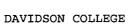
				• ५,५				_	14.	1		
			He 5		H. I.s.	• . ,		, -	1			
			•	•		·			· · · · ·	$'$ $\Omega$	Y	1
•		I Fy	empt Org	anization	Rus	inass Inc	ome '	Tav Ratu	rn l	i H	U	Q
For	ա 990-T					der section				_ ON	IB No 1	545-0047
		For cale	ndar year 2019 or c						2020	4	<b>ഉ</b> ത	10
Depa	artment of the Treasury					nstructions and				4	<u>Z</u> W	IJ
Inten	nal Revenue Service	<b>▶</b> Do	not enter SSN nun	nbers on this form	as It ma	y be made public	If your orga	anization Is a 501	(c)(3)	Open 1 501(c)	to Public (3) Orgai	Inspection for nizations Only
A [	Check box if address changed		Name of organizat	tion ( Check	box if nai	ne changed and se	e instruction	is)		loyer iden loyees' trust		number
			DAVITOGON	COLLEGE					,			,
R E	xempt under section	Print	DAVIDSON		If a D O	box, see instruction			56-0	52996	1	
<u> </u>	501( C )( 3 ) 408(e) 220(e)	or	ivamber, street, ar	ia room or salte no	, ii a i O	box, see mandeno	113					ctivity code
	1408A 530(a)	iype	POST OFFI	CE BOX 71	62				(See i	nstructions	)	•
	529(a)		City or town, state	or province, coun	try, and Z	IP or foreign postal	code		Ī			
	ook value of all assets end of year		DAVIDSON,	NC 28036	-7162				5259	90		
	·		up exemption nui	<u> </u>							-	,
	335,181,673.						501(c	) trust	401(a)			Other trus
	Enter the number of rade or business her	-		ed trades or busir	nesses				e the only			
	rade or business nei first in the blank spa			ous sentence c	omnlete		-	complete Parts			ne, des	cribe the
	rade or business, th		•	ous semence, c	ompiete	raits raild ii, co	inpiete a 3	criedale W 101 e	acii addilic	niai		
_	During the tax year,			sidiary in an aff	filiated g	oup or a parent-s	subsidiary o	controlled group?	,	▶	П	es X N
	f "Yes," enter the na						-					
	The books are in care							ne number ▶ 7	04-894	-2210		
	urt   Unrelated		or Business Ir	ncome	<del> </del>	(A) Inco	me	(B) Expe	nses	_	(C)	Net
1a		${ackslash}-$								}		
2	Cost of goods so		ule A line 7)	c Balance		-			•	-		
3	Gross profit Sub									-		
4 a						1,70	1,015.		-		1,	701,015
b	Net gain (loss) (Fo											
c	: Capital loss dedu	ction for t	rusts		. 4c			-				
5	Income (loss) from a p	•			5	-5,783	3,184.	ATCH 2	2		-5,	783,184
6 7	Rent income (Sch Unrelated debt-fil									+		-
8	Interest, annuities, roya		•		· 🗀							
9	Investment income of a			•	1				-			
10	Exploited exempt											
11	Advertising incom	ne (Sched	ule J)		. 11	_						
12	Other income (Se			,	· )———		150			<u> </u>		
13	Total. Combine li						2,169.	la distance V	'Dadiiah			082,169
Fa	rt II Deduction		ne unrelated b			ns for ilmitati	ons on d	ledactions.) (	Deducti	ions mu	JSI DE	arecuy
14	Compensation of			*		FD T		$\overline{}$	14	1		
15	Salaries and wage								· · · ——	_		
16	Repairs and main	tenance		2 MAV	.n. ∤ .o	021			. 16			
	Repairs and main Bad debts				44 (	<sup>021</sup> . [ஜ்] .			47			
17			ann innteriotional	1 1					18			
18	Interest (attach se	chedule) (	see instructions)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	1 1						119,358
18 19	Interest (attach se Taxes and license	chedule) ( s			EN,	. <u>U.T</u> <sub></sub>			19			
18 19 20	Interest (attach saxes and license Depreciation (atta	chedule) ( s ach Form		OG.	EN,		20			-		
18 19 20 21	Interest (attach so Taxes and license Depreciation (atta Less depreciation	chedule) ( s ach Form i claimed	4562) on Schedule A a	OG.	EN,	2	20 1a	-	216	<del></del>	/	
18 19 20	Interest (attach saxes and license Depreciation (atta	chedule) ( s ach Form a clarmed	4562)on Schedule A a	nd elsewhere on	EN,	2	20 1a		21b		_	
18 19 20 21 22	Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion	chedule) ( s ach Form claimed deferred o	4562)	nd elsewhere on	PEN,	2	20 1a		21b 22 23			
18 19 20 21 22 23	Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex	chedule) ( s ach Form claimed deferred of programs penses (\$	4562)	nd elsewhere on	return	2	20   1a		21b 22 23 24 25			
18 19 20 21 22 23 24 25 26	Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership	chedule) ( s ach Form a claimed deferred ( programs penses (S) costs (S)	on Schedule A and compensation plants.	nd elsewhere on	return	2	20   1a		21t 22 23 24 25			
18 19 20 21 22 23 24 25 26 27	Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions	chedule) ( s ach Form claimed deferred ( programs penses (S) costs (S) (attach s)	on Schedule A and scompensation plants.	nd elsewhere on	return	2	20   1a	ATCH 3	21t 22 23 24 25 26			
18 19 20 21 22 23 24 25 26 27 28	Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions.	chedule) ( s ach Form claimed deferred ( programs penses (S) costs (S) (attach s	on Schedule A and scompensation plants.  Schedule I)	nd elsewhere on	PEN,	2	20   1a	ATCH 3	21b 22 23 24 25 26 27			134,858
18 19 20 21 22 23 24 25 26 27 28 29	Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busine	chedule) ( s ach Form a claimed deferred ( programs penses ( c costs (S) (attach s Add line ss taxab	on Schedule A and compensation plants.  Schedule I)	nd elsewhere on	PEN,	deduction Subt	1a	ATCH 3	21b 22 23 24 25 26 27 28 29			134,858
18 19 20 21 22 23 24 25 26 27 28 29 30	Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busine Deduction for net	chedule) ( s ach Form a claimed deferred o programs penses (\$ o costs (\$ cost	on Schedule A and compensation plants.  Schedule I)	nd elsewhere on	return	deduction Subtrafter January 1,	20   1a	ATCH 3	21b 22 23 24 25 26 27 28 29 30		-4,	134,858 217,027
18 19 20 21 22 23 24 25 26 27 28 29 30 31	Interest (attach s Taxes and license Depreciation (atta Less depreciation Depletion Contributions to c Employee benefit Excess exempt ex Excess readership Other deductions Total deductions. Unrelated busine	chedule) ( s ach Form a claimed deferred ( programs penses (S o costs (S ( (attach s Add line ss taxable operatin ss taxable	on Schedule A and compensation plants. Schedule I)	nd elsewhere on an	return	deduction Subtrafter January 1,	20   1a	ATCH 3	21b 22 23 24 25 26 27 28 29 30		-4,	15,500 134,858 217,027 <b>90-T</b> (201



	Form 9	990-T (2019) DAVIDSON COLLEGE		56-0529961	Page 2
	Pari				
1		Totals of unrelated business taxable income computed from all unrelated trades or businesse	s (see		
	t .	instructions)		3,2	
		Amounts paid for disallowed fringes		1 * 1	
		· ·		<del></del>	
		Charitable contributions (see instructions for limitation rules)		3#	
		Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtra		I	0
		34 from the sum of lines 32 and 33		35	
		Deduction for net operating loss arising in tax years beginning before January 1, 2018		11	
		instructions)			
		Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		37	
	38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)		38	1,000
	39	Unrelated business taxable income. Subtract line 38 from line 37 If line 38 is greater than li	ne 37,		
		enter the smaller of zero or line 37		39	0
	Pari	t IV Tax Computation		•	
1	40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0 21)	▶	40	
//	41	Trusts Taxable at Trust Rates. See instructions for tax computation Income ta	ıx on		
•		the amount on line 39 from Tax rate schedule or Schedule D (Form 1041)		41	
		Proxy tax. See instructions			
		Alternative minimum tax (trusts only)			
		Tax on Noncompliant Facility Income. See instructions			
		Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies			
	Par		<u> </u>	1 40 1	
.\		Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a			
//	`	Other credits (see instructions)		1	
•		, , , , , , , , , , , , , , , , , , ,		-	
	C	General business credit Attach Form 3800 (see instructions)		-	
		Credit for prior year minimum tax (attach Form 8801 or 8827)			
		Total credits. Add lines 46a through 46d			
		Subtract line 46e from line 45			
		Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach so			
		Total tax. Add lines 47 and 48 (see instructions)			0
		2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3			
		Tayments 7/2010 overpayment distance to 2010 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	5,083.	<b>↓</b>	
		2019 estimated tax payments		<b>↓</b>	
	С	Tax deposited with Form 8868		_	
	d	Foreign organizations Tax paid or withheld at source (see instructions)		_	
	е	Backup withholding (see instructions)			
	f	Credit for small employer health insurance premiums (attach Form 8941)		_	
	g	Other credits, adjustments, and payments Form 2439			
		Form 4136 Other Total ▶ <b>51g</b>		] _	
	52	Total payments. Add lines 51a through 51g		2	5,083
	53	Estimated tax penalty (see instructions) Check if Form 2220 is attached	ightharpoonup	53	
	54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed		54	
		Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	(O ▶	55	5,083
	56		nded <b>&gt;</b>	56	
$/\!\!/$	Par				
•	57	At any time during the 2019 calendar year, did the organization have an interest in or a sign			Yes No
	•	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization			
		FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name		•	
		here CYPRUS, FRANCE, UK	01 1110	toroign country	x
	E0	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor	o a fore	nan taiet2	х
	58		.o, a lore	agir dustr	
		If "Yes," see instructions for other forms the organization may have to file			
	<u>59</u>	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$283,234.  Under penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, at	nd to the	hest of my knowledge	and belief it
	<b>~</b> :	true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowle-		bost or my knowledge	
	Sigr		M	ay the IRS discuss	this return
	Her				
		Signature of officer Date Title	(Se	ee instructions)? Χ γε	s No
	Paid	Print/Type preparer's name Preparer's signature Date	Chec	1 2000	40555
		OPPOR			48557
	•	Only Firm's name RENG BILE		's EIN ▶ 13-556	
	00	Firm's address > 300 NORTH GREENE STREET, SUITE 400, GREENSBORO, NC 27	401 Dhon	nana 336-275-1	3394

JSA 9X27411000 54148E M20T





Form 990-T (2019)												Page 3
Schedule A - Cost of Goo	<u>ds S</u>	<b>old.</b> En	ter method	d of invent	огу	valuation	<b>&gt;</b>					
1 Inventory at beginning of year	. 1				6	Inventory	at end of ye	ear	_6			
2 Purchases	. 2		1	2,659.	7	Cost of	goods s	old. Subtract line				
3 Cost of labor	. 3		7	1,617.		6 from li	ne 5 Ente	r here and in Part				
4a Additional section 263A costs	;					I, line 2 .			7		93,	109.
(attach schedule)	. 4a	<u> </u>			8			section 263A (v		espect to	Yes	No
<b>b</b> Other costs (attach schedule)	. 4b	)		8,834.			•	or acquired for		, , , ,		.
5 Total. Add lines 1 through 4b				3,109.		to the org	anization?	· · · · · · · · · · · · · · · · · · ·	<u></u>			X
Schedule C - Rent Income (I	rom	Real P	roperty a	nd Perso	nal	Property	Leased	With Real Prope	rty)			
(see instructions)												
Description of property												
(1)												
(2)										<u> </u>		
(3)												
(4)												
	2. R	ent recei	ved or accru	ed								
for personal property is more than 10% but not perce				rom real and age of rent for r if the rent is	or per	sonal propert	y exceeds	3(a) Deductions d in columns 2		connected with 2(b) (attach sch		
(1)												
(2)												
(3)				•								
(4)												
Total			Total									
(c) Total income. Add totals of colu	mns 2	(a) and 2(	b) Enter					(b) Total deduction  Enter here and or		1		
here and on page 1, Part I, line 6, or			•					Part I, line 6, colu				
Schedule E - Unrelated Deb				e instruct	ions	)	•					
				1		me from or	3.	Deductions directly co			ole to	
1 Description of debt-fit	nanced	property		allocable	to de	bt-financed	(a) Strau	debt-finance		eny (b) Other dedu	ıctıons	
					orope	rty		ach schedule)		(attach sche		
(1)			· ·									
(2)												
(3)												
(4)												
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	o deb	erage adju f or alloca t-financed attach sche	ble to property	4	. Colu dıvıd colu	ied		s income reportable nn 2 x column 6)		Allocable de umn 6 x total 3(a) and 3	of colun	
(1)				1		%						
(2)				1		%						
(3)	-			1		%						
(4)						%						
1								ere and on page 1, ine 7, column (A)		er here and o t I, line 7, co		
Totals						<b>.</b>						

Form **990-T** (2019)

Schedule F – Interest, Anni	uities, Royaltie	s, and F	Rents Fro	om Contro	lled O	rganiza	tions (se	e instructi	ons)	
				ntrolled Org						
Name of controlled organization	2. Employer identification numb		). Net unrela (loss) (see II	ated income nstructions)		of specific	d included	f column 4 to in the contri ion's gross in	olling	6. Deductions directly connected with income in column 5
(1)								•••		
(2)								_		
(3)										
(4)										
Nonexempt Controlled Organiz	zations									
7. Taxable Income	8. Net unrelated in (loss) (see instruc		1	Total of specific ayments made		ınclu	art of column ded in the co ization's gros	ntrolling		Deductions directly     nected with income in     column 10
(1)						_				
(2)										
(3)										
(4)										
Totals	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	(0) (47	▶	Ente Part	r here and on I, line 8, colu	page 1, mn (A)	En	dd columns 6 and 11 ter here and on page 1, int I, line 8, column (B)
Schedule G-Investment in	come of a Sec	ction 50	11(C)(7),	(9), Or (17	) Orga	nizatio			-1	5 Total deductions
1 Description of income	2. Amount of	Income		directly cor (attach sch	nected			t-asides schedule)		and set-asides (col 3 plus col 4)
(1)										
(2)				_						
(3)				_						
(4)	, Enter here and	on page 1.								Enter here and on page 1,
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		Other Th	an Adverti	sing In	come	(see instru	ctions)		Part I, line 9, column (B)
Description of exploited activity	2. Gross unrelated business income from trade or business	dire connec produ unre	penses ectly sted with ction of elated s income	4 Net inconfrom unrelated or business 2 minus collected if a gain, collected is 5 through the second in the second	ed tradé (column umn 3) ompute	from a	Gross income a cativity that not unrelated iness income 6 Expenses attributable to column 5		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)	page 1	re and on I, Part I, I, col (B)					•		Enter here and on page 1, Part II, line 25
Schedule J- Advertising In	come (see instr	uctions)								
Part I Income From Peri			Consol	idated Bas	sis					<del>-</del>
Name of periodical	2 Gross advertising income	3. 🗆	Direct ling costs	4. Advert gain or (los 2 minus co a gain, coi cols 5 thro	ising s) (col ol 3) If mpute		rculation come	6. Read cos		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)										
(3)										
(4)										
Totale (cornute Deat II for - (5))										
Totals (carry to Part II, line (5))						<del></del>		<u> </u>		Form <b>990-T</b> (2019)

 200	-T /	201	Q١

DAVIDSON COLLEGE

56-0529961

Page 5

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 ▶			-	<u> </u>	-	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)	,	t		Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)			· •	<u> </u>		

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

1 Name	2 Title	3 Percent of time devoted to business	Compensation attributable to unrelated business
1)		%	
2)		%	
3)		%	
1)		%	·
otal Enter here and on page 1. Bort II. line 14			

Form **990-T** (2019)

JSA

### **SCHEDULE D** (Form 1120)

# **Capital Gains and Losses**

OMB No 1545-0123

Department of the Treasury

► 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

Name	Revenue Service	Go to www.irs.got	WFOIM1120 for instructi	ons and the latest infor	mation	Employ	er identifica	tion number	
	DSON COLLEG	E					56-0529		
	<del></del>	spose of any investment(s) in a	qualified opportuni	tv fund during the ta	x vear?	▶	Yes	X No	
	s," attach Form 8	3949 and see its instructions fo	r additional requirer	ments for reporting	•	ss			
Part		n Capital Gains and Losses	(See instructions	)					
	See instructions for how the lines below	w to figure the amounts to enter on	(d)	(e)	(g) Adjustments or loss from For		(h) Gain of	· (loss) :olumn (e) from	ı
	This form may be easie whole dollars	er to complete if you round off cents to -	Proceeds (sales price)	Cost (or other basis)	8949, Part I, lin		column (d	) and combine with column (g	
1a	Totals for all short-te. 1099-B for which ba which you have no a if you choose to repo	rm transactions reported on Form sis was reported to the IRS and for djustments (see instructions). However, in all these transactions on Form 8949, and go to line 1b.							<u> </u>
1b	Totals for all transact	tions reported on Form(s) 8949							
2		tions reported on Form(s) 8949						•••	
3	Totals for all transact	tions reported on Form(s) 8949						-471,07	0.
4	Short-term capital	gain from installment sales from F	Form 6252, line 26 or 3	7		. 4			
5	Short-term capital	gain or (loss) from like-kind exchar	nges from Form 8824			. 5			
6	Unused capital los	ss carryover (attach computation)				6_	(		)
		pital gain or (loss) Combine lines 1		h		. 7		-471,07	0.
Part		Capital Gains and Losses	(See instructions)		(a) Advicates and	40.000	(h) Coin o	(loss)	
1	the lines below This form may be eas	ow to figure the amounts to enter on	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments or loss from For 8949, Part II, lir	m(s)	column (d	olumn (e) from and combine	
8a	1099-B for which ba which you have no a if you choose to repo	m transactions reported on Form sis was reported to the IRS and for djustments (see instructions). However, at all these transactions on Form 8949, and go to line 8b.		<u> </u>	column (g)		the result	with column (g	)
8 b		tions reported on Form(s) 8949	·	<u>-</u>					
9		tions reported on Form(s) 8949							
10		tions reported on Form(s) 8949				•		963 60	
	Will BOX 1 CHECKED							863,60	<del>2</del> .
11	Enter gain from F	orm 4797, line 7 or 9				11	:	L,308,48	3.
12	Long-term capital	gain from installment sales from F	orm 6252, line 26 or 3	"		12	:		
13	Long-term capital	gain or (loss) from like-kind exchan	ges from Form 8824			13			—
14	Capital gain distri	butions (see instructions) '				14			
15 Pari		oital gain or (loss) Combine lines 8:	a through 14 in column	h	<u> </u>	15	:	2,172,08	5.
- all					<del> </del>		T		
16	Enter excess of n	et short-term capital gain (line 7) or	ver net long-term capita	Il loss (line 15)		16		L,701,01	5.
17		Enter excess of net long-term capit							
18		17 Enter here and on Form 1120, seed gains, see Capital Losses in the		proper line on other ret	urns	18	<u> </u>	1,701,01	5.

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

JSA 9E1801 1 000 54148E M20T

V 19-8.3F 450612 Schedule D (Form 1120) 2019

# SCHEDULE M (Form 990-T)

## Unrelated Business Taxable Income from an Unrelated Trade or Business

OMB No 1545-0047

2019

Department of the Treasury Internal Revenue Service For calendar year 2019 or other tax year beginning  $\frac{07/01}{}$  , 2019, and ending  $\frac{06/3}{}$ 

► 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)

(A) Income

Open to Public Inspection for

(C) Net

Name of the organization

1a Gross receipts or sales

Employer identification number

(B) Expenses

DAVIDSON COLLEGE 56-0529961

Unrelated Business Activity Code (see instructions) ► 722320

Describe the unrelated trade or business ► OUTSIDE CATERING SALES

82,280.

Part I Unrelated Trade or Business Income

b	Less returns and allowances c Balance	<b>▶</b> 1c	82,280.			
2	Cost of goods sold (Schedule A, line 7)		93,109.			
3	Gross profit Subtract line 2 from line 1c	. 3	-10,830.		•	-10,830.
4a	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	. 4c				
5	Income (loss) from a partnership or an S corporation (attach		,			1
	statement)	. 5				
6	Rent income (Schedule C)					
7	Unrelated debt-financed income (Schedule E)					
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)					
11	Advertising income (Schedule J)	. 11	13711331131131131			
12	Other income (See instructions, attach schedule)	. 12				
13	Total. Combine lines 3 through 12	. 13	-10,830.			-10,830.
14	Compensation of officers, directors, and trustees (Schedule )				14	
					14	
15 16	Salaries and wages			_	15	
17	Repairs and maintenance				16	-
18	Bad debts				17	
19	Interest (attach schedule) (see instructions)				18	
20	Depreciation (attach Form 4562).		1 1	11,426.	19	
21	Less depreciation claimed on Schedule A and elsewhere on			<del></del>	21b	11,426.
22	Depletion		<u> </u>		22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs			F-	24	<u> </u>
25	Excess exempt expenses (Schedule I)			_	25	·
26	Excess readership costs (Schedule J)				26	<del> </del>
27	Other deductions (attach schedule)			-	27	500.
28	Total deductions. Add lines 14 through 27				28	11,926.
29	Unrelated business taxable income before net operating			<u></u>	29	-22,756.
30	Deduction for net operating loss arising in tax years			<u>-</u>		<u> </u>
	instructions)				30	
31	Unrelated business taxable income Subtract line 30 from lin			_	31	-22,756.

For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2019

# Sales and Other Dispositions of Capital Assets

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

OMB No 1545-0074

Department of the Treasury Internal Revenue Service

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

Attachment Sequence No 12A

Name(s) shown on return DAVIDSON COLLEGE			•	Social sec		taxpayer identificati 0529961	on number
Before you check Box A, B, or C below, statement will have the same information of the control o	on as Form 109						
Part I Short-Term. Transact instructions). For long	tions involvir term transa	actions, see	page 2.	·	-		
Note: You may aggre reported to the IRS a Schedule D, line 1a,	and for which	h no adjustr	nents or codes	are required	. Enter the to	otals directly on	
You must check Box A, B, or C be complete a separate Form 8949, or one or more of the boxes, com	low. Check o	only one box. ach applicab	If more than one	e box applies f	or your short term transac	-term transactions	3,
(A) Short-term transactions r (B) Short-term transactions r X (C) Short-term transactions r	eported on F	orm(s) 1099	-B showing basis			e <b>Note</b> above)	
1 (a)	(b)	(c)	(d)	(e) Cost or other basis See the Note below	If you enter an enter a co	any, to gain or loss. amount in column (g), de in column (f) arate instructions.	(h) Gain or (loss) Subtract column (e)
Description of property (Example 100 sh XYZ Co)	Date acquired (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							-471,070
					`		
			,				
					,		
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 1b (if Box A above	here and inc	lude on your				,	

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.

above is checked), or line 3 (if Box C above is checked)

Form 8949 (2019)

-471,070

Form 8949 (2019)						achment Sequence No	
Name(s) shown on return Name and SSN or taxop	ayer identification no	not required if sho	own on other side	Social sec	urity number or	taxpayer identificat	ion number
DAVIDSON COLLEGE			·			56-0529961	
Before you check Box D, E, or F below, statement will have the same informati broker and may even tell you which box	on as Form 109	-					
Part II Long-Term. Transactinstructions). For sho	ort-term tran	sactions, se	e page 1.		•		
to the IRS and for w 8a; you aren't require	hich no adj	ustments o	r codes are re	quired. Enter	the totals di	irectly on Sche	
You must check Box D, E, or F b a separate Form 8949, page 2, formore of the boxes, complete as magnifications of the b	r each applica any forms with eported on Fo eported on Fo	able box If y h the same b orm(s) 1099- orm(s) 1099-	ou have more lo oox checked as y -B showing basis B showing basis	ing-term transa ou need was reported to	o the IRS (see	vill fit on this pa	
(a) Description of property	(b) Date acquired	(c) Date sold or disposed of	(d) Proceeds (sales price)	(e) Cost or other basis See the Note below and see Column (e)	If you enter an a enter a co	any, to gain or loss amount in column (g), de in column (f) irate instructions	(h) Gain or (loss). Subtract column (e) from column (d) and
(Example 100 sh XYZ Co)	(Mo , day, yr )	(Mo , day, yr )	(see instructions)	in the separate	(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
LONG TERM CAPITAL GAIN		.===					863,602
							1

2 Totals Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E above is checked), or line 10 (if Box F above is checked) 

863,602

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** (2019)

9X2616 2 000

Department of the Treasury Internal Revenue Service (99)

# **General Business Credit**

OMB No 1545-0895

Name(s) shown on return

DAVIDSON COLLEGE

▶ Go to www.irs.gov/Form3800 for instructions and the latest information.
 ▶ You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

ldentifying 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	5,170.00
2	Passive activity credits from line 2 of all Parts III with box B checked 2		3,170.00
3	Enter the applicable passive activity credits allowed for 2019 See instructions	3	
4	Carryforward of general business credit to 2019 Enter the amount from line 2 of Part III with	H	
	box C checked See instructions for statement to attach	4	18,941.00
5	Carryback of general business credit from 2020 Enter the amount from line 2 of Part III with		10,511.00
•	box D checked See instructions	5	
6	Add lines 1, 3, 4, and 5	6	24,111.00
Part II			
7	Regular tax before credits		
•	Individuals Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form 1040-NR, lines 42 and 44	7	
8	Alternative minimum tax  ● Individuals Enter the amount from Form 6251, line 11		
	• Corporations Enter -0	8	
	• Estates and trusts Enter the amount from Schedule I (Form 1041), line 54	Ť	
			`
9	Add lines 7 and 8	9	
10a	Foreign tax credit	]	
	Certain allowable credits (see instructions)	ļ	
c	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	
• •	Net income tax. Subtract line 100 from line 5 in zero, skip lines 12 through 15 and enter -0- of line 10		
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		
	instructions		
14	Tentative minimum tax.		
	• Individuals Enter the amount from Form 6251, line 9		
	• Corporations Enter -0		
	• Estates and trusts. Enter the amount from Schedule I (Form 1041),	l	
	line 52		
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 Paperwork Reduction Act Notice, see separate instructions.

Form 3800 (2019)

Orm.	3800	(2019)

Page 2

Part		<u> </u>
Note:	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
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 2019 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
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 2019 See instructions	33
34	Carryforward of business credit to 2019 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 2020 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 or 1040-SR), line 6, or Form 1040-NR, line 51.  Corporations Form 1120, Schedule J, Part I, line 5c	38

Form	3800 (2019)			Page <b>3</b>
	(s) shown on return		Identifying number	
DAV	VIDSON COLLEGE		56-0529961	
Par		truction	ons)	
	plete a separate Part III for each box checked below. See instructions			
A	X General Business Credit From a Non-Passive Activity E Reserved			
В	General Business Credit From a Passive Activity F Reserved			
С	X General Business Credit Carryforwards G Eligible Smal	Busi	ness Credit Carryforwa	ards
D	General Business Credit Carrybacks H Reserved		•	
Ι.	If 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 an	nounts from all Parts
	III with box A or B checked Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	_ (c)
	On any line where the credit is from more than one source, a separate Part III is needed for enthrough entity	each	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
1 a	Investment (Form 3468, Part II only) (attach Form 3468)	1a	/	
b	Reserved	1b		
С	Increasing research activities (Form 6765)	1c	ATCH 7	24,111.00
d		1d		
е	B 11 1 (F 0000) ( 1 1 1 1 1 1 1 1 1	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		
İ	New markets (Form 8874)	1i		
j	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<u>1</u> j_		
k	Employer-provided child care facilities and services (Form 8882) (see			
	instructions for limitation)	1k		
I	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	Low sulfur diesel fuel production (Form 8896)	1m		
n	Distilled spirits (Form 8906)	1n		
0	Nonconventional source fuel (carryforward only)	10		
р	Energy efficient home (Form 8908)	1p		
	Energy efficient appliance (carryforward only)	1q		
г	Alternative motor vehicle (Form 8910)	1r		
	Alternative fuel vehicle refueling property (Form 8911)	1s		
t	Enhanced oil recovery credit (Form 8830)	1t		
	Mine rescue team training (Form 8923)	1u		
	Agricultural chemicals security (carryforward only)	10		
	Employer differential wage payments (Form 8932)	1w		
Х	Carbon oxide sequestration (Form 8933)	1x 1y		<del></del>
у -	Qualified plug-in electric drive motor vehicle (rorm 6936).	1z		<del> </del>
	a Employee retention (Form 5884-A)	1aa	· -	
a h	b General credits from an electing large partnership (carryforward only)	1bb		
	Other Oil and gas production from marginal wells (Form 8904) and certain	100		
2	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		24,111.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		21,111.00
3 4 а		4a		
	Work opportunity (Form 5884)	4b		
	Profited producer (Form 6478)	Ac	-	<del></del>

4d 4e

4f

4g

4h

4i

4j

4z

5

ATCH 7

d Low-income housing (Form 8586, Part II)

Renewable electricity, refined coal, and Indian coal production (Form 8835). . . . Employer social security and Medicare taxes paid on certain employee tips (Form 8846). . .

Qualified railroad track maintenance (Form 8900)

Increasing research activities (Form 6765)

Employer credit for paid family and medical leave (Form 8994)

Add lines 4a through 4z and enter here and on the applicable line of Part II . . . . . Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . . .

z Other

105.00

105.00

j

	2022 (2012)			- 2
	3800 (2019) e(s) shown on return		Identifying number	Page 3
	VIDSON' COLLEGE		56-052996	1
	t III General Business Credits or Eligible Small Business Credits (see ins	structio		<u> </u>
	aplete a separate Part III for each box checked below. See instructions	on done		
A B C D	General Business Credit From a Non-Passive Activity General Business Credit From a Passive Activity F Reserved General Business Credit Carryforwards 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 activity of the complete and attach first an a	addıtıor		amounts from all Parts
	III with box A or B checked Check here if this is the consolidated Part III	• • •		
	(a) Description of credit  On any line where the credit is from more than one source, a separate Part III is needed for	each	(b) If claiming the credit from a pass-through	(c) Enter the appropriate
	-through entity	T .	entity, enter the EIN	amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a 1b		1
C	Reserved		ATCH 7	5,170.00
d		1d	ATCH /	3,170.00
e		1e		
f		1f		
g		1g	-	
h		1h		
i		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		
- 1	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
n	n Low sulfur diesel fuel production (Form 8896)	1m		
n	II	1n		
o	Nonconventional source fuel (carryforward only)	10		
p	·	1p		
q	Energy efficient appliance (carryforward only)	1q		
r	/	1r		
S		1s		
t	, , , , , , , , , , , , , , , , , , , ,	1t		
u	/	1u		
٧	,, , , , , , , , , , , , , , , , , , , ,	1v		
٧	· · · · · · · · · · · · · · · · · · ·	1w		
X	Carbon oxide sequestration (Form 8933)	1x		
У		1y		<del></del>
Z	· · · · · · · · · · · · · · · · · · ·	1z		
	a Employee retention (Form 5884-A)	1aa	-	
	z Other Oil and gas production from marginal wells (Form 8904) and certain	1bb		<del></del>
-	other credits (see instructions)	1zz		
2	Add lines 1a through 1zz and enter here and on the applicable line of Part I	2		5,170.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		3,170.00_
4 a		4a		
b		4b		
C		4c		
d		4d		
е	- II I I I I I I I I I I I	4e		
f		4f		
g	# 14 1 1 1 1 1 1 T	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		4z		1
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	6		5,170.00

Form 3800 (2019)

	3800 (2019) (s) shown on return		Identifular number	Page 3
	VIDSON COLLEGE		identifying number 56-0529961	
		<b></b>		<del></del>
	General Business Credits or Eligible Small Business Credits (see institutions a separate Part III for each box checked below. See instructions	tructio	ons)	
1	X General Business Credit From a Non-Passive Activity E Reserved			
n B	General Business Credit From a Passive Activity F Reserved			
C	r <del></del>   '	Rusu	ness Credit Carryforwa	arda.
ה ח	General Business Credit Carrybacks H Reserved	Duşii	less Credit Carrylorwa	arus
1	If you are filing more than one Part III with box A or B checked, complete and attach first an a	dditioi	aal Part III combining ar	mounts from all Parts
	Ill with box A or B checked. Check here if this is the consolidated Part III			
	(a) Description of credit		(b)	(c)
ass	: On any line where the credit is from more than one source, a separate Part III is needed for e through entity	ach	If claiming the credit from a pass-through entity, enter the EIN	Enter the appropriate amount
	Investment (Form 3468, Part II only) (attach Form 3468)	1a		
b	Reserved	1b		
С	· · · · · · · · · · · · · · · · · · ·	1c	ATCH 7	18,941.00
d	3/	1d		
е		1e		
f		1f		
g		1g		
h		1h		
i	New markets (Form 8874)	1i		<del></del>
J	Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	1 <u>j</u>		
k		41.		
	instructions for limitation)	1k		
_	Biodiesel and renewable diesel fuels (attach Form 8864)	11		
	1 Low sulfur diesel fuel production (Form 8896)	1m 1n		
n o		10	-+	
p	- " · \	1p	+	
q			. ==	
r		1q 1r		
	Alternative fuel vehicle refueling property (Form 8911)	1s		
t		1t		- "
	Mine rescue team training (Form 8923)	1u		
v	Agricultural chemicals security (carryforward only)	1v		
W	Employer differential wage payments (Form 8932)	1w		
×	· · · · · · · · · · · · · · · · · ·	1x		
V		1y		
z		1z		
а	a Employee retention (Form 5884-A)	1aa		
b	b General credits from an electing large partnership (carryforward only)	1bb		
z	z 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		5,170.00
3	Enter the amount from Form 8844 here and on the applicable line of Part II	3		
4a	Investment (Form 3468, Part III) (attach Form 3468)	4a		
b	, , , , , , , , , , , , , , , , , , ,	4b		
C	· · · · · · · · · · · · · · · · · · ·	4c		
d	Low-income housing (Form 8586, Part II)	4d		
е		4e		
f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f		
g		4g		
h	, , , , , , , , , , , , , , , , , , , ,	4h		
i	Increasing research activities (Form 6765)	4i		
į	Employer credit for paid family and medical leave (Form 8994)	4 <u>j</u>		
z		4z	ATCH 7	105.00
5	Add lines 4a through 4z and enter here and on the applicable line of Part II	5		

Add lines 2, 3, and 5 and enter here and on the applicable line of Part II . . . . . .

19,046.00

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

► Attach to your tax return.

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

OMB No 1545-0172

Attachment Sequence No 179

Identifying number DAVIDGON COLLEGE E6 .. 0E20061

	AVIDSON COLLEGE							30-0329961
Busi	ness or activity to which this form relates							
G	ENERAL DEPRECIATION							
Pa	rt I Election To Expense Co Note: If you have any lis				you comp	lete Part I		
1	Maximum amount (see instructions).						1	
2	Total cost of section 179 property pla	iced in service (see in	structions)				2	
3	Threshold cost of section 179 proper	ty before reduction i	n limitation (se	e instruction	ns)		3	
4	Reduction in limitation Subtract line 3	3 from line 2 If zero o	or less, enter -0	)			4	
5	Dollar limitation for tax year Subtract line 4 from separately, see instructions	line 1 If zero or less, enter-	0- If marned filing				5	
6	(a) Description			I	isiness use only	I	ed cost	
								]
			(					]
7	Listed property Enter the amount from	m line 29			7			
	Total elected cost of section 179 prop						8	
9	Tentative deduction Enter the smaller	r of line 5 or line 8 .					9	
10	Carryover of disallowed deduction fro	om line 13 of your 20	18 Form 4562				10	
11								
12	Section 179 expense deduction Add	lines 9 and 10, but of	don't enter mo	ore than line	: 11 <u></u>		12	
13	Carryover of disallowed deduction to	2020 Add lines 9 ar	nd 10, less line	12	<b>▶</b> 13			
Note	e: Don't use Part II or Part III below for	r listed property Inste	ad, use Part V					
Pa	rt    Special Depreciation A	llowance and Ot	her Depred	iation (D	on't include	listed propert	ty See inst	tructions)
14	Special depreciation allowance for	r qualified property	y (other tha	n listed	property) pl	aced in servic	æ	
	during the tax year. See instructions						14	
	Property subject to section 168(f)(1) e							ļ
16	Other depreciation (including ACRS)		<u> </u>			<u> </u>	16	11,426.00
Pa	rt III MACRS Depreciation (D	on't include listed	property S	ee instruc	tions)			
			Sec	tion A				
17	MACRS deductions for assets placed	d in service in tax yea	ırs beginning b	efore 2019			17	
18	If you are electing to group any a	•	_	•		· · ·	al_	•
	asset accounts, check here	<u> </u>			<u> </u>	<u> ▶ [</u>		
	Section B - Assets	1				General Dep	reciation S	ystem
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
t	5-year property							
	7-year property							
	10-year property							
е	15-year property							
f	20-year property							
g	25-year property				25 yrs	•	S/L	
h	Residential rental				27 5 yrs	MM	S/L	
	property				27 5 yrs	MM	S/L	
i	Nonresidential real				39 yrs	MM	S/L	
	property	<u> </u>				MM	S/L	<u></u>
	Section C - Assets P	laced in Service D	ouring 2019	Tax Year	Using the	Alternative De	ř	System
	Class life				<u>.</u>		S/L	
	12-year				12 yrs		S/L	
	: 30-year				30 yrs	MM	S/L	
	40-year	<u> </u>	L		40 yrs	ММ	S/L	
	rt IV Summary (See instruction						Г	
	Listed property Enter amount from lin					• • • • • • •	21	_
22	Total. Add amounts from line 12,							
23	here and on the appropriate lines of your for assets shown above and place	our return. Partnershi ed in service durind	ps and S corp the current	orations - s t year, ent	ee instructioner the		22	11,426.00
	For assets shown above and place portion of the basis attributable to se	ction 263A costs			23	<u> </u>		I

For Paperwork Reduction Act Notice, see separate instructions.

JSA 9X2300 2 000
54148E M20T

Form **4562** (2019)

													J				
_														5	6-0529	961	_
	1 4562 ( rt V	<u> </u>	operty (Include	automob	عمار	certain		ther	vehi	icles	s cert	aın ai	rcraft	and	prope	ty us	Page 2 ed fo
Га	UL V	entertainm	ent, recreation, o	r amuseme	ent.)						·					•	
		24b, column	iny vehicle for wh is (a) through (c) of	f Section A,	all of S	Section B	, ar	aru m id Sec	ileage tion C	e rai Cifa	pplicable	aucting	lease	expens	se, comp	piete or	11 <b>y</b> 24a
			Depreciation and				<del></del>				· ·		r passe	enger a	utomobil	es)	
24a	Do yo		ce to support the bus					Yes			24b If '			_		Yes	No
		(a)	(b)	(c)		(4)			(e)		(f)		(g)		(h)		i)
		property (list icles first)	Date placed in service	Business/ investment usi percentage	Cost	(d) or other ba	sis	Basis fo (busine us			Recovery period		thod/ vention		reciation duction	1	section 179 ost
25	•	•	on allowance for	•							luring	•					
			sed more than 50%				S	ee ins	tructio	ons			. 25				
26	Prope	erty used mo	re than 50% in a qi			<u>e</u>						<del></del>		_		1	
				<del></del>	6		$\dashv$					ļ				ļ	
				<del></del>	6		_					<del> </del>		-			
	5		 		6							<u> </u>		<u> </u>			
21	Prope	erty used 50%	% or less in a qualifi				—т				1	1		<del></del>		1	
				<del> </del>	6							S/L -				-	
				9	+		_					S/L -			*****		
			1 " " " " " " " " " " " " " " " " " " "		<u>4</u>		_				<u> </u>	S/L -	1	<del>                                     </del>		-	
			olumn (h), lines 25										. 28		1	<u> </u>	
29	Add a	amounts in co	olumn (ı), line 26 E									· · · · ·	<u></u>	• • • •	29	<u> </u>	
^		4b4 f-	or vehicles used by			Informa							1-4		16		
			nswer the questions in													rovided	venicie
				1		a)		(b)		Α	(c)		(d)	T	(e)	1 /	f)
	<b>-</b>			. 1		icle 1	,	Vehicle	2	V	ehicle 3		nicle 4	Ve	chicle 5		ıcle 6
30			estment miles driven lude commuting m														
31	Total	_	niles driven during	the year .								_		ļ			
32	Total	•	•	mmuting)													
				Г											<del></del> -		
33			en during the y	ear Add										1			
		•	2			<del>  </del>		<del>.</del> .	. +			<del> </del>	Т	ļ.,.	1	ļ.,	T
34			e available for		Yes	No	Ye	S   I	No	Yes	No No	Yes	No	Yes	No	Yes	No
			hours?			-		+	-		-	<del>. </del>	-				
35			used primarily by														
			related person?	_				_	$\rightarrow$		<del>-</del>		<del> </del>		+		-
36			le available for	-													
	use .		<u> </u>		•		_	<u> </u>			6 11	<u> </u>	<del>ا</del>	<del></del>			
•			ction C - Questio									•					••
		•	ns to determine if or related persons	•		eption to	CC	mple	ing S	ecu	on B for	venicie	s usea	by en	ipioyees	wno a	rent
	Do y	ou maintain	a written policy s	statement th	at pr								ding co	mmuti	ing, by	Yes	No
	your	employees?								<i>;</i> ·							
38			a written policy s														
20	empio	byees? See th	ne instructions for	venicies use	a by c	orporate	οπι	cers, o	airect	ors,	or 1% or	more o	wners				
			e of vehicles by em														
40	-		nore than five vel	-			, 0	otam	mom	nauc	וווסווו ווע	your e	mploye	es abc	out the		
44			, and retain the info				 d				2 500	truction.		• • • •		<u> </u>	
+ 1	Note:	ou meet the re	equirements conce ver to 37, 38, 39, 4	nning qualific	eu aut Voc " 1	omobile Ion't con	uer	Jenoii 22 eta	auon ction	use R fo	r the co	ou uction	nicles	• • • •			L
D۵				0, 01 41 15	165, (	JOH L CON	ihie	ie 38	CHOIL	טו ט	i ine cov	ereu ve	1110162			<u> </u>	
ı- (ĕ)	IL VI	Amortizat	iUII			1				Т				, 1			
		(a) Description (	of costs	(b) Date amortiz begins		Amo		(c) able am	ount		(d Code s				Amortiza	(f) ation for th	nis year
42	Amor	tization of co	sts that begins duri	ing vour 201	9 tax	vear (see	ine	structi	onsi				perce	aye			
-				<u> </u>		, - <u> (</u>			,				Τ				
				<del> </del>		<del> </del>				-+			<del></del>				

43 Amortization of costs that began before your 2019 tax year
44 Total. Add amounts in column (f) See the instructions for where to report

56-0529961

ATTACHMENT 2

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

FROM FLOW-THROUGH PARTNERSHIP INVESTMENTS

-5,783,184.

INCOME (LOSS) FROM PARTNERSHIPS

-5,783,184.

56-0529961

ATTACHMENT 3

FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

15,500.

PART II - LINE 27 - OTHER DEDUCTIONS

15,500.

450612

#### DAVIDSON COLLEGE

ATTACHMENT	4		

## FORM 990T - SCHEDULE M - PART II LINE 27 TOTAL OTHER DEDUCTIONS

PROFESSIONAL FEES

500.

SCHEDULE M - PART II - LINE 27 - OTHER DEDUCTIONS

500.

DAVIDSON COLLEGE EIN: 56-0529961

FOR THE YEAR ENDED 6/30/2020

FORM 990-T SUPPLEMENTAL INFORMATION

#### CHARITABLE CONTRIBUTIONS

-----

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
GENERATED FOR THE YEAR ENDED 06/30/2019	82,836
TOTAL_AVAILABLE FOR THE YEAR ENDED 06/30/2020	427,961
GENERATED FOR THE YEAR ENDED 06/30/2020	78,608
EXPIRED FOR THE YEAR ENDED 06/30/2020	(83,110)
CHARITABLE CONTRIBUTIONS CARRIED OVER TO 06/30/2021	423,459
CIMILIADE CONTRIDUTIONS CARRIED OVER 10 00/30/2021	=23,437

DAVIDSON COLLEGE EIN: 56-0529961

FOR THE YEAR ENDED 6/30/2020

FORM 990-T SUPPLEMENTAL INFORMATION

### FORM 990T, PART II, LINE 30 - NET OPERATING LOSS SCHEDULE

	<b> </b>
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 06/30/2021	6,761,112
1	
ACTIVITY 1: PARTNERSHIP INVESTMENTS	
GENERATED FOR THE YEAR ENDED 06/30/2019	3,417,209
GENERATED FOR THE YEAR ENDED 06/30/2020	4,217,027
TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2021	7,634,236
	_
ACTIVITY 2: CATERING	
GENERATED FOR THE YEAR ENDED 06/30/2019	1,200
GENERATED FOR THE YEAR ENDED 06/30/2020	22,756
TOTAL AVAILABLE FOR THE YEAR ENDED 06/30/2021	23,956

DAVIDSON COLLEGE EIN: 56-0529961

FOR THE YEAR ENDED 6/30/2020

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) GENERATED IN TAX YEAR 2018 (FY ENDED 6/30/2019)	14,486 4,455
PARTNERSHIP - EIN: 81-4702251 2,42  PARTNERSHIP - EIN: 32-0432155 2,22  PARTNERSHIP - EIN: 37-1803102 22  PARTNERSHIP - EIN: 47-5484227 29  GENERATED IN TAX YEAR 2019 (FY ENDED 6/30/2020)	L3
CREDIT AVAILABLE FOR TAX YEAR 06/30/2020	24,111
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/2020	-
CREDIT CARRYFORWARD TO 06/30/2021	24,111
FORM 3800, PART III, LINE 4Z, OTHER CREDIT	
GENERATED IN TAX YEAR 2017 (FY ENDED 6/30/2018)	105
CREDIT AVAILABLE FOR TAX YEAR 06/30/2020	105
AMOUNT OF CREDIT UTILIZED IN TAX YEAR 06/30/20	-
CREDIT CARRYFORWARD TO 06/30/2021	105