Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service

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

Open to Public

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Α	For the	2021 calendar ye	ear, or tax year begin	ning		01 , 2021, and				06-30 ,2 022
_	Check if a		C Name of organizationD.			ployer identification number				
Π,	Address ch	nange	Doing business as FOUNDATION INC							23-7079347
$\overline{}$	Name char	•		O. box if mail is not delive		l Bo	om/suite		E T-1	
_	Initial retur	_	PO BOX 1287	.o. box ii man is not delive	rea to street address)	l Ko	OHVSUILA		E (0)	ephone number
=		n/terminated		ovince, country, and ZIP or	faraina anniel					(336) 249-8186
╕	Amended i		LEXINGTON, NC		ioreign postal code				G Gr	oss receipts
−i	Application								- \$	1,431,407
	-фрисацо:	perionig	F Name and address of pr				- 1			rn for subordinates? Yes X No
	Tax-exemp	t status: X 501(4035 PREMIER				H			nates included? Yes No
	Website:		(c)(3) 501(c) () 🚄 (insert no.)	4947(a)(1) or	527				list. See instructions
		ganization; X Corp	П., П.					I(c) Group e		
Pa		Summary	poration Trust As	sociation Other		L Year of formation:	1968	M S	State of	legal domicile: NC
			ne organization's missi	on or most size if a	A = 48° 28°					
							OLARS	SHIPS A	AND	OTHER FORMS OF
Activities & Governance		SUPPORT FOR	THE STUDENTS	OF DAVIDSON-	DAVIE COMMUNI	TY COLLEGE.	*****			
па						No. 1				
Ver	2	Chack this hav	□ if the execution	a alfa a a setti a a a a tra		1 1000				
ဗိ			if the organization			of more than 25% (of its ne	et assets.	1 .	1
8			members of the gove						3	32
ţį			endent voting member			- '\\\ /	<i>)</i> · · ·	• • • • •	4	32
ξĬ			ndividuals employed in		(Part V, line 2a)		· • •		5	0
Ac			olunteers (estimate if				• • •		6	32
			isiness revenue from I			• • • • • • • • •	• • •		7a	0_
	- D	ivet unrelated bus	siness taxable income	from Form 990-T, Pa	ırt I, line 11 · · ·				7b	0
¢.		O				[']		Prior Year		Current Year
	1		grants (Part VIII, line	8969				571	<u>,426</u>	635,827
nue			revenue (Part VIII, line		100.00	· · · · · · <u>· </u>				0
Revenue			ie (Part VIII, column (A			· · · · · · · <u> </u>		542	<u>,583</u>	723,050
œ			art VIII, column (A), lin			· · · <i>· ·</i> · ·		3,788	,263	49,455
			ld lines 8 through 11 (i					4,902	,272	1,408,332
			r amounts paid (Part I		1-3)	· • • • • • • <u> </u>		677	,867	687,938
			r for members (Part IX	1984-98696-y.						0
S			mpensation, employee		olumn (A), lines 5-10)	• • • • • _				0
Expenses			raising fees (Part IX, c		• • • • • • • • •	· · · · · <u>· </u>				0
ă X			expenses (Part IX, ĉolo		<u> </u>	<u>o</u> _				
Ш			Part IX, column (A), lin			· · · · · · <u> </u> _		292	,810	2,869,699
			\dd lines 13-17 (must		n (A), line 25)	· · · · · · <u>· </u>		970	,677	3,557,637
6		Revenue less exp	enses. Subtract line	18 from line 12				3,931	,595	(2,149,305)
Sor				4/			Beginni	ng of Curre	nt Year	End of Year
Sset	20	Total assets (Part					2	26,490	,221	24,341,716
Net Assets or Fund Balances	21	Total liabilities (Pa	463355A 453550A		• • • • • • • • • •					800
	22 r t 		balances. Subtract li	ne 21 from line 20			2	26,490	,221	24,340,916
		Signature E		- ::						
true,	correct, an	id complete. Declaration	at I have examined this return on of preparer (other than off	rn, including accompanying icer) is based on all informa	g schedules and statements ation of which preparer has	, and to the best of my l any knowledge.	knowledg	e and belief	, it is	
		VVA.	M						T	
Sign	ղ	JEREMY Signature of of								11-03-2022
ler	7	-							D	ate
ren	╚	JEREMY :		ER						
		Type or print no		T						
مدم	1	Print/Type preparer:		Preparer's signature		Date		Check	if	PTIN
Paid		EDDIE CARR	ICK	EDDIE CARRICE	ζ	11-10-2022		self-emp	loyed	P01315064
	parer	Firm's name	EDDIE CA	ARRICK CPA PC			Firm'	's EIN 🕨		
JSE	Only	Firm's address	151 YOUN	IG DRIVE			Phon	1е по,		
			Lexingto	n NC 27292					226	-240-2E4E

_	art III Statement of Program Service Accomplishmen	nts ·	2	3-7079347 Page 2
<u> </u>	Check if Schedule O contains a response or note to any line in the			
1	Briefly describe the organization's mission:			
	TO PROVIDE SCHOLARSHIPS AND OTHER FORMS OF SUP	PORT FOR THE STUDENT	S OF DAVIDSON	N-DAVIE COMMUNITY
	COLLEGE.			
2	Did the organization undertake any significant program services during the	waar which ware not listed on the		
-	prior Form 990 or 990-EZ?			· · 🗌 Yes 🐰 No
	If "Yes," describe these new services on Schedule O.			🖂 tea 🕅 140
3	Did the organization cease conducting, or make significant changes in how	it conducts, any program		
	services?			🗌 Yes 😾 No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of	its three largest program services	s, as measured by	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to re the total expenses, and revenue, if any, for each program service reported.	port the amount of grants and all	ocations to others,	
	the following street of the st			
4a	(Code:) (Expenses \$687,938 including g	rants of \$) (Revenue \$)
	SCHOLARSHIPS AND STUDENT SUPPORT.	A.	_ , (0.000.000	/
	The state of the s			
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			7 Marie 14 M	
		<u> </u>		,
46	(0)			
40	(Code:) (Expenses \$ including g	rants of \$	_) (Revenue \$)
		/// // // // // // // // // // // // //		
4c	(Code:) (Expenses \$ including gr	rants of \$) (Revenue \$	1
			- · · · · · · · · · · · · · · · · · · ·	
4d	Other program equippe (Describe and Association)			
+u	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$			
4e	(Expenses \$ including grants of \$ Total program service expenses ► 687,938) (Revenue \$)
EEA	001,938			Form 000 (0004)
				Form 990 (2021)

Form 990 (2021) DAVIDSON-DAVIE COMMUNITY COLLEGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		103	NO
	complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
6	assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	ļ	х
U	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I			
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X
·	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	7		X
	complete Schedule D, Part III	_		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	8		X
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			X
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	377578	100,000	687808
	VII, VIII, IX, or X as applicable.			25) (26) S
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	2445979	15000000	SAREE!
	complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more			
al.	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
u	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		_x
f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	11f		<u> </u>
	Schedule D, Parts XI and XII			
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	12a	_X	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	42h	}	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b		<u> </u>
l4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	α		X
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
7	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions Did the organization report more than \$15,000 total of fundariaire analysis.	17		x
-	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18	х	
	If "Yes," complete Schedule G, Part III	.		
0 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
:1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b	 -	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		v

Form 990 (2021)

Form 990 (2021) 23-7079347 Page 4 DAVIDSON-DAVIE COMMUNITY COLLEGE Checklist of Required Schedules (continued) Part IV Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than 24a \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Ы Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? 25b Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II 26 Х 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If 28a A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV x A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 X 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," ···· 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a x If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes." complete Schedule R. Part VI 37 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 38 19? Note: All Form 990 filers are required to complete Schedule O. 38 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V

			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		543.4	3655
þ	Enter the number of Form W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	40		**

EEA

Form 990 (2021)

EEA Form **990** (2021)

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?

15

16

17

X

excess parachute payment(s) during the year?

If "Yes," complete Form 4720, Schedule O.

If "Yes," complete Form 6069.

16

If "Yes," see instructions and file Form 4720. Schedule N.

Form 990 (2021) DAVIDSON-DAVIE COMMUNITY COLLEGE Page 6 23-7079347 Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No Part Vi response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI <u>.......</u>....x Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body at the end of the tax year 32 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 X Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? $\ \ .$ 5 5 X Did the organization have members or stockholders? 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? 7а Х b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body? ... 8b х Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No Did the organization have local chapters, branches, or affiliates? 10a . . . 10a X If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a X Describe in Schedule O the process, if any, used by the organization to review this Form 990. b 12a 12a X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? b 12b X C Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Х Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b X If "Yes" to line 15a or 15b describe the process on Schedule O. See instructions. Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a

							~		
organization's exempt status with respect to such arrangements?									
Section C. Disclosure	 				_	 		_	

17	List the states with which a copy of this Form 990 is required to be filed North Carolina
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
	☐ Own website ☐ Another's website ☐ Upon request ☐ Other (explain on Schedule O)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,
	and financial statements available to the public during the tax year.
20	State the name, address, and telephone number of the person who possesses the organization's books and records
	JEREMY HIATT (336)821-1436, 4035 PREMIER DRIVE, HIGH POINT, NC 27265

with a taxable entity during the year?

b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the 16a

16b

X

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DAVIDSON-DAVIE COMMUNITY COLLEGE

23-7079347

Form 990 (2021)

Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Part VII **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above. Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. Position (B) (E) (F) (do not check more than one Name and title Average Reportable Estimated amount box, unless person is both an Reportable hours officer and a director/trustee) mpensation from the compensation of other per week compensation from related nization (W-2/ (list any organizations W-2/ from the Institutional tr or director 1099-MISC/ organization and Individual trustee Key employee 1099-MISC/ hours for 1099-NEC) 1099-NEC related elated organizations roanizations trustee below dotted line) (1) BRANDY KOONTZ <u>1.00</u> Director 0 0 (2) Chad Fuller _ _ _ 1 .00 Director 0 0 0 (3) JOHN Ferguson _ 1.00 Director 0 0 (4) MATT_Welborn___ _ 1.00 Director 0 0 (5) JEFF_McIntyre__ Director 0 0 0 (6) JERRY SMITH 1.00 DIRECTOR 0 0 0 (7) KEVIN_White_ 1.00 Director 0 0 0 (8) JUSTIN FINCH __1_00 DIRECTOR 0 0 0 (9) JED ORMAN __1_00 DIRECTOR O 0 0 (10)ATALIA CARDENAS __1_00 DIRECTOR 0 0 (11)WAYNE _UNDERWOOD _ 1.00 DIRECTOR 0 0 0 (12)CHUCK_McConkey __1_00 Director 0 0 0 (13)Danny_Squires____ Director 0 0 0 (14)KEVIN Firquin __1_00 Director 0 0 EEA

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1) DAVIDSON-DAVIE COMMUNITY COLLEGE 23-7079347 Page 7 Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

···· Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid. List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of

- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any relate	d organizatio	n com	pens	ated	any	/ currer	nt of	ficer, director, or tru	stee.	
					C)		1	<u> </u>		
(A)	(B)			Pos	ition		7	(1)	 ,	
Name and title	Average					nan one		(D)	(E)	(F)
redire did (de	hours					s both an /trustee)	estable.	Reportable compensation	Reportable compensation	Estimated amount of other
	per week					Seminated (A.	from the	from related	compensation
	(list any	25	=	ó	· —	<u> </u>	Wh.	organization (W-2/ 1099-MISC/	organizations W-2/ 1099-MISC/	from the
	hours for related	dire	: 1	Officer	Key employee	mplo	욁	1099-NEC)	1099-NEC	organization and related organizations
	organizations	ctor	Sa		흥	yee				
	below	individual trustee or director	Institutional trustee		že	Highest compensated employee	>			
	dotted line)	%	stee			nsat	Ψ.			
	1000	i i	100	Steel (e d				
			4	***************************************			ļ			
(1) ELIZABETH Gee	1.00									
Director		X						0	0	0
(2) Beth_Bunce	1.00									
Director		x						0	0	0
(3) KIM Stanbery	<u>1.00</u>									
Director	40 City	х						0	0	0
(4) KARL Milliren	1.00									
Director	<u>()</u>	x						0	o	0
(5) Cammie Webb	1.00									
Director		x						0	0	0
(6) THOMPSON MILLER	2.00				ĺ	İ	ĺ			
DIRECTOR		x		_				0		0
(7) TAMMY JOYCE	1.00									
Director		х						0	0	0
(8) DARRIN HARTNESS	<u>1.00</u>			-		1				
DIRECTOR		x						0	0	0
(9) JONATHAN Starnes	<u>1.00</u>									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Director		x						0	0	0
(10)TERESA KINES	1.00									
Director		х						0	0	0
(11)REBECCA SULLIVAN	<u>1 .</u> 00						İ	******		
Director		x						0	0	0
(12)Carolyn MCMANAMY	_ <u>_ 1.0</u> 0		ŀ	İ						
DIRECTOR		Х						0	0	0
(13)MICHAEL Holmes	<u> </u>									
Director		Х		\perp				0	0	0
(14)PHYLLIS Penry	<u> 1 .00</u>				-		- 1			
VICE PRESIDENT		х		x	_			0	0	0
EEA										Form 990 (2021)

Part	VII Section A. Officers, Directors, Trustees,	Key Employ	ees, ar	nd Hi	ighe	st C	ompe	nsa	ted Employees (co	ntinued)	1		
						C)		Ì					
	(A)	(B)	(do n	ot che		sition ore th	an one		(D)	(E)		(F)	
	Name and title	Average	box,	unles	s per	son is	both ar		Reportable compensation	Reportable compensation	1	ated amoun of other	t
		hours per week	offic	er and	l a dir	ectori	(trustee)		from the	from related	1	pensation	
		(list any	0 =	=		$\overline{}$	e T		organization (W-2/ 1099-MISC/	organizations (W-2/ 1099-MISC/	1	om the nization and	1
		hours for related	r dire	nstitu	Officer	ey e	ighe	Fоrme	1099-NEC)	1099-NEC)	-	organizatio	
		organizations	ual tr	ional		Key employee	ee or						
		below	Individual trustee or director	Institutional trustee		ee/	Highest compensated employee						
		dotted line)		#			sated						
										112 011 111	_		—
	NE Whitehurst	<u>1 .</u> 00			x				0	0			0
	HATE PAST PRESIDENT	2.00	X							0			<u> </u>
Presi	RRY_Renegar dent		x		х				0	0			0
	EVE_Hoffman	2.00											_
Secre			<u>x</u>		Х				0	0			0_
(18)JE	REMY HIATT	2.00	1					A					
TREAS			X		Х			W	0_	0	1		0
<u>(19)</u>							100	Stern.					
(20)		· · · · · · · · · · · · · · · · · · ·					AND COMME	(6000000	1 20 L				
<u>'</u> '						1							
(21)		L			á			Y	*				_
					JAMAN.	40	<u> </u>						
(22)				1									
		ļ		9) 90b		W) /		<u> </u>				
(23)			7) 		. 1						
(24)			·		~40230			-					_
7-7/				Y				į					
(25)			300000000000000000000000000000000000000	S)									
							<u> </u>	<u> </u>	-		-		
1b	Subtotal	¥									-		
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)	V650000a.								0	_		0
	Total number of individuals (including but not limite									<u> </u>	1		<u> </u>
_	102	>											0
												Yes I	No
3	Did the organization list any former officer, director,			ee, o	or hię	ghes	t comp	ens	ated		# (149) # 11 - 12 - 14		
	employee on line 1a? If "Yes," complete Schedule J			·	•			• •			. 3	5 45 75 15 6 7	X
4	For any individual listed on line 1a, is the sum of reorganization and related organizations greater than												
	individual				,,,,,						. 4		X
5	Did any person listed on line 1a receive or accrue		n from	any i	unre	elate	d orga	niza	tion or individual		44.40		1000
	for services rendered to the organization? If "Yes," or	omplete Sch	edule J	for s	uch	pers	on				. 5	:	<u>x</u>
	on B. Independent Contractors												
1	Complete this table for your five highest compensation.												
	compensation from the organization. Report comp	ensation for t	ne cale	enua	rye	ar er	iaing v	VIUI	or within the organiz (B)	allon's lax year.	(C)		—
	Name and business addre	ss							Description of service	es	Compens	sation	
									,				
		*****						_					
								-					
	Total number of independent contractors (including	hut not limit	ed to f	2000	liete	ad al	101/2) i	l		##(A.43	MARKET S	gerija jarres sa	
2	received more than \$100,000 of compensation fro	_			iiste •	الم ب	,0ve/\	WIIU					
EEA		2, 90,111									Form	990 (202	1)

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (D) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Federated campaigns 611,934 b 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c 23,893 d Related organizations 1d е Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in 1g 10,249 h Total. Add lines 1a-1f 635,827 2a Program Service Revenue b c d f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 723,050 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (li) Personal 6a Gross rents 6a 69,690 b Less: rental expenses . . 6b 23,075 6c c Rental income or (loss) 46,615 d Net rental income or (loss) 46,615 46,615 7a Gross amount from (i) Securities 🌭 (ii) Other sales of assets other than inventory 7a b Less: cost or other basis Other Revenue and sales expenses ... 7ь c Gain or (loss) 7c d Net gain or (loss) 8a Gross income from fundraising events (not including \$ 23,893 of contributions reported on line 1c). See Part IV, line 18 8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Part IV, line 19 9a b Less: direct expenses 9b c Net income or (loss) from gaming activities -10a Gross sales of inventory, less returns and allowances 10a b Less: cost of goods sold c Net income or (loss) from sales of inventory Business Code 11a MISCELLANEOUS INCOME 900099 2,840 2,840 b

2,840

772,505

1,408,332

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e Total. Add lines 11a-11d

12 Total revenue. See instructions

Form 990 (2021)

Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (D) Fundraising (A) Total expenses (C) Program service expenses Manac 8b, 9b, and 10b of Part VIII. general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV. line 21 2 Grants and other assistance to domestic individuals, See Part IV, line 22 687,938 687,938 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits g 10 11 Fees for services (nonemployees): а 189,489 189,489 C 34,802 34,802 ď Professional fundraising services. See Part IV, line 17 Other. (If line 11g amount exceeds 10% of line 25, column 78,231 (A) amount, list line 11g expenses on Schedule O.) 78,231 12 13 14 15 16 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 21 22 Depreciation, depletion, and amortization 35,790 35,790 23 Other expenses litemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) а LOSS ON INVESTMENTS 2,531,387 2,531,387 b C d All other expenses 25 Total functional expenses. Add lines 1 through 24e 3,557,637 687,938 2,869,699 0

EEA

Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and

▶ ∐ if

fundraising solicitation. Check here

following SOP 98-2 (ASC 958-720)

Form 990 (2021)

EEA

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) (B) End of year Beginning of year 1 234,791 1 Cash - non-interest-bearing 911,623 2 2 Savings and temporary cash investments 2,192,866 2,556,610 3 Pledges and grants receivable, net 3 4 20,000 60,380 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 4,061,631 10c b 386,992 3,640,914 3,674,639 11 Investments - publicly traded securities 11 18,547,768 16,666,406 12 Investments - other securities. See Part IV, line 11 1,189,270 1,136,670 12 13 Investments - program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 26,490,221 24,341,716 17 17 800 18 18 19 19 20 20 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 26 26 0 800 Organizations that follow FASB ASC 958, check here ► X Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 13,308,517 27 24,340,916 Net assets with donor restrictions 13,181,704 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 29 Paid-in or capital surplus or land, building, or equipment fund 30 31 Retained earnings endowment, accumulated income, or other funds 31 32 32 26,490,221 24,340,916 Total liabilities and net assets/fund balances 26,490,221 24,341,716

Form	990	(2021)	

DAMIDGOM_DAMIE	COLDATIVITIES	COTTDOD

23-7079347

		3-707934	/	Pa	ige 12		
Pai	t XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🔲</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,	408,	332		
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,	557,	637		
3	3 Revenue less expenses. Subtract line 2 from line 1						
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))						
5	Net unrealized gains (losses) on investments	5					
6	Donated services and use of facilities	6					
7	Investment expenses	7					
8	Prior period adjustments	8					
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line						
	32, column (B))	10	24,	340,	916		
Pai	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
				Yes	No		
1	Accounting method used to prepare the Form 990: Cash Accrual Other		41.49	fara a	geren i		
	If the organization changed its method of accounting from a prior year or checked "Other," explain on						
	Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		x		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or		17.11.14	y ja v PNS			
	reviewed on a separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	x			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		100				
	separate basis, consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis						
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of						
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	x			
	If the organization changed either its oversight process or selection process during the tax year, explain on		2115				
	Schedule O.						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Single Audit Act and OMB Circular A-133?		3a		X		
đ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

EEA Form 990 (2021)

SCHEDULE A (Form 990)

Public Charity Status and Public Support

OMB No. 1545-0047 2021

Department of the Treasury Internal Revenue Service Name of the organization

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public Inspection

Employer identification number

23-7079347 DAVIDSON-DAVIE COMMUNITY COLLEGE Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the 4 hospital's name, city, and state: X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv), (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi), (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, čliv, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses 10 acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete PartIII.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (v) Amount of monetary (i) Name of supported organization (ii) EIN (iii) Type of organization (vi) Amount of (described on lines 1-10 above (see instructions)) document? instructions) instructions) Yes No (A) (B) (C) (D)

(E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

	n A. Public Support						
Calend	ar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	835,146	367,222	231,646	571,426	611,934	2,617,374
2	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	835,146	367,222	231,646	571,426	611,934	2,617,374
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	y (10 yr 15) a trainin					36,254
6	Public support. Subtract line 5 from line 4 .			0.097851(89)(8)(8)	MESS. 1916 (1925)	\$170.00000000000000000000000000000000000	2,581,120
Section	on B. Total Support			<u> </u>	\		
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	835,146	367,222	231,646	571,426	611,934	2,617,374
8	Gross income from interest, dividends,		//X		ļ		
	payments received on securities loans,						
	rents, royalties, and income from						
	similar sources	1,003,424	706,261	632,184	542,583	723,050	3,607,502
9	Net income from unrelated business		N/A		ŧ		
	activities, whether or not the business)./				
	is regularly carried on		19				
10	Other income. Do not include gain or	Valuation of the Control of the Cont					
	loss from the sale of capital assets						
	(Explain in Part VI.)	610,828	484,513	264,751	3,788,263	(2,458,039)	2,690,316
11	Total support. Add lines 7 through 10	Referensia programa				, Para Mirana de de	8,915,192
12	Gross receipts from related activities, etc.	(see instruction	ns)			12	
13	First 5 years. If the Form 990 is for the org	ganization's firs	t, second, third	, fourth, or fifth	tax year as a s	ection 501(c)(3) _
	organization, check this box and stop here					· · · · · · · ·	≻ ∐
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2021 (line 6	3, column (f), d	ivided by line 1	1, column (f))		14	28.95 <u>%</u>
15	Public support percentage from 2020 Sch	nedule A, Part I	I, line 14			15	25.38 %
16a	33 1/3% support test - 2021. If the organi	zation did not c	heck the box o	n line 13, and li	ne 14 is 33 1/3	% or more, che	ck this
	box and stop here. The organization quali	ifies as a public	ly supported or	ganization .			▶ 📙
b	33 1/3% support test - 2020. If the organi	zation did not c	heck a box on l	ine 13 or 16a, a	and line 15 is 3	3 1/3% or more	, check
	this box and stop here. The organization of	qualifies as a p	ublicly supporte	ed organization			▶ 📙
17a	10%-facts-and-circumstances test - 202	21. If the organi	zation did not c	heck a box on l	ine 13, 16a, or	16b, and line 1	4 is
	10% or more, and if the organization meet	s the facts-and	-circumstances	test, check this	s box and stop	here. Explain i	n
	Part VI how the organization meets the fa	cts-and-circum	nstances test. T	The organizatio	n qualifies as	a publicly supp	orted
	organization						▶ ∐
b	10%-facts-and-circumstances test - 202	20. If the organi	zation did not c	heck a box on l	line 13, 16a, 16	6b, or 17a, and l	ine
	15 is 10% or more, and if the organization	meets the facts	s-and-circumst	ances test, che	ck this box and	l stop here. Ex	plain
	in Part VI how the organization meets the	facts-and-circ	umstances tes	t. The organiza	ition qualifies a	as a publicly su	pported
	organization						▶ 🔲
18	Private foundation. If the organization die	d not check a b	ox on line 13, 1	6a, 16b, 17a, o	r 17b, check th	is box and see	_
	instructions						▶ x

Schedule A (Form 990) 2021

DAVIDSON-DAVIE COMMUNITY COLLEGE

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

	on A. Public Support						
alen	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
•	unrelated trade or business under section 513				Į		
4	Tax revenues levied for the						
•	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
•	furnished by a governmental unit to the						
	organization without charge				i		
6	Total. Add lines 1 through 5			ViiiA			
	Amounts included on lines 1, 2, and 3			Va			
ia	received from disqualified persons		!				
L	•						
b	Amounts included on lines 2 and 3		A Para		\		
	received from other than disqualified				1		
	persons that exceed the greater of \$5,000						
_	or 1% of the amount on line 13 for the year Add lines 7a and 7b			\$ (1)			
C	Add lines 7a and 7b Public support. (Subtract line 7c from	and Sales and Sa	Jack State of the Control of the Con		and the state of t	esteador distribución de la	
8							
<u> </u>	line 6.)	199		SCHOOL SECTION		The second second second	
Secti	on B. Total Support	2007	4 444	(c) 2019	(d) 2020	(e) 2021	(f) Total
	dar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(6) 2019	(u) 2020	(e) 2021	(i) i otai
9	Amounts from line 6	WASSE.	100				
10a	Gross income from interest, dividends,	Name of the last o					
	payments received on securities loans, rents,				ļ		
	royalties, and income from similar sources						
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975	×					
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included on line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support: (Add lines 9, 10c, 11,						
	and 12.)	L	1	formale fifth	<u> </u>		
14	First 5 years. If the Form 990 is for the org		it, secona, third	, rounn, or titth	ıax year as a s	ecuon 501(0)(3)	⊾ □
	organization, check this box and stop here						· · · · · F L
	ion C. Computation of Public Suppo	rt Percentag	e Eddad berine	10 agl: (m)		15	%
15	Public support percentage for 2021 (line					16	
16	Public support percentage from 2020 Sch					10	70
	ion D. Computation of Investment In	come Perce	ntage	line 40 tues	2 (f))	17	%
17	Investment income percentage for 2021 (li	ne 10c, columi	ι (τ), divided by	iine 13, columi	1(1))	17	
18	Investment income percentage from 2020	Schedule A, P	art III, line 17		ling 15 ig more		
19a	33 1/3% support tests - 2021. If the organ	nization did not	check the box	on line 14, and	line 15 is more	: man 33 1/3%, 8	and ane
	17 is not more than 33 1/3%, check this bo	ox and stop he	re. The organiz	ation qualifies	as a publicly su	upported organiz	ation ▶ _
þ	33 1/3% support tests - 2020. If the organization	did not check a b	ox on line 14 or li	ne 19a, and line 16	is more than 33	1/3%, and	, m
	line 18 is not more than 33 1/3%, check this box a	nd stop here. Th	e organization qu	alifies as a public	y supported orgai	nization	<i></i> [
20	Private foundation. If the organization die	d not check a b	ox on line 14, 1	9a, or 19b, che	eck this box and		
						Schedule	A (Form 990) 2021

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

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

		Yes	No
	1		
	2		
	3a	Project.	
ł	3b		
3)	3с		sa sil
	4a	a Par	
	4b		
	4c		
	5a		
	5b 5c		
	6		
	7		
	8		Program.
	9a		
	9b	£1145.	46.3
	9c		
	10a		
	10b	Stak	85%
iedu		orm 99	0) 2021

EEA Schedule A (Form 990) 2021

A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in line 11a above? A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization of the supported organization operate for the benefit of any supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year, also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the lastiday of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently field as of the date of notification, and (iii) copies of the	Scheduk Part	e A (Form 990) 2021 DAVIDSON-DAVIE COMMUNITY COLLEGE 23-7079347 IV Supporting Organizations (continued)		F	age 5
A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization? A family member of a person described in line 11a above? A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's directors, or trustees were allocated among the supported organization and what conditions or restrictions, if any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization of the organization of the supporting organization. You how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organizations. Yes No. Section C. Type II Supporting Organization's directors or trustees during the tax year, also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or managed the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Were a majority of the organization's supported organizations, by the last day of the fifth month of the organization to support the organization of support provided during the prior tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (i) a organization that supported organizations as of the date of notification, and (iii) copies of the				Yes	No
c A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization's officers, effectively operated, supervised, or controlled the remove officers, directors, or trustees were allocated among the supported organization band the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization of the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations 1 Were a majority of the organization's directors or trustees during the tax year, also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?			
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more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organization operate for the benefit of any supported organization other than the supported organization operated, supervised, or controlled the supporting organization other than the supported organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes No versus a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				Yes	No
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or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				Yes	No
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organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	11.00	165	INO
year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	•	BN ₀ All			
		1			
		organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	1.11111	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	2	The state of the s	44.4	gr esseri	erice i
organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
the organization maintained a close and continuous working relationship with the supported organization(s).		the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have	3		151.542	garde.	
a significant voice in the organization's investment policies and in directing the use of the organization's		- NA VIII			
income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
supported organizations played in this regard.	- 1		3		<u> </u>
Section E. Type III Functionally Integrated Supporting Organizations					
1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). a	а	The organization satisfied the Activities Test. Complete line 2 below.	struct	ions)	
b The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>					
 The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). Activities Test. Answer lines 2a and 2b below. 		— T Walada SWACTA T		Voc	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		A/88/* ** ** ** ** ** ** ** ** ** ** ** ** *		165	NO
the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify</i>		1888		216% 216 216% 216	
those supported organizations and explain how these activities directly furthered their exempt purposes,		10.00 Value			
how the organization was responsive to those supported organizations, and how the organization determined		WASA.*	25/6/4 5/6/10		
that these activities constituted substantially all of its activities.			2a	Page 13	<u> </u>
b Did the activities described on line 2a, above, constitute activities that, but for the organization's	b	·	11-14	21.05.2.25	Address.
involvement, one or more of the organization's supported organization(s) would have been engaged in? If					
"Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would			46.60		
have engaged in these activities but for the organization's involvement.		· ·	2b		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.	3			33.40	
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI. 3a	а	trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		Maria
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	þ		24		A.A.

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Part	1 11 0 0			
1 [$oxed{\ }$ Check here if the organization satisfied the Integral Part Test as a qualifying tru			,
	instructions. All other Type III non-functionally integrated supporting organization	tion	s must complete Sections A	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year
		,	(7)1101104	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		1
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection			
	of gross income or for management, conservation, or maintenance of			
	property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Secti	on B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			www.harantanana.
	instructions for short tax year or assets held for part of year):	A		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	,1b	À.	
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d	YS .	
е	Discount claimed for blockage or other factors	11.7	SANSARIA NEL VALVO AVIADA EL SONA	Maraga Viscova (n. s
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Part	v Type III Non-runctionally integrated 509(a)(3) Supporting Organi	zations (continued	<u>") </u>				
Secti	Section D - Distributions Current Year							
1	Amounts paid to supported organizations to accomplish ex	cempt purposes		1				
2	Amounts paid to perform activity that directly furthers exen	∍d						
	organizations, in excess of income from activity			2				
3	Administrative expenses paid to accomplish exempt purpo	zations	3					
4	Amounts paid to acquire exempt-use assets			4				
5	Qualified set-aside amounts (prior IRS approval required) -	provide details in Part V	1)	5				
6	Other distributions (describe in Part VI). See instructions.			6				
7	Total annual distributions. Add lines 1 through 6.			7				
8	Distributions to attentive supported organizations to which	the organization is resp	onsive					
	(provide details in Part VI). See instructions.			8				
9	Distributable amount for 2021 from Section C, line 6			9	TT THE THE TOTAL THE TANK THE			
10	Line 8 amount divided by line 9 amount	T		10				
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	าร	(iii) Distributable Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6			(354				
2	Underdistributions, if any, for years prior to 2021							
	(reasonable cause required - explain in Part VI). See		N					
	instructions.							
3	Excess distributions carryover, if any, to 2021			0.55W				
а	From 2016			ales V				
b	From 2017			G-2				
С	From 2018							
d	From 2019			rter W	ACCONSTITUTE OF STREET			
e	From 2020	200111200 0000000		68				
f	Total of lines 3a through 3e			150.0				
g	Applied to underdistributions of prior years				territaria de la composición de la composición de la composición de la composición de la composición de la comp			
	Applied to 2021 distributable amount	Likid						
<u>i</u>	Carryover from 2016 not applied (see instructions)	<u> </u>						
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2021 from			Said				
4	Section D, line 7:							
а	Applied to underdistributions of prior years		Market and a steel state of the first terminal for the		<u>an en appende til hold hand i flamman.</u> De handstilt Hilland av de hande			
b	Applied to 2021 distributable amount		Kitting and a till a section of the	154,4	tea espeti que maintente de moderna en esta de la comercia.			
	Remainder, Subtract lines 4a and 4b from line 4.				William Color of the Color of t			
5	Remaining underdistributions for years prior to 2021, if				en en en en en en en en en en en en en e			
	any. Subtract lines 3g and 4a from line 2. For result							
	greater than zero, explain in Part VI. See instructions.							
6	Remaining underdistributions for 2021. Subtract lines 3h			(H.15)	en de come transfer persona verdo en la como de la como			
	and 4b from line 1. For result greater than zero, explain in							
	Part VI. See instructions.							
7	Excess distributions carryover to 2022. Add lines 3j				More England Report Andrews			
	and 4c.							
8	Breakdown of line 7:			3863				
а	Excess from 2017			ΗŻ				
b	Excess from 2018			week				
С	Excess from 2019			(<u>(</u> :)				
d	Excess from 2020			dx <u>7</u> 59				
е	Excess from 2021		3×8×153000000000	(S.73)	ing it demonstrately below to the con-			

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

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Attach to Form 990 or Form 990-PF.

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

Employer identification number 23-7079347

DAVIDSON-DAVIE COMMUNI	TY COLLEGE	23-7079347					
Organization type (check one):							
Filers of:	Section:						
Form 990 or 990-EZ	∑ 501(c)(3) (enter number) organization						
	4947(a)(1) nonexempt charitable trust not treated as a private foundation						
	527 political organization						
Form 990-PF	501(c)(3) exempt private foundation						
	4947(a)(1) nonexempt charitable trust treated as a private foundation						
	501(c)(3) taxable private foundation						
Check if your organization is covere	by the General Rule or a Special Rule.						
Note: Only a section 501(c)(7), (8), instructions.	or (10) organization can check boxes for both the General Rule and a Special Rule. Sec	е					
General Rule	General Rule						
	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5						
or more (in money or proj contributor's total contribu	perty) from any one contributor. Complete Parts I and II. See instructions for determinations.	ning a					
Special Rules							
opeoial Maios							
x For an organization descr	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test	t of the					
	s 509(a)(1) and 1,70(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13						
	n any one contributor, during the year, total contributions of the greater of (1) \$5,000; or						
(2) 2% of the amount on (i	Form 990, Part VIII, line (h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.						
	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	iy one					
	, total contributions of more than \$1,000 <i>exclusively</i> for religious, charitable, scientific, poses for for the prevention of cruelty to children or animals. Complete Parts I (enter	atu. u					
.000	d of the contributor name and address), II, and III.	ang .					
☐ For an organization descr	ibed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from an	iv one					
	, contributions exclusively for religious, charitable, etc., purposes, but no such	,,					
600F V600A	than \$1,000. If this box is checked, enter here the total contributions that were recei	ived					
Marian and a	usively religious, charitable, etc., purpose. Don't complete any of the parts unless the						
General Rule applies to the totaling \$5,000 or more du	is organization because it received nonexclusively religious, charitable, etc., contributio ring the year						
totoming worker of more de		Ψ					
Caution: An organization that isn't	covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 9	90), but it					
must answer "No" on Part IV, line	2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF	, Part I, line					
2, to certify that it doesn't meet the	filing requirements of Schedule B (Form 990).						

DAVIDSON-DAVIE COMMUNITY COLLEGE

Employer identification number 23-7079347

Parti	Contributors (see instructions). Use duplicate copies of	Part I if additional space is a	needed
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ATRIUM WAKE FOREST BAPTIST MEDICAL ONE MEDICAL CENTER BOULEVARD WINSTON SALEM NC 27157-1023	\$20,600	Person 🛣 Payroll 🗍 Noncash 🗍 (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
_2	GENE HAAS FOUNDATION 2800 STURGIS ROAD OXNARD CA 93030	\$ 25,000	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(ĉ) Total contributions	(d) Type of contribution
3	NOVANT HEALTH THOMASVILLE MED CTR PO BOX 789 THOMASVILLE NC 27361	\$ 20,025	Person X Payroll (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	ESTATE OF L A FREEMAN 2373 TURNER ROAD LEXINGTON NC 27292	\$ 214,558	Person X Payroll
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	DAVIDSON PROGRESS INC PO BOX 2013 LEXINGTON NC 27293	\$60,000	Person R Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
Α		\$	Person

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

2021

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

Open to Public Inspection

	DSON-DAVIE COMMUNITY COLLEGE		23-7079347
Pa	rt I Organizations Maintaining Donor Advised F	unds or Other Similar Funds or Acco	unts.
	Complete if the organization answered "Yes" o	n Form 990, Part IV, line 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		(b) Fullus and other accounts
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets hold in depart advised	
	funds are the organization's property, subject to the organization		
6	Did the organization inform all grantees, donors, and donor ad	vicore in writing that group for the same to an all	· · · · · · · · ·
	only for charitable purposes and not for the benefit of the dono	visors in writing that grant funds can be used	
	conferring impermissible private handsto	r or donor advisor, or for any other purpose	
Pai	conferring impermissible private benefit?		· · · · · · · · · · · Yes No
1	Complete if the organization answered "Yes" or	n Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organizatio		
	Preservation of land for public use (for example, recreation	or education) 4 Preservation of a hi	storically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	d conservation contribution in the form of a co	nservation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements	, /	. 2a
þ	Total acreage restricted by conservation easements		. 2b
c	Number of conservation easements on a certified historic struc	sture included in (a)	
d	Number of conservation easements included in (c) acquired af		
	historic structure listed in the National Register		. 2d
3	Number of conservation easements modified, transferred, rele-		
	tax year 🕨	<i>M</i>	made it daining the
4	Number of states where property subject to conservation ease	ment is located	
5	Does the organization have a written policy regarding the perio	dic monitoring inspection handling of	
	violations, and enforcement of the conservation easements it h	olds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, ha		····· Yes No
	▶	riding of violations, and emorcing conservatio	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handlin	a of violations, and anforming accounts	
	►\$	g of violations, and emorcing conservation ea	sements during the year
8	Does each conservation easement reported on line 2(d) above	action, the wear increase of a set of ATO (1) (1)	
	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section 170(n)(4)(
9	In Part XIII, describe how the organization reports conservation		· · · · · · · · · L Yes L No
	balance sheet, and include if applicable, the text of the feature	teasements in its revenue and expense stater	nent and
	balance sheet, and include if applicable, the text of the footnote organization's accounting for conservation easements.	e to the organization's financial statements tha	t describes the
Par	Organizations Maintaining Collections	of Art Historical Transmission	
	Organizations Maintaining Collections of Complete if the organization answered "Yes" on	Farm 000 Part IV Engl	ner Similar Assets.
1a	If the organization elected as permitted under EACH AGO SER	Form 990, Part IV, line 8.	
· · ·	If the organization elected, as permitted under FASB ASC 958,	not to report in its revenue statement and bala	ince sheet works
	of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtherar	nce of public
L	service, provide in Part XIII the text of the footnote to its financial	al statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958,	to report in its revenue statement and balance	sheet works of
	art, historical treasures, or other similar assets held for public ex	xhibition, education, or research in furtherance	of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical treasu	ıres, or other similar assets for financial gain.	provide the
	following amounts required to be reported under FASB ASC 958	3 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		· · · · > \$

	ort III Organizations Maintaining	COMMUNITY CO	OLLEGE	Program and the second		23-7079	347	Page 2
3		ion and atheres	Art, Historical	reasure	s, or Ot	ner Similar Ass	sets (cont	inued)
•	Using the organization's acquisition, access collection items (check all that apply):	ion, and other record	is, check any of the fo	ollowing that	make signi	ficant use of its		
a	—		. —					
ŀ	$\overline{}$			or exchange	programs			
			e U Othe	r				
4	Provide a description of the arrange of					, ,		·
•	Provide a description of the organization's c XIII.	ollections and explain	n how they further the	organization	n's exempt	purpose in Part		
5	Ant.							
3	During the year, did the organization solicit o	or receive donations	of art, historical treas	ures, or othe	r similar			
Pa	assets to be sold to raise funds rather than t	o be maintained as p	part of the organizatio	n's collection	?		Yes	No
	Escrow and Custoulal Affi	angements.						
	Complete if the organization 990, Part X, line 21.	i answered "yes	s" on Form 990,	Part IV, lin	ie 9, or r	eported an amo	ount on Fo	orm
1a								
Ia	Is the organization an agent, trustee, custod	ian or other intermed	liary for contributions	or other asse	ets not			
h	included on Form 990, Part X?		• • • • • • • • • • • •		<i>.</i>		Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing table:					
_	Parinetes 1. I					Amo	unt	
C C	Beginning balance				· . 1c			
d	Additions during the year	• • • • • • • • •			1d			
e	Distributions during the year	• • • • • • • • •		🦠	1e			
f o-	Ending balance	• • • • • • • • •			1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cus	stodial accou	nt liability?		Yes	No
b	if "res," explain the arrangement in Part XIII.	Check here if the ex	planation has been p	rovided on F	art XIII		_	H
Pai	LV Endowment Funds.		69°	\$150 N	1990			
	Complete if the organization	answered "Yes"	<u>" on Form 990, F</u>	Part IV, lin	e [/] 10.			
		(a) Current year	(b) Prior year	(c) Two yea	ars back	(d) Three years back	(e) Four yea	are book
1a	Beginning of year balance	10,093,751	10,095,669	10,00		9,902,335		3,666
b	Contributions	114,680	271,141	A 165004	5,346	111,686		
С	Net investment earnings, gains, and	- 1 To 1 To 1					113	5,476
	losses	709,323	37,603	31.4	1,034	332,460	046	
đ	Grants or scholarships	427,175	309,703		3,058	337,134		7,115
е	Other expenditures for facilities and	V)))		,,,,,,	337,134	240	922
	programs		1/9					
f	Administrative expenses	· V	i i i i i i i i i i i i i i i i i i i					
g	End of year balance	10,490,579	10,094,710	10,095	5 669	10,009,347	0 000	
2	Provide the estimated percentage of the curre	ent year end balance	(line 1g, column (a))	held as:	7003	10,009,347	9,902	2,335
а	Board designated or quasi-endowment		%					
b	Permanent endowment	%	_					
С	Term endowment ►%							
	The percentages on lines 2a, 2b, and 2c should	ıld equal 100%.						
3a	Are there endowment funds not in the posses	sion of the organizat	ion that are held and	administered	for the			
	organization by:	<i>3</i> '			. 101 (110		Tv.	- N-
	(i) Unrelated organizations						Ye:	
	(ii) Related organizations						3a(i)	X
b	If "Yes" on line 3a(ii), are the related organizate	ions listed as require	d on Schedule R2				3a(ii)	<u> </u>
4	Describe in Part XIII the intended uses of the	organization's endow	ment funds				3b	
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes"	on Form 990 P	art IV line	112 96	e Form 000 D	art V line	40
	Description of property	(a) Cost or other		r other basis	l			
	The same of the sa	(investme		r other basis other)	1	cumulated reciation	(d) Book valu	ie
1a	Land				чер	Taning Town		
b	Buildings			997,864	24.540 Hville	<u> Andrews</u> (A.C.), A	2,997	
С	Leasehold improvements	-		912,965		263,678	649	,287
d	Equipment	-						
e	Other STMD1E			64,000		64,000		
	Add lines 1a through 1e. (Column (d) must equal	Form 000 Body	olumn (P) the 10 c	86,802		59,314		,488
EEA .	ta a subsection (Column (c) must equal	r onn 990, Part X, Co	viurnn (២), line 10c.)			· · · · >	3,674	,639
						Sch	edule D (Form	990) 2021

EEA

Schedule D (Form 990) 2021

Complete if the organization ans		(b) Book value		(c) Method	
(including name of security)		(b) Book Valde		Cost or end-of-yea	
Financial derivatives	• • • • • • • • • • • •				
Closely-held equity interests		****			
(AFRONT STREET 1		704 070			
(BFRONT STREET 2		724,270 465,000	FMV		
(C)		405,000	COST		7.00
(D)					
(E)					
(F)					
(G) (H)					
otal. (Column (b) must equal Form 990, Part X, col. (B) line	121				
Part VIII Investments - Program Related	<u>12.)</u> ▶	1,189,270	100189/10119919		
Complete if the organization answ	 wered "Yes" on Fo	m 990. Part IV. lin	e 11c. See	Form 990 P	art X line 1
(a) Description of investment		(b) Book value	1		
		(b) book value		(c) Method of Cost or end-of-year	
(1)		W.A.			
(2)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4427333			
(3)					
(5)					
(6)	<u> </u>	160A NA **	<u> </u>		
		Section weeks and	1		
(7)		N 46.82			
(7) (8) (9)					
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1	3)				
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets.	181 Y.S.				
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1	vered "Yes" on For	m 990, Part IV, line	e 11d. See	Form 990, P	art X, line 1
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ	181 Y.S.	m 990, Part IV, line	e 11d. See	Form 990, P	art X, line 1
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ	vered "Yes" on For	m 990, Part IV, line	e 11d. See	Form 990, P	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ	vered "Yes" on For	m 990, Part IV, line	e 11d. See	Form 990, P	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4)	vered "Yes" on For	m 990, Part IV, line	e 11d. See	Form 990, P	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4)	vered "Yes" on For	m 990, Part IV, line	e 11d. See	Form 990, P	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5)	vered "Yes" on For	m 990, Part IV, line	e 11d. See	Form 990, P	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6)	vered "Yes" on For	m 990, Part IV, line	e 11d. See	Form 990, P	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8)	vered "Yes" on For	m 990, Part IV, line	e 11d. See	Form 990, P	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9)	vered "Yes" on For			Form 990, P	
(7) (8) (9) otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8)	vered "Yes" on For	m 990, Part IV, line		Form 990, P	
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18	vered "Yes" on For (a) Description				(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18 Part X Other Liabilities. Complete if the organization answ	vered "Yes" on For	n 990, Part IV, line			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18 Part X Other Liabilities. Complete if the organization answ line 25. (a) Description of liability (1) Federal income taxes	vered "Yes" on For (a) Description	n 990, Part IV, line			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18 Part X Other Liabilities. Complete if the organization answ line 25. (a) Description of liability (1) Federal income taxes	vered "Yes" on For	n 990, Part IV, line			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Ital. (Column (b) must equal Form 990, Part X, col. (B) line 19 Part X Other Liabilities. Complete if the organization answ line 25. (a) Description of liability (1) Federal income taxes (2) (3)	vered "Yes" on For	n 990, Part IV, line			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18 Part X Other Liabilities. Complete if the organization answ line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4)	vered "Yes" on For	n 990, Part IV, line			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18 Part X Other Liabilities. Complete if the organization answ line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	vered "Yes" on For	n 990, Part IV, line			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18 Part X Other Liabilities. Complete if the organization answ line 25. (a) Description of liability 1) Federal income taxes 2) 3) 4) 55) 66)	vered "Yes" on For	n 990, Part IV, line			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18 Part X Other Liabilities. Complete if the organization answ line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	vered "Yes" on For	n 990, Part IV, line			(b) Book value
(7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 1 Part IX Other Assets. Complete if the organization answ (1) (2) (3) (4) (5) (6) (7) (8) (9) Otal. (Column (b) must equal Form 990, Part X, col. (B) line 18 Part X Other Liabilities. Complete if the organization answ line 25. (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	vered "Yes" on For	n 990, Part IV, line			(b) Book value

	DAVIDSON-DAVIE COMMUNITY COLLEGE	23-70793	47 Page 4
Part	National Action of the Political Finalities of State (Hellis William Revenile No	r Return.	a, rage-
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	1,408,332
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	977 44	1,400,332
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1 400 000
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,408,332
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1 400 000
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses	per Refurn	1,408,332
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	o. Notaii	•
1	Total expenses and losses per audited financial statements	1 1	0 555
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		3,557,637
а	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
đ	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	- •	
3	Subtract line 2e from line 1	2e	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	3	3,557,637
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b		
5	Total expenses Add lines 2 and 4. (This must see 5.	4c	
Part	XIII Supplemental Information.	5	3,557,637
Provide	the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Pa	rt V lino	
2; Part >	(I, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	rrx, me	
			-
			7781
EEA			

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047 2021

Employer identification number

Department of the Treasury Internal Revenue Service

Open to Public

Name of the organization

Inspection

DAVI	DSON-DAVIE COMMUNITY COL	LEGE		,,		23-707	9347
Part	Fundraising Activities. Form 990-EZ filers are not	required to come	e organiza olete this na	tion answ	ered "Yes" on F	orm 990, Part IV, I	ine 17.
1	Indicate whether the organization rais				es. Check all that app	lv.	
а	Mail solicitations	v	е [of non-government		
b	Internet and email solicitations		f [of government gran	ts	
c d	Phone solicitations		g	Special fur	ndraising events		
2a	in-person solicitations Did the organization have a written or	r oral agroomant wil	th one individu	مما الممال بما	affica a discolution to		
	or key employees listed in Form 990,	Part VII) or entity in	n connection v	uar (moudang with professio	i onicers, unectors, tr anal fundraising servi	ustees, cee?	Yes No
b	If "Yes," list the 10 highest paid individ	duals or entities (fur	ndraisers) pur	suant to agre	ements under which	the fundraiser is to be	∐ Yes ∐ No
	compensated at least \$5,000 by the c	organization.					
					<u></u>		
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in	(vi) Amount paid to (or retained by) organization
-			Yes	No		col. (i)	
1							
2				(1)			
3				43			
4							
5							
6			j.	<u> </u>			
7		No.	<u> </u>	<i>"</i>			
	***	la de	-				
8			a ito				
9							
10	<u> </u>	<u> </u>				,,,	
		> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
Total .		(<u> </u>					
3	List all states in which the organization			it contribution	s or has been notifie	ed it is even nt from	
	registration or licensing.	•			io or ride been notine	o it is exempt from	

	The state of the same of the state of the st						

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more Part II than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events SOLICITATION (add col. (a) through col. (c)) NONE (event type) (event type) (total number) Revenue Gross receipts 2 Less: Contributions Gross income (line 1 minus Cash prizes Noncash prizes Rent/facility costs Direct Expenses Food and beverages 8 Entertainment Other direct expenses 9 10 Direct expense summary. Add lines 4 through 9 in column (d) Net income summary. Subtract line 10 from line 3, column (d) 11 Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part V, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add col. (a) through col. (c)) Revenue (a) Bingo (c) Other gaming bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs 5 Other direct expenses Yes % Yes 6 Volunteer labor No No Direct expense summary Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) 9 Enter the state(s) in which the organization conducts gaming activities: Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain: 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes b If "Yes," explain: EEA Schedule G (Form 990) 2021

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047 2021 Open to Public

Department of the Treasury Internal Revenue Service

	f the organization		Go to www.irs.g	ov/Form990 for the	atest information.		Employer identificati	Inspection
DAVI	DSON-DAVIE COMMUNITY COLL	EGE					23-7079347	
Part		Grants and Assis	stance				1 23-7079347	
ŧ	Does the organization maintain records he selection criteria used to award the goescribe in Part IV the organization's profile.	grants or assistance? ocedures for monitoring	the use of grant funds in	the United States	• • • • • • • • • • • • • • • • • • • •			
	Grants and Other Assistar Part IV, line 21, for any recip	pient that received m	ganizations and Don	nestic Governme	nts. Complete if the o	organization answered	"Yes" on Form 990	0,
1	(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal,	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)						other)	7400	
(2)			6					
(3)								
(4)							3	***************************************
(5)				77	17 ()			
(6)								
(7)								
(8)				5	- NA		.,	
(9)								
(10)								
2 Er 3 Er	ter total number of section 501(c)(3) and ter total number of other organizations	l d government organiza listed in the line 1 table	tions listed in the line 1 to	able			· · · · · · · · · · · · · · · · · · ·	a designation of the second se

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS		687,938		FMV	
-					
					197
IV Supplemental Information. Pro	vide the information re	<u>quired(in</u> Part I <u>, line</u>	2; Part III, columr	n (b); and any other additi	onal information.
744:1:44.7 7.46					
Additional Information	DING OF SCHOLARSHI	PS WITH COLLEGE	FINANCIAL AID (OFFICE TO ASSURE ADHE	ERENCE TO POLICIES AND
	DING OF SCHOLARSHI	PS WITH COLLEGE	FINANCIAL AID (OFFICE TO ASSURE ADHE	ERENCE TO POLICIES AND
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FOUNDATION COORDINATES THE AWARD	DING OF SCHOLARSHI	PS WITH COLLEGE	FINANCIAL AID (OFFICE TO ASSURE ADHE	ERENCE TO POLICIES AND
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FOUNDATION COORDINATES THE AWARD	DING OF SCHOLARSHI	PS WITH COLLEGE	FINANCIAL AID (OFFICE TO ASSURE ADHE	CRENCE TO POLICIES AND

SCHEDULE L (Form 990)

Transactions With Interested Persons

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2021

Department of the Treasury Internal Revenue Service Name of the organization

Open To Public Inspection

Schedule L (Form 990) 2021

organization a	(section 501(c)	(3), sect	tion 50	1(c)(4), a	nd secti	on 501(c)(29) o	raoniza					
	nswered "Yes" (01.001(0)(20) 0	iyanıza	ations	only).	•		
1					ne 25a i	or 25b, or Form	990-E	Z, Pa	rt V, li	ne 40	b.	
n	(b) Relationship betw	/een disqua ganization	ilified pers	on and		(c) Description	n of transa	action				rected?
		94111441011									Yes	No

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irred by the orga	nization managers	s or disqu										
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From Interes	sted Persons.			****	- Miles	·						
rganization a	nswered "Yes" o	n Form	990-E	Z, Part V	/ line 38	a or Form 990.	Part I	V. line	26: c	r if th	e	
orted an amou	ınt on Form 990	, Part X	, line 5	i, 6, or 22	<u>. </u>			,	, •		_	
(b) Relationship	(c) Purpose of	(d) Loar	n to or	(e) Or	iginal \	(f) Balance due	(a) in c	default?	(h) Api	nroved	6) 100	rillen
with organization	loan			principal	amount		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1 ' ' '		1	
		Olganiza	ationy		-47				comm	ittee?		
		То	From				Yes	No	Yes	No	Yes	No
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organization a	nswered "Yes" (on Form	115. 1000 1	Dart IV li	no 27							
	NO. 100.				•	-						
60.00 20.00	and a	(C) A	mount of a	assistance	(d	Type of assistance		(e)	Purpose	of assi	stance	
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<u> </u>												
	rFrom Interest organization at orted an amount of the organization at orted an amount of the organization at the organization	From Interested Persons. Organization answered "Yes" of corted an amount on Form 990 (b) Relationship with organization loan (c) Purpose of loan stance Benefiting Interested Organization answered "Yes" of the corganization answered "Yes" of th	From Interested Persons. Organization answered "Yes" on Form orted an amount on Form 990, Part X (b) Relationship with organization (c) Purpose of loan (d) Loan from organization To Stance Benefiting Interested Person organization answered "Yes" on Form (b) Relationship between interested person and the organization (c) A	From Interested Persons. Organization answered "Yes" on Form 990-Earted an amount on Form 990, Part X, line 50 (b) Relationship with organization (c) Purpose of from the organization? To From Stance Benefiting Interested Persons. Organization answered "Yes" on Form 990, 10 (b) Relationship between interested person and the organization (c) Amount of the organization	ry, on line 2, above, reimbursed by the organization From Interested Persons. Organization answered "Yes" on Form 990-EZ, Part X orted an amount on Form 990, Part X, line 5, 6, or 22 (b) Relationship (c) Purpose of loan from the organization? To From To From Stance Benefiting Interested Persons. Organization answered "Yes" on Form 990, Part IV, line 5, 6, or 22 (b) Relationship between interested person and the organization (c) Amount of assistance	Prom Interested Persons. Organization answered "Yes" on Form 990-EZ, Part V, line 38 orted an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? To From To From **Stance Benefiting Interested Persons.** Organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (c) Amount of assistance (d) Loan to or from the organization? (e) Original principal amount organization? (e) Amount of assistance (d) Amount of assistance (d) Amount of assistance	Prom Interested Persons. Inganization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, orded an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (c) Purpose of loan from the organization? To From To	Prom Interested Persons. Inganization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part I orded an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization? To From To From Yes Stance Benefiting Interested Persons. Diagnization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance	ry, on line 2, above, reimbursed by the organization From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line or long an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (c) Purpose of loan (d) Loan to or from the organization To From Yes No Yes No stance Benefiting Interested Persons. organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Type of assistance	ry, on line 2, above, reimbursed by the organization From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; contred an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization (c) Purpose of from the organization To From To From Yes No Yes Stance Benefiting Interested Persons. Organization answered "Yes" on Form 990, Part IV, line 27. (b) Relationship between interested persons and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose	Prom Interested Persons. Inganization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization (e) Purpose of loan (f) Relationship with organization? To From the organization? To From Yes No Yes	From Interested Persons. organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the orted an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship with organization from the organization? To From 1 F

Schedule L (Fo	m 990) 2021 DAVIDSON-DA Business Transactions Inv	AVIE COMMUNITY COLLECTOR	SE	23-7079347	j	Page
-	Complete if the organization	answered "Yes" on Form 99	90, Part IV, line 28a,	28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz reven	zation's
					Yes	No
(1) SMI	TH LEONARD CPAS	DIRECTOR	29,802	ACCOUNTING SERVICES		x
(2)						
(3)						
(4)						
(5)						
Part V	Supplemental Information.		<u></u>			l
	Provide additional information	for responses to questions	on Schedule L (see	instructions).		
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Schedule L (Form 990) 2021

Page 2

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization Employer identification number DAVIDSON-DAVIE COMMUNITY COLLEGE 23-7079347 Form 990 governing body review (Part VI, line 11) FORM 990 IS PRESENTED BY THE TREASURER TO THE EXECUTIVE COMMITTEE AND THE FULL BOARD FOR REVIEW. 02. Conflict of interest policy compliance (Part VI, line 12c) EXECUTIVE DIRECTOR OBTAINS COMPLETED ACKNOWLEDGEMENT AND DISCLOSURE FORMS FROM ALL DIRECTORS EACH YEAR. THEY ARE MADE AVAILABLE FOR REVIEW BY THE BOARD Form 990 availability to public (Part VI, line 18) AVAILABLE UPON REQUEST 04. Governing documents, etc, available to public (Part VI, line 19) AVAILABLE UPON REQUEST 05. Explanation of other changes in net assets or fund balances (Part XI, line 9) TO BALANCE fees for services expenses (Part IX, line 11g) OTHER GRANTS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

2021

Open to Public
Inspection

DAVIDSON-DAVIE COMMUNITY COLLEGE Part I Identification of Disregarded Entities Complete					Employer identification 23-7079347	number
1. Distriguidos Entitos. Complete	if the organization	n answered "Yes"	on Form 990, Par	t IV, line 33.		
(a) Name, address, and EIN (if applicable) of disregarded entity		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) DDCC FOUNDATIONS HOLDINGS LLC, 26-2432433			or roreign country)			entity
P.O. BOX 1287						
LEXINGTON NC 27293	REAL EST	PATE	NC			N/A
(2)						
(3)					, , , , , , , , , , , , , , , , , , ,	
(4)						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(5)					V.	
Part II Identification of Related Tax-Exempt Organization one or more related tax-exempt organizations durin	ons. Complete if t	he organization ar	nswered "Yes" on	Form 990, Part	IV, line 34 beca	use it had
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Sec. 512(b)(13) controlled entity?
(1) DAVIDSON-DAVIE COMMUNITY COLLEGE, 56-0792247	· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,			**	Yes No
297 DCCC ROAD	LLEGE	NC	n/a		N/A	
(2)			.,,,,		N/A	X
(3)	The state of the s					
(4)				<u>, , , , , , , , , , , , , , , , , , , </u>		
5)						

	Identification of	Related Organiza	tions Tayable	Dt	11. O (/ 2				23-7079	9347		Pag
Par	because it had or	Related Organiza ne or more related	organizations	treated as a na	s hip. Complete it attnership during	the organiza	tion answere	ed "Yes	" on Form 990), Part IV,	line 3	4,
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproport	tionate Code V-LIB	x 20 man K-1 par	eral or aging tner?	(k) Percente owners
(1)	-				sections 512-514)			Yes	No	Yes	No	
			_				1					
(2)		_				<u> </u>		 		i		
(3)	, , , , , , , , , , , , , , , , , , ,					4						
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(5)				A Second		<i></i>			į			
(3)			Á						1			
Pari	Identification of F	Related Organizati	ions Taxable related organiz	as a Corporat	ion or Trust. Co	mplete if the	organization	answe	ered "Yes" on I	orm 990	, Part	IV,
	(a) Name, address, and EIN of related on	ĺ	(b) Primary activity	(c) Legal don (state or foreign	(d) nicile Direct controll	ing Type of	entity Shar	ar. (f) e of total come	(g) Share of end-of-year assets	(h) Percentage ownership	co	(i) n 512(b)(1 ontrolled entity?
(1)			- V								Yes	No
(1)			ji.									
(2)												
(3)		1,										
(4)						-					_	-
(5)			780									
EEA												

Part V	Transactions with Deleted O						<u>~9</u> .
LairA	Transactions with Related Organizations. Complete if the organization answ	ered "Yes" on Form	n 990, Part IV, line 3	4, 35b, or 36.			
Note: Com	plete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		·				
1 During	the tax year, did the organization engage in any of the following transactions with one or more related	organizations listed is De			1.000000	Yes	N
a Receip	t of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	organizations listed in Pa	ins II-IV?				8.6
b Gift, gr	ant, or capital contribution to related organization(s)		• • • • • • • • • • • • •	• • • • • • • • • •	1a	<u> </u>	x
c Gift, gr	ant, or capital contribution from related organization(s)		• • • • • • • • • • • •		1b	x	<u> </u>
d Loans	or loan guarantees to or for related organization(s)	********	• • • • • • • • • • • • •	• • • • • • • • • •	1c	x	
e Loans	or loan guarantees to or for related organization(s)		• • • • • • • • • • • • • • • • • • • •		1d		x
	or loan guarantees by related organization(s)	• • • • • • • • • • • • • • • • • • • •			1e		x
f Divider	ds from related organization(s)						
g Sale of	ds from related organization(s)	• • • • • • • • • • • • • • • • • • • •	• • • • • • • • • • • •		1f		x
h Purcha	assets to related organization(s)				1g		x
i Eychan	se of assets from related organization(s)	• • • • • • • • • • • • • • • • • • • •			1h	\Box	x
i Lesse	ge of assets with related organization(s)				1i		x
, Louge (of facilities, equipment, or other assets to related organization(s)				1j	x	
		*2890/50b. *059A			1988		857
l Porform	of facilities, equipment, or other assets from related organization(s)				1k	Jagorjan 	X
	and a service of membership of fundraising solicitations for related organization(s)	199 <u>4</u> 2003			11	Y	
in I GHOIH	arice of services of membership or fundraising solicitations by related organization(s)	y ~			1m		
" Onailing	or racinities, equipment, maining lists, or other assets with related organization(s)				1n	v	X_
o Sharing	of paid employees with related organization(s)				10	~	
					10000	gant -	x
p Reimbu	resement paid to related organization(s) for expenses				1p	y	12020
q Kelmbu	rsement paid by related organization(s) for expenses				1q	<u> </u>	
					2000	3455 F	X
r Otherth	ansfer of cash or property to related organization(s)				1r	in Alab 1	Ele.
O Outer the	shaler of cash of property from related organization(s)				1s	\dashv	_X_ x
2 If the an	swer to any of the above is "Yes," see the instructions for information on who must complete this line, in	ncluding covered relation	ships and transaction thre	esholds	1.0		<u> </u>
	(a)	(b)	(c)	(d)			
	Name of related organization	Transaction	Amount involved	Method of determining		avaluad.	
		type (a-s)		l and the state of a state in the state of t	GITTOGET II	voived	
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5)			ľ				

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

	(a)	(b)	(c)	(d)	10	e)	(f)	(a)			1	1	-	r
	Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all	partners ction (c)(3) zations?	Share of	(g) Share of end-of-year assets	Disprop alloca	n) portionate ations?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	man	eral or naging tner?	(k) Percentage ownership
(1)				Sections 512-514)	Yes	No			Yes	No	(Form 1065)	Yes	No	
(' '									!				NO	
(2)										<u> </u>				<u> </u>
(3)						<					ļ			
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(9)								-						****
(10)														M
(11)														
(12)						_			-					
EEA														

Form **4562**

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

Business or activity to which this form relates

OMB No. 1545-0172 2021

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

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

Attachment Sequence No. 179

	ie(s) shown on feturn		Bu	siness or activity to	which this form rela	ates	Identify	ing number			
D	AVIDSON-DAVIE C	COMMUNITY CO	OLLEGE	FOR	M 990 - 1		23-70				
Га		c Expense C	ertain Property L	Jnder Sectior	า 179						
	Note: If you	have any listed	I property, complete	Part V before y	ou complete P	art I.					
1	Maximum amount	(see instruction	ns)				1 1				
2	Total cost of section	on 179 property	placed in service (see instructions	s)		2				
3	Threshold cost of	section 179 pro	perty before reduct	ion in limitation	(see instruction	ne)	3				
4	Reduction in limits	ition. Subtract I	ine 3 from line 2. If :	zero or less, en	ter -0-		4	——————————————————————————————————————			
5	Dollar limitation for	r tax year. Subt	ract line 4 from line	 If zero or les 	s enter -0- If	married filing	 -				
	separately, see ins	structions				· · · · · · · · · · · · · · · · · · ·	5				
_ 6	(a) D	escription of proper	ty	(b) Cost (bus	iness use only)		13				
			· · · · · · · · · · · · · · · · · · ·	(3) 0001 (843)	iness use only)	(c) Elected cost					
7	Listed property. En	ter the amount	from line 29	• • • • • • • •	7						
8	Total elected cost	of section 179	property. Add amou	oto in column (a	· · · <u> </u>						
9	Tentative deduction	i. Enter the sm	aller of line 5 or line				8				
10	Carryover of disalle	owed deduction	afrom line 12 of use	· 0000 F 4			9				
11	Business income limit	ation Enter the a	mollar of housing	II 2020 Form 45	062	· · · · · · · · · · · · · · · · · · ·	10				
12	Section 170 ovnon	ation. Enter the si	maller of business inco	me (not less than	zero) or line 5. S	ee instructions	11				
13	Corprover of disalle	se deduction. A	Add lines 9 and 10, I	but don't enter r	nore than line		12	· · · · · · · · · · · · · · · · · · ·			
	Carryover of disalic	owea deduction	to 2022. Add lines	9 and 10, less	line 12 🕨	13	50000000000	es a colation désarra d'arcer			
Dar	e: Don't use Part II o	r Part III below	for listed property. In	nstead, use Par	t V.			Service of the Control of the Contro			
Fai	Special Del	preciation Al	lowance and Oth	ier Depreciat	ion (Donitin	icludé listed property. Se	e instruct	ions)			
14	opeoidi depreciatio	ni anowance io	r qualified property i	(Other than liste	dinropartii) bla	and in contine	T T				
	during the tax year.	See instruction	ns	/ (J. 1424) (C)			14				
15	i Toberty subject to	26CHOH 100(1)(1) election								
	Outer achigolation	unciuaina ACR	(3)	conver Willia	EW.		15				
Par	t III MACRS De	preciation (D	on't include listed o	roperty Section	tructions \	* * * * * * * * * * * * * * * * * * * *	16	35,790			
			897	Section A	·						
17	MACRS deductions	s for assets pla	ced in service in toy	veare beginning	a hafara 2004						
18	If you are electing to	o droup any as	sets placed in service	co during the te	ig belole 2021		17				
	asset accounts, che	eck here	ooto piaced iii sei yi	ce during me ta	x year into one	e or more general	With State of the	entificancia.			
	asset accounts, che	- Assate Plac	ad in Sandas Duri	0004 = ×							
		(b) Month and year	ed iti Service Durii	ng 2021 Tax Ye	ear Using the	General Depreciation S	3ystem				
(a) (Classification of property	placed in	(business/investment us	Se (a) I/ecovery	(e) Convention	(0.42.11					
19a	3 year property	service	only-see instructions	period	(e) Convention	(f) Method	(g) Depre	eciation deduction			
b	3-year property	3 - 14 - 15 - 15 - 15 - 16 - 17 - 17 - 17 - 17 - 17 - 17 - 17	9 NA								
	o your property		N. T. S. S. S. S. S. S. S. S. S. S. S. S. S.								
<u>c</u>	7-year property		40.								
d	10-year property		y * (6)								
<u>e</u>	15-year property	zise ververoses			-						
f	20-year property <	30000000000	111								
g	25-year property	######################################	<i>V</i>	25 yrs.							
	Residential rental	Da. Callan			8.48.4	S/L					
	property /	700		27.5 yrs.	MM	S/L					
i	Nonresidential real	Y0822384		27.5 yrs.	MM	S/L					
•	property			39 yrs.	MM	S/L_					
		AV-21- DI			MM	S/L					
200	Class Harman	Assets Placed	า เท Service During	2021 Tax Yea	r Using the A	Iternative Depreciation	System				
	CONTRACTOR OF THE PARTY AND TH	21 AMERICA (21 (21 (15)))				S/L	2,2011				
	12-year	2007 PO VOY 2007		12 yrs.		S/L					
	30-year		· · · · · · · · · · · · · · · · · · ·	30 yrs.	MM	S/L					
	40-year			40 yrs.	MM						
Part IV Summary (See instructions.)											
21 Listed property. Enter amount from line 28											
22 7	Fotal. Add amounts the	from line 12 lin	es 14 through 17 lie				21				
F	nere and on the anni	ronriste lines of	Evour roturn Destar	ico is and 20 in	column (g), al	nd line 21. Enter	_				
23 F	nere and on the appi For assets shown ab	ohiere iiies oi	i your return. Harrine	rsnips and S co	orporations - s	ee instructions	22	35,790			
	or assers shown an	ove and placed	a in service durina ti	ne current year,	enter the	1	AMARIAN	3/600 600 900 000 000 000 000 000 000 000			
	portion of the pasis a	ittributable to se	ection 263A costs	· · · · · · · ·		23					
ror Pa	perwork Reduction Ac	t Notice, see ser	parate instructions				101 15W374 (354))	ernem negetitet fra fik eigt			

Form 8879-TE

IRS e-file Signature Authorization for a Tax Exempt Entity

For calendar year 2021, or fiscal year beginning

07-01 , 2021, and ending

06-30 ,2022

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of filer

► Do not send to the IRS. Keep for your records.

► Go to www.irs.gov/Form8879TE for the latest information.

2021

Name of filer	EIN or SSN
DAVIDSON-DAVIE COMMUNITY COLLEGE Name and title of officer or person subject to tax	23-7079347
JEREMY HIATT, TREASURER Part Type of Return and Return Information	and the same of th
Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, the applicable line below. Do not complete more than one line in Part I.	box on line 1a, 2a, 3a, 4a,
1a Form 990 check here ▶ 🔯 b Total revenue, if any (Form 990, Part VIII, column (A), line	10)
30 Farma 200 FF all 11	12) 1b <u>1,408,332</u>
3a Form 1120-POL check here .▶ ☐ b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check here . ▶ ☐ b Tax based on investment income (Form 990-PF, Part V,	
5a Form 8868 check here ▶ □ b Balance due (Form 8868, line 3c)	
62 Form 000 Tabasis have by 1 by Title 45 and minimum w	6b
7a Form 4720 check here · · · ▶ □ b Total tax (Form 4720, Part III, line 1) · · · · · · · · · · · · · · · · · ·	
8a Form 5227 check here · · · ▶ ☐ b FMV of assets at end of tax year (Form 5227, Item D)	8b
9a Form 5330 check here ▶ □ b Tax due (Form 5330, Part II, line 19)	9b
10a Form 8038-CP check here b Amount of credit payment requested (Form 8038-CP) Part II Declaration and Signature Authorization of Officer or Person Subject	art III, line 22) 10b
Under near Niver (
	subject to tax with respect to (name
2021 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief	and that I have examined a copy of the
complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to racknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate ar (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries at the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and electronic funds withdrawal.	receive from the IRS (a) an ne return or refund, and (c) nelectronic funds withdrawal federal taxes owed on this. Treasury Financial Agent at all institutions involved in the
PIN: check one box only	
☐ I authorize to enter my PIN	as my signature
on the tax year 2021 electronically filed return. If I have indicated within this return that a copy of the return agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(i of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.	d ERO to enter my PIN on the
Signature of officer or person subject to tax	Date ► 11-03-2022
Part III Certification and Authentication	
ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 694878 27292 Don't enter al	Zaros
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indica am submitting this return in accordance with the requirements of Pub. 4163 , Modernized e-File (MeF) Information for Providers for Business Returns.	ated above 1 and and the LL
ERO's signature ► EDDIE CARRICK Date ►	11-10-2022
EDO Munt Datain Title D	
ERO Must Retain This Form - See Instructions Don't Submit This Form to the IRS Unless Requested To I	Do So

N	FOR YOUR RECORE Federal Supporting	RDS ONLY Statements	2021	PG01
Name(s) as shown on return DAVIDSON-DAVIE COMMUNIT	W COLUBER		Tax ID Number	
BITTE COMMONI	T COPPERE		23-	-7079347
FORM 990	- SCHEDULE D - INVESTMENTS -	PART VI - LINE OTHER	1E STATE	EMENT #DIE
DESCRIPTION	COST/BASIS	COST/BASIS		BOOK
OF INVESTMENT	(INVESTMENT)	(OTHER)	DEPR	VALUE
LEASEHOLD	0	86,802	76,674	10,128
TOTAL	0	86,802	76,674	10,128



Form 990 Worksheet (This page is not filed with the return. It is for your records only.) Name(s) as shown on return DAVIDSON-DAVIE COMMUNITY COLLEGE 2% of the amount on Schedule A, Part II, line 11, column (f) 178,304

Name	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	(g) Excess contributions (col. (f) minus	
ATRIUM WAKE FOREST BAPTIST MEDICAL	20,150	20,000	20,000	20,000	20,600	100,750	the 2% limitation)	
GENE HAAS FOUNDATION	9,000	16,000	20,000	27,500	25,000	97,500		
NOVANT HEALTH THOMASVILLE MED CTR		20,000	20,000	20,000	20,025	80,025		
ESTATE OF L A FREEMAN DAVIDSON PROGRESS INC					214,558	214,558	36,254	
DAVIDSON PROGRESS INC					60,000	60,000	•	

TOTAL

36.25

DAVIDSON-DAVIE COMMUNITY COLLEGE

Depreciation Detail Listing

Management & General

PAGE 1

2021

Name(s) as shown on return

(This page is not filed with the return. It is for your records only.)

Social security number/EIN

1	-	DAVIE COLEMN	LII COLLE	IGE -	T			T					2:	3-7079347		
Second Sulfilling						Business percentage			1 '	Life	Method	Rate	1	F		
NIDERINGN NUILDING 117,958 117,958 117,958 110,000 117,958 117,958 117,958 110,000 110			1	, , , ,	1					39	ST. M	M 2 564			<u> </u>	
3 ALIBERTON BUILDING 04012006 122,046 122,045 100.00 100.00 118,003 27 100.00 118,00			1		117,959	100.00		f	1 .	1	,		49,697	3,471	53,168	3,551
and Link Campus 08242009 1,240,000,240,000 100.00 118,63 27 5L 20 34,902 4,393 39,295 4,393 772 Cld Geenaboro Relizioni 13,760 100.00 1		1	1	,					412,072		ST. M		120 470	10 566		
5 NED OLD Greensboro Re94292010 118,603 118,603 100.00 118,603 27 SL PM 3.704 34,902 4.393 39,295 4.393 77 772 OLD Greensboro Re11222011 158,888 158,889 100.00 100.		I and the second		1 '		100.00		Ī	f I				139,479	10,566	150,045	10,566
8 Jessen Jahn Chaspura (192201) 18 Jessen Je			Į.		1 1				l i	!	ST. M		24 000			
No. of Secondary Ref 122011 158,889 150,00 100,										1			34,902	4,393	39,295	4,393
5 Amount of the property of th					158,889	100.00			\$200A			1	1 .			
10 AlS Old Greenabore Robriggers 13,766 100.00 100.00 11 Frailes 07012013 64,000 100.00 12 BUS INPROVEMENTS 0132018 64,000 100.00 13 Development costs - I01012019 1,035,688.035,688 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			ł .	- / 1		100.00			12/5981			'	3 010			
## Development Costs - 110102019					13,760	100.00	i			ă î			3,810		3,810	
12 BUS INFOCVEMENTS 0102018 64,000 100.00 64,000 8 86,801 100.00 133 bevelopment costs - 101012018 437,015 100.00 29,821 29,821 29,821 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			04292010	13,178	13,178	100.00				88. I		Į	[]	ļ		
10.0.00 10.000			1		İ	100.00			70000	COD		_ I				
14 Eard - 164 acres - 010112019						100.00			2022 45	32222 ·	CT ****	ĺ	l f	[
15 Development Costs - 110102019 29,821 100.00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				1,035,688	.,035,688	100.00				4	2T H		59,314	17,360	76,674	17,360
Potals 3,992,116				437,015	437,015	100.00	1 3 m 2 3					l i				
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Land Amount 351,202 35,790 386,992 35,870				-,2,110					823,760				351,202	35,790	386,992	35,870

Land Amount Net Depreciable Cost

3,992,116

CY 179 and CY Bonus TOTAL CY Depr including 179/bonus

35,790

(This page is not filed with the return. It is for your records only.) 2021

Name(s) as shown on return Tax ID Number DAVIDSON-DAVIE COMMUNITY COLLEGE 23-7079347 Multi-Form Description Form Date Basis Method Life Deduction MGT GRUBB BUILDING 07-01-2007 138,474 \mathtt{SL} 39 3,551 MCT 1 Grubb Land 07-01-2007 NDA 0 MGT 1 KINDERTON BUILDING 04-01-2008 412,072 SL 39 10,566 MGT 1 Kinderton Land 04-01-2008 NDA 0 MGT 1 415 Old Greensboro Road 04-29-2010 118,603 SL 27 4,393 MGT 1 Land Link Campus 08-24-2009 NDA 0 MGT 1 772 Old Greensboro Road 11-22-2011 NDA 0 MGT 1 Kinderton Signs 01-31-2012 3,810 DD 7 MGT 1 Land 1/2 acre Hwy 29/70 12-31-2013 NDA 0 MGT 1 415 Old Greensboro Rd La 04-29-2010 NDA 0 MGT 1 Trailer 07-01-2013 64,000 \mathtt{SL} 5 MGT 1 BUS IMPROVEMENTS 01-30-2018 86,801 SL 5 10,127 MGT 1 Development costs - Link 01-01-2019 NDA 0 MGT 1 Land - 164 acres - Old G 01-01-2018 NDA 0 MGT 1 Development Costs - Link 10-10-2019 NDA 0 TOTAL 28,637