductions must be directly connected with the unrelated business income)

| 14 | Compensation of officers, directors, and trustees (Schedule K) | 1 | |
|----|--|-----|---------|
| 15 | Salaries and wages | 15 | |
| 16 | Repairs and maintenance | 16 | |
| 17 | Bad debts | | |
| 18 | Interest (attach schedule) (see instructions) | | |
| 19 | Taxes and licenses | | |
| 20 | Charitable contributions (See instructions for limitation rules) | | |
| 21 | Depreciation (attach Form 4562) | | |
| 22 | Less depreciation claimed on Schedule A and elsewhere on return 22a | 22b | 11,281. |
| 23 | Depletion | 23 | |
| 24 | Contributions to deferred compensation plans | 24 | |
| 25 | Employee benefit programs | 25 | |
| 26 | Excess exempt expenses (Schedule I) | 26 | |
| 27 | Excess readership costs (Schedule J) | | |
| 28 | Other deductions (attach schedule) | | |
| 29 | Total deductions. Add lines 14 through 28 | 29 | 11,281. |
| 30 | Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 | 30 | -1,200. |
| 31 | Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see | | |
| | instructions) | 31 | |
| 32 | Unrelated business taxable income Subtract line 31 from line 30 | 32 | -1,200. |

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

8949

Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Attachment Sequence No

Department of the Treasury Internal Revenue Service

DAVIDSON COLLEGE

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

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

56-0529961

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

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

Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D. line 1a. you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need

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

| (B) Short-term transactions r X (C) Short-term transactions r | | | | wasn't reporte | ed to the IRS | | |
|--|---|--------------------------------|-------------------------------------|---|--|---|--|
| 1 (a) Description of property | cription of property Date acquired Date sol | | | (e) Cost or other basis See the Note below | Adjustment, if If you enter an enter a co See the sepa | (h) Gain or (loss). Subtract column (e) | |
| (Example 100 sh XYZ Co) | (Mo , day, yr) | disposed of (Mo , day, yr) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | from column (d) and combine the result with column (g) |
| STCL FROM PARTNERSHIP INVESTMENTS | | | | | | | -1,288,433 |
| | | | | | | | |
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| | | | | | | | |
| 2 Totals. Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C ab | here and inclusion checked), line | lude on your e 2 (if Box B | | | | | -1,288,433 |

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

| 8949 (2018) | Attachment Sequence No. 12A |
|-------------|-----------------------------|

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

DAVIDSON COLLEGE

56-0529961

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

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

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

| You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete |
|--|
| a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or |
| more of the boxes, complete as many forms with the same box checked as you need |
| (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) |

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

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

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

| (a) Description of property | (b) Date acquired | (c) Date sold or disposed of | (d) Proceeds | Cost or other basis See the Note below | If you enter an a enter a co | (h) Gain or (loss) Subtract column (e) from column (d) and | | |
|---|---------------------------------------|------------------------------------|---------------------------------------|---|-------------------------------------|---|---------------------------------------|--|
| (Example 100 sh XYZ Co) | (Mo , day, yr) | (Mo , day, yr) | (sales price) (see instructions) | and see Column (e) in the separate instructions | (f) Code(s) from instructions | (g) Amount of adjustment | combine the result with column (g) | |
| LTCG FROM PARTNERSHIP INVESTMENTS | | | | | | | 365,826 | |
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| | | | | | | | | |
| 2 Totals. Add the amounts in columns (in negative amounts). Enter each total Schedule D, line 8b (if Box D above is above is checked), or line 10 (if Box | here and inclusions checked), line | ide on your 9 (if Box E | | | | | 365,826 | |

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

Form 8949 (2018)

Page 2

Form

2501IZ 1985

Department of the Treasury Internal Revenue Service (99)

General Business Credit ► Go to www.irs.gov/Form3800 for instructions and the latest information.

OMB No 1545-0895 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

Attachment Sequence No 22

Name(s) shown on return

DAVIDSON COLLEGE

Identifying number 56-0529961

| Part I | Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT (See instructions and complete Part(s) III before Parts I and II.) | ') | |
|---------|--|-----|------------------|
| 1 | General business credit from line 2 of all Parts III with box A checked | 1 | 4,455 |
| 2 | Passive activity credits from line 2 of all Parts III with box B checked 2 | | |
| 3 | Enter the applicable passive activity credits allowed for 2018 See instructions | 3 | |
| 4 | Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with | | |
| | box C checked See instructions for statement to attach | 4 | 14,486 |
| 5 | Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with | | · |
| | box D checked. See instructions | 5 | |
| 6 | Add lines 1, 3, 4, and 5 | 6 | 18,941 |
| Part II | | | |
| 7 | Regular tax before credits | | |
| | Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return | 7 | • |
| | • Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return | | |
| 8 | Alternative minimum tax | | |
| | • Individuals Enter the amount from Form 6251, line 11 | 8 . | |
| | • Corporations. Enter -0 | • | |
| | • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56) | | |
| 9 | Add lines 7 and 8 | 9 | |
| 10a | Foreign tax credit | | |
| | Certain allowable credits (see instructions) |] [| |
| | Add lines 10a and 10b | 10c | |
| | | | |
| 11 | Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16 | 11 | |
| 12 | Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0- | - | |
| 13 | Enter 25% (0.25) of the excess, if any, of line 12 over \$25,000. See | | |
| 44 | Instructions | 1 1 | |
| 14 | Tentative minimum tax | | |
| | • Individuals Enter the amount from Form 6251, line 9 | | |
| | Corporations Enter -0 | 1 | |
| | (Form 1041), line 54 | | |
| 15 | Enter the greater of line 13 or line 14 | 15 | |
| 16 | Subtract line 15 from line 11. If zero or less, enter -0 | 16 | |
| 17 | Enter the smaller of line 6 or line 16 · · · · · · · · · · · · · · · · · · | 17 | |
| | C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or reorganization | | |
| For Pap | erwork Reduction Act Notice, see separate instructions. | | Form 3800 (2018) |

| , | | |
|---|--|--|
| _ | | |
| | | |

| | Allowable Credit (Continued) | | |
|-------|--|----------|------------|
| lote: | If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter | er -0- (| on line 26 |
| 18 | Multiply line 14 by 75% (0 75) See instructions | 18 | |
| 19 | Enter the greater of line 13 or line 18 | 19 | |
| 20 | Subtract line 19 from line 11 If zero or less, enter -0 | 20 | |
| 21 | Subtract line 17 from line 20 If zero or less, enter -0 | 21 | <u> </u> |
| 22 | Combine the amounts from line 3 of all Parts III with box A, C, or D checked | 22 | |
| 23 | Passive activity credit from line 3 of all Parts III with box B checked 23 | | • |
| 24 | Enter the applicable passive activity credit allowed for 2018 See instructions | 24 | |
| 25 | Add lines 22 and 24 | 25 | |
| 26 | Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25 | 26 | |
| 27 | Subtract line 13 from line 11 If zero or less, enter -0 | 27 | |
| 28 | Add lines 17 and 26 | 28 | |
| 29 | Subtract line 28 from line 27 If zero or less, enter -0 | 29 | |
| 30 | Enter the general business credit from line 5 of all Parts III with box A checked | 30 | |
| 31 | Reserved | 31 | 1 |
| 32 | Passive activity credits from line 5 of all Parts III with box B checked 32 | | |
| 33 | Enter the applicable passive activity credits allowed for 2018 See instructions | 33 | |
| 34 | Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach | 34 | |
| 35 | Carryback of business credit from 2019. Enter the amount from line 5 of Part III with box D checked See instructions | 35 | |
| 36 | Add lines 30, 33, 34, and 35 | 36 | |
| 37 | Enter the smaller of line 29 or line 36 | 37 | |
| 38 | Credit allowed for the current year. Add lines 28 and 37. Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return Individuals Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 Corporations Form 1120, Schedule J, Part I, line 5c | 38 | |

Name(s) shown on return

Identifying number

| | /IDSON COLLEGE | | 36-052996 | 1 |
|--------|--|----------|----------------------------|---------------------------|
| | General Business Credits or Eligible Small Business Credits (see ins | truction | ons) | |
| Com | plete a separate Part III for each box checked below. See instructions | | | |
| Α | X General Business Credit From a Non-Passive Activity E Reserved | | | |
| в | General Business Credit From a Passive Activity F Reserved | | | |
| C | | Busir | ness Credit Carryfon | wards |
| ן ס | General Business Credit Carrybacks H Reserved | | | |
| | If you are filing more than one Part III with box A or B checked, complete and attach first an a | | | |
| | III with box A or B checked. Check here if this is the consolidated Part III | • • • | | |
| | (a) Description of credit | | (b) If claiming the credit | (c) Enter the appropriate |
| | : On any line where the credit is from more than one source, a separate Part III is needed for e through entity | each | from a pass-through | amount |
| | Investment (Form 3468, Part II only) (attach Form 3468) | 1a | entity, enter the EIN | <u> </u> |
| | Reserved | 1b | | |
| C | Increasing research activities (Form 6765) | 1c | | 18,941 |
| d | | 1d | | 10,311 |
| e | Disabled access (Form 8826) (see instructions for limitation) | 1e | | |
| f | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | | |
| g | Indian employment (Form 8845) | 1g | | |
| h | | 1h | | |
| i | New markets (Form 8874) | 1i | - | - |
| i | Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | | |
| k | Employer-provided child care facilities and services (Form 8882) (see | -7 | | |
| | instructions for limitation) | 1k | | |
| 1 | Biodiesel and renewable diesel fuels (attach Form 8864) | 11 | | |
| m | | 1m | | |
| n | 5 . 11 | 1n | - | |
| 0 | Nonconventional source fuel (carryforward only) | 10 | | |
| р | Energy efficient home (Form 8908) | 1p | | |
| q | Energy efficient appliance (carryforward only) | 1q | | |
| r | Alternative motor vehicle (Form 8910) | 1r | | |
| s | Alternative fuel vehicle refueling property (Form 8911) | 1s | | |
| t | Enhanced oil recovery credit (Form 8830) | 1t | | |
| u | ~ ` | 1u | | |
| ٧ | Agricultural chemicals security (carryforward only) | 1v | | |
| W | Employer differential wage payments (Form 8932) | 1w | | |
| X | Carbon oxide sequestration (Form 8933) | 1x | | |
| У | Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | | |
| | Qualified plug-in electric vehicle (carryforward only) | 1z | | |
| | a Employee retention (Form 5884-A) | 1aa | | |
| | b General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | | |
| ZZ | 2 Other Oil and gas production from marginal wells (Form 8904) and certain | | | |
| _ | other credits (see instructions) | 1zz | | 10.041 |
| 2 | Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | | 18,941 |
| 3 | Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | | |
| 4 a | Investment (Form 3468, Part III) (attach Form 3468) | 4a | | |
| b | Work opportunity (Form 5884) | 4b | | |
| c C | Biofuel producer (Form 6478) | 4c | | |
| d | • | 4d | | <u> </u> |
| e f | Renewable electricity, refined coal, and Indian coal production (Form 8835) Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4e 4f | | |
| | Qualified railroad track maintenance (Form 8900) | | | - |
| g h | Small employer health insurance premiums (Form 8941) | 4g 4h | | |
| i | Increasing research activities (Form 6765) | 4i | | |
| i | Employer credit for paid family and medical leave (Form 8994) | 4j | | |
| J Z | Other | 4z | | 105 |
| 5 | Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | | 105 |
| 6 | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | | 19,046 |
| - | | | | |

Identifying number

| DAV | IDSON COLLEGE | | 56-052996 | <u> </u> |
|------------|---|-----------|---|------------------------|
| Pari | General Business Credits or Eligible Small Business Credits (see ins | structio | ons) | |
| om | plete a separate Part III for each box checked below. See instructions | | | |
| 4 [| X General Business Credit From a Non-Passive Activity E Reserved | | | |
| 3 | General Business Credit From a Passive Activity F Reserved | | | |
| c [| General Business Credit Carryforwards G Eligible Smal | l Busir | ness Credit Carryford | vards |
| o [| General Business Credit Carrybacks H Reserved | | • | |
| I I | f you are filing more than one Part III with box A or B checked, complete and attach first an a | addition | nal Part III combining | amounts from all Parts |
| | Il with box A or B checked Check here if this is the consolidated Part III | | | |
| | (a) Description of credit | | (b) | (c) |
| lote: | On any line where the credit is from more than one source, a separate Part III is needed for e | each | If claiming the credit from a pass-through | Enter the appropriate |
| ass- | through entity | | entity, enter the EIN | amount |
| 1 a | Investment (Form 3468, Part II only) (attach Form 3468) | 1a | | |
| b | Reserved | 1b | | |
| C | Increasing research activities (Form 6765) | 1c | ATCH 6 | 4,455 |
| d | Low-income housing (Form 8586, Part I only) | 1d | | |
| e | Disabled access (Form 8826) (see instructions for limitation) | 1e | | |
| f | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | | |
| g | Indian employment (Form 8845) | 1g | | |
| h | Orphan drug (Form 8820) | 1h | | |
| i | New markets (Form 8874) | 1i | | |
| j | Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | <u>1j</u> | | |
| k | | | | |
| | ınstructions for limitation) | 1k | | |
| ı | Biodiesel and renewable diesel fuels (attach Form 8864) | 11 | | |
| m | | 1m | | |
| n | Distilled spirits (Form 8906) | 1n | | |
| 0 | Nonconventional source fuel (carryforward only) | 10 | | |
| р | Energy efficient home (Form 8908) | 1p | | |
| q | Energy efficient appliance (carryforward only) | 1q | | |
| r | Alternative motor vehicle (Form 8910) | 1r | | |
| S | Alternative fuel vehicle refueling property (Form 8911) | 1s | | |
| t | Enhanced oil recovery credit (Form 8830) | 1t | | |
| u | Mine rescue team training (Form 8923) | 1u | | |
| ٧ | Agricultural chemicals security (carryforward only) | 1v | · · | <u> </u> |
| W | Employer differential wage payments (Form 8932) | 1w | | |
| X | / | 1x | | |
| у - | Qualified plug-in electric drive motor vehicle (Form 8936) | 1y | | |
| | Qualified plug-in electric vehicle (carryforward only) | 1z | •••• | |
| aa | Employee retention (Form 5884-A) | 1aa | | |
| | Other Oil and gas production from marginal wells (Form 8904) and certain | 1bb | | |
| | other credits (see instructions) | 1zz | | |
| 2 | Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | | 4,455 |
| 3 | Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | | 1,155 |
| 4 a | Investment (Form 3468, Part III) (attach Form 3468) | 4a | | |
| b | Work opportunity (Form 5884) | 4b | | |
| c | Biofuel producer (Form 6478) | 4c | | |
| d | Low-income housing (Form 8586, Part II) | 4d | <u> </u> | |
| e | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | | |
| f | Employer social security and Medicare taxes paid on certain employee tips (Form 8846) | 4f | | · |
| g | Qualified railroad track maintenance (Form 8900) | 4g | | |
| h | Small employer health insurance premiums (Form 8941) | 4h | | |
| i | Increasing research activities (Form 6765) | 4i | | |
| j | Employer credit for paid family and medical leave (Form 8994) | 4j | | - |
| z | Other | | | |
| 5 | Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | | |
| 6 | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | | | 4,455 |

Identifying number

Name(s) shown on return

DAVIDSON COLLEGE

56-0529961

| Par | General Business Credits or Eligible Small Business Credits (see ins | struction | ons) | | | | | |
|------|---|-----------------------------------|---|------------------------|--|--|--|--|
| Com | plete a separate Part III for each box checked below See instructions | | | | | | | |
| 4 | General Business Credit From a Non-Passive Activity E Reserved | | | | | | | |
| в | General Business Credit From a Passive Activity F Reserved | | | | | | | |
| | X General Business Credit Carryforwards G Eligible Smal | all Business Credit Carryforwards | | | | | | |
| o [| General Business Credit Carrybacks H Reserved | | | | | | | |
| ı | f you are filing more than one Part III with box A or B checked, complete and attach first an a | additio | nal Part III combining | amounts from all Parts | | | | |
| | II with box A or B checked Check here if this is the consolidated Part III | | | | | | | |
| | (a) Description of credit | | (b) | (c) | | | | |
| lote | On any line where the credit is from more than one source, a separate Part III is needed for | each | If claiming the credit from a pass-through | Enter the appropriate | | | | |
| ass- | through entity | , | entity, enter the EIN | amount | | | | |
| 1 a | Investment (Form 3468, Part II only) (attach Form 3468) | 1a | | | | | | |
| b | Reserved | 1b | | | | | | |
| C | Increasing research activities (Form 6765) | 1c | ATCH 6 | 14,486 | | | | |
| d | Low-income housing (Form 8586, Part I only) | 1d | | | | | | |
| е | Disabled access (Form 8826) (see instructions for limitation) | 1e | | | | | | |
| f | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 1f | | | | | | |
| g | Indian employment (Form 8845) | 1g | | | | | | |
| h | Orphan drug (Form 8820) | 1h | | | | | | |
| i | New markets (Form 8874) | 1i | | | | | | |
| j | Small employer pension plan startup costs (Form 8881) (see instructions for limitation) | 1j | | | | | | |
| k | Employer-provided child care facilities and services (Form 8882) (see | | | | | | | |
| | instructions for limitation) | 1k | | | | | | |
| ı | Biodiesel and renewable diesel fuels (attach Form 8864) | 11 | | | | | | |
| m | Low sulfur diesel fuel production (Form 8896) | 1m | | | | | | |
| n | - · · · · · · · · · · · · · · · · · · · | 1n | | | | | | |
| 0 | Nonconventional source fuel (carryforward only) | 10 | | | | | | |
| р | Energy efficient home (Form 8908) | 1p | | | | | | |
| q | Energy efficient appliance (carryforward only) | 1q | | | | | | |
| r | Alternative motor vehicle (Form 8910) | 1r | | | | | | |
| s | Alternative fuel vehicle refueling property (Form 8911) | 1s | | | | | | |
| t | Enhanced oil recovery credit (Form 8830) | 1t | | | | | | |
| u | | 1u | | | | | | |
| v | Agricultural chemicals security (carryforward only) | | | | | | | |
| W | Employer differential wage payments (Form 8932) | 1w | | | | | | |
| X | Carbon oxide sequestration (Form 8933) | 1x | | | | | | |
| у | Qualified plug-in electric drive motor vehicle (Form 8936). | 1y | | | | | | |
| z | Qualified plug-in electric vehicle (carryforward only) | 1z | | | | | | |
| a | a Employee retention (Form 5884-A) | 1aa | | | | | | |
| | b General credits from an electing large partnership (Schedule K-1 (Form 1065-B)) | 1bb | | | | | | |
| ZZ | Other. Oil and gas production from marginal wells (Form 8904) and certain | | | | | | | |
| | other credits (see instructions) | 1zz | | | | | | |
| 2 | Add lines 1a through 1zz and enter here and on the applicable line of Part I | 2 | | 14,486 | | | | |
| 3 | Enter the amount from Form 8844 here and on the applicable line of Part II | 3 | | ****** | | | | |
| 4 a | Investment (Form 3468, Part III) (attach Form 3468) | 4a | | | | | | |
| b | Work opportunity (Form 5884) | 4b | | | | | | |
| C | Biofuel producer (Form 6478) | 4c | | | | | | |
| d | Low-income housing (Form 8586, Part II) | 4d | <u></u> | | | | | |
| е | Renewable electricity, refined coal, and Indian coal production (Form 8835) | 4e | | <u> </u> | | | | |
| f | Employer social security and Medicare taxes paid on certain employee tips (Form 8846), | 4f | | | | | | |
| g | Qualified railroad track maintenance (Form 8900) | 4g | | | | | | |
| h | Small employer health insurance premiums (Form 8941) | 4h | | | | | | |
| i | Increasing research activities (Form 6765) | 4i | | | | | | |
| j | Employer credit for paid family and medical leave (Form 8994) | 4 <u>j</u> | | - | | | | |
| Z | Other | 4z | ATCH 6 | 105 | | | | |
| 5 | Add lines 4a through 4z and enter here and on the applicable line of Part II | 5 | <u> </u> | 105 | | | | |
| 6 | Add lines 2, 3, and 5 and enter here and on the applicable line of Part II | 6 | | 14,591 | | | | |

Form **4562**

Depreciation and Amortization (Including Information on Listed Property)

► Attach to your tax return.

Attachment Sequence No 179

OMB No 1545-0172

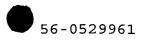
Department of the Treasury Internat Revenue Service Name(s) shown on return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

ldentifying number

DAVIDSON COLLEGE Business or activity to which this form relates 56-0529961

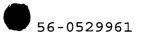
| C | UTSIDE CATERING SAI | LES | | | | | | | |
|------------|--|--|--|---------------------------------------|--------------------|---------------------------------|----------|--------|----------------------------|
| Pa | rt I Election To Expense C Note: If you have any lis | | | | you com | plete Part I. | - | | |
| 1 | Maximum amount (see instructions) | | | | | | | 1 | |
| 2 | Total cost of section 179 property pla | | | | | | | 2 | |
| 3 | Threshold cost of section 179 proper | | | | | | | 3 | |
| 4 5 | Reduction in limitation Subtract line Dollar limitation for tax year Subtract line 4 from separately, see instructions | 3 from line 2 If zero of | or less, enter -0- | · | | | [| 4 5 | |
| 6 | (a) Description | | | | isiness use or | | ted cost | _ | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| | | | | | | | | | |
| 7 | Listed property Enter the amount fro | m line 29 | l. | | Τ, | 7 | | | |
| 8 | Total elected cost of section 179 pro | | | | | | | 8 | |
| 9 | Tentative deduction Enter the smalle | | | | | | | 9 | |
| 10 | Carryover of disallowed deduction from | om line 13 of your 20 | 17 Form 4562 | | | | · · · · | 10 | |
| 11 | Business income limitation Enter the | | | | | | | 11 | |
| 12 | Section 179 expense deduction Add | | | | | | | 12 | |
| 13 | Carryover of disallowed deduction to | | | | | 3 | | | |
| | e: Don't use Part II or Part III below fo | | | 12 | | | | | |
| _ | rt II Special Depreciation A | | | ation (D | on't includ | le listed proper | rty See | ınstı | ructions) |
| | Special depreciation allowance for | | | | | | 1 | 11131 | 400013.7 |
| 14 | • | | | | | | | | |
| 4- | during the tax year. See instructions | | | | | | | 14 | |
| 15 16 | Property subject to section 168(f)(1) | | | | | | | 15 | 11,281 |
| _ | Other depreciation (including ACRS) Int III MACRS Depreciation (I | | | | | | ••• | 16 | 11,201 |
| Pa | · WACKS Depreciation (L | Jon t include listed | • • | | uons) | | | | |
| 17 | MACRS deductions for assets placed | | Secti | | <u>-</u> | | | 17 | |
| 18 | If you are electing to group any a asset accounts, check here | <u></u> | During 2018 | Tax Yea | r Using th | ▶ ne General De _l | | n Sy | ystem |
| | (a) Classification of property | (b) Month and year placed in service | (c) Basis for d (business/inve- only - see ins | stment use | (d) Recover period | (e) Convention | (f) Meth | nod | (g) Depreciation deduction |
| | 3-year property | | | | | | | | |
| | 5-year property | | | | | | | | |
| | 7-year property | | | | | | | | |
| | 1 10-year property | | | | | | | | |
| _ | 15-year property | | | | | | | | |
| f | 20-year property | | | | | | | | |
| | 25-year property | | | | 25 yrs | | S/L | | |
| ŀ | n Residential rental | | | | 27 5 yrs | ММ | S/L | | |
| | property | | | | 27 5 yrs | ММ | \$/L | _ | |
| i | Nonresidential real | | | | 39 yrs | ММ | S/L | _ | |
| | property | <u> </u> | | | | ММ | S/L | | |
| | Section C - Assets P | laced in Service D | Ouring 2018 T | ax Year | Using the | Alternative D | epreciat | ion | System |
| 20a | Class life | | | | | | \$/L | | |
| t | 12-year | | | | 12 yrs | | S/L | | |
| | : 30-year | | | | 30 yrs | MM | S/L | | |
| | i 40-year | | | · | 40 yrs | MM | S/L | | |
| Pa | rt IV Summary (See instructi | ons.) | | | | | | | |
| 21 | Listed property. Enter amount from lin | ne 28 | | | | | : | 21 | |
| | Total. Add amounts from line 12, here and on the appropriate lines of y | our return Partnersh | ips and S corpo | rations - s | ee instructi | | | 22 | 11,281 |
| 23 | For assets shown above and place portion of the basis attributable to se | ed in service during ction 263A costs | g the current | year, ent | er the 2 | 3 | | | |
| For JSA | Paperwork Reduction Act Notice, se 8X2300 1 000 2501IZ 1985 | e separate instruction | ns. V 18-7 | 7.6F | | 450612 | | | Form 4562 (2018 |



ATTACHMENT 1

ORGANIZATION'S FIRST UNRELATED TRADE OR BUSINESS ACTIVITY

FLOW THROUGH ACTIVITIES FROM PARTNERSHIPS



ATTACHMENT 2

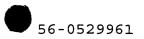
FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

FROM FLOW-THROUGH PARTNERSHIP INVESTMENTS

-3,372,216.

INCOME (LOSS) FROM PARTNERSHIPS

-3,372,216.



ATTACHMENT 3

FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

17,500.

PART II - LINE 28 - OTHER DEDUCTIONS

17,500.

DAVIDSON COLLEGE EIN: 56-0529961

FOR THE YEAR ENDED 6/30/2019

FORM 990-T SUPPLEMENTAL INFORMATION

CHARITABLE CONTRIBUTIONS

| _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | _ | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|--|

| GENERATED FOR THE YEAR ENDED 06/30/2014 | 293 |
|---|---------|
| GENERATED FOR THE YEAR ENDED 06/30/2015 | 83,110 |
| GENERATED FOR THE YEAR ENDED 06/30/2016 | 63,646 |
| GENERATED FOR THE YEAR ENDED 06/30/2017 | 131,711 |
| GENERATED FOR THE YEAR ENDED 06/30/2018 | 66,658 |
| | |
| TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2019 | 345,418 |
| GENERATED FOR THE YEAR ENDED 06/30/2019 | 82,836 |
| EXPIRED FOR THE YEAR ENDED 06/30/2019 | (293) |
| CHARITABLE CONTRIBUTIONS CARRIED OVER TO 06/30/2020 | 427,961 |
| | |

DAVIDSON COLLEGE EIN: 56-0529961

FOR THE YEAR ENDED 6/30/2019

FORM 990-T SUPPLEMENTAL INFORMATION

| FORM 990 | T, PART | II. | LINE | 31 | - | NET | OPERATING | LOSS | SCHEDULE |
|----------|---------|-----|------|----|---|-----|-----------|------|----------|
|----------|---------|-----|------|----|---|-----|-----------|------|----------|

| TORM 9901, PART II, BINE 31 NET OPERATING HOSS SCHEDOLD | | | | | | | | | |
|---|-----------|-------------------|--|--|--|--|--|--|--|
| | | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2009 | 607,850 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2010 | 712,346 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2011 | 481,259 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2012 | 45,690 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2013 | 277,089 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2014 | 39,270 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2015 | 259,304 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2016 | 865,378 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2017 | 1,315,727 | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2018 | 2,157,199 | *** | | | | | | | |
| | | | | | | | | | |
| TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2019 | 6,761,112 | _ | | | | | | | |
| **NET OPERATING LOSS GENERATED IN 6/30/18 HAS BEEN ADJUSTED BY \$31,257 DUE TO THE REPEAL OF IRC SCTION 512(A)(7). | | | | | | | | | |
| Activity 1: Partnership Investments** | | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2019 | 3,417,209 | | | | | | | | |
| TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2020 | 3,417,209 | - = | | | | | | | |
| Activity 2: Catering | | | | | | | | | |
| GENERATED FOR THE YEAR ENDED 06/30/2019 | 1,200 | | | | | | | | |
| • • • • • • • • • • • • • • • • • • • | | _ | | | | | | | |

TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2020

1,200

DAVIDSON COLLEGE
EIN· 56-0529961
FOR THE YEAR ENDED 6/30/2019
FORM 990-T SUPPLEMENTAL INFORMATION

FORM 3800, PART III, LINE 1C - CREDIT FOR INCREASING RESEARCH ACTIVITIES

| GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018) | | | 14,486 |
|--|------------|--------|--------|
| ALPINE INVESTORS VI, LP | 81-4702251 | 3,005 | |
| INTERVALE CAPITAL FUND III, LP | 32-0432155 | 1,439 | |
| PACIFIC LAKE PARTNERS FUND THREE, LP | 37-1803102 | 11 | |
| GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019) | - - | | 4,455 |
| CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 | | | 18,941 |
| AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019 | | | - |
| CREDIT CARRYFORWARD TO 06/30/2020 | | - - | 18,941 |
| FORM 3800, PART III, LINE 4Z, OTHER CREDIT | | | |
| GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018) | | | 105 |
| CREDIT AVAILABLE FOR TAX YEAR 06/30/2019 | | | 105 |
| AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2019 | | | - |
| CREDIT CARRYFORWARD TO 06/30/2020 | | - | 105 |